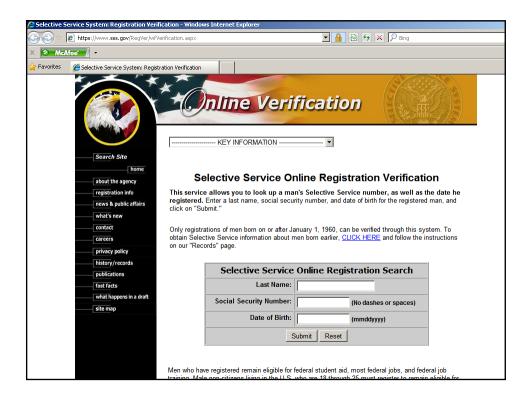
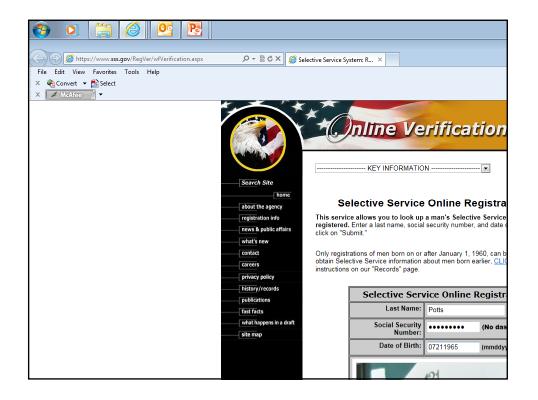


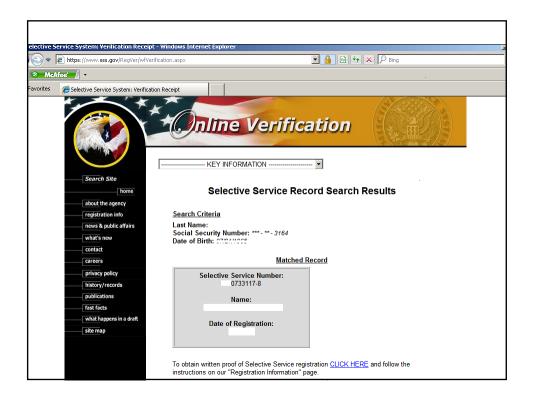


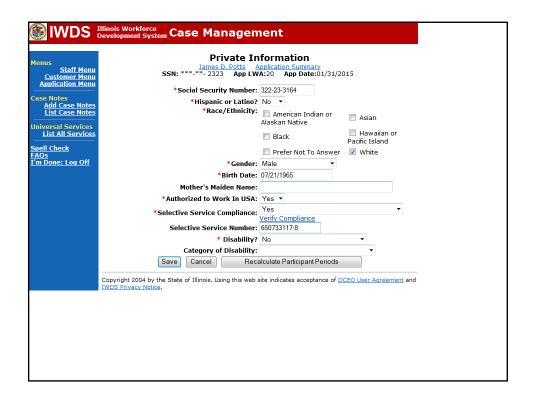
Staff Menu Customer Menu Application Menu Application Menu SSN: ******2323 App LWA:20 App Date:1/31/2015 SSN: ******2323 App LWA:20 App Date:1/31/2015 *Social Security Number: List Case Notes List Case Notes List Case Notes List Case Notes Done: Log Off *Social Security Number: *Race/Ethnicity: Black 322-23-3164 *Prefer Not To Answer W White + Hawaiian or Alaskan Native A sain Black Prefer Not To Answer W White *Birth Date: 07/21/1965 White *Selective Service Compliance: Yes ▼ *Selective Service Number: Locally Approved Selective Service Waiver Not Applicable Category of Disability; Yes Save Cancel Recalculate Participant Periods		Illinois Workforce Development System Case Management
Staff Menu Customer Menu Application Menu	Menus	
Application Menu er Notes Add Case Notes List Case Notes List Case Notes List All Services ell Check OS Done: Log Off Asian *Race/Ethnicity: *Rac	Staff Menu	<u>James D. Potts</u> <u>Application Summary</u> SSN: ***-**- 2323 App LWA:20 App Date:01/31/2015
exe Notes List Case Notes List Case Notes *Hispanic or Latino? No *Race/Ethnicity: *American Indian or Alaskan Native Asian *Race/Ethnicity: #Merican Indian or Alaskan Native Hawaiian or Pacific Island Il Check 02 Pone: Log Off *Gender: Male White *Gender: Male * *Birth Date: 07/21/1965 White *Selective Service Number: Ves * *Selective Service Number: Locally Approved Selective Service Waiver No Atotapplicable Notapplicable Category of Disability: Yes * Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement	Application Menu	*Social Socurity Number: 322-22-3164
Aud task notes Aud task notes *Race/Ethnicity: American Indian or Alaskan Native Asian *Race/Ethnicity: American Indian or Alaskan Native Asian Black Hawaiian or Prefer Not To Answer White *Gender: Male *Birth Date: 07/21/1965 Mother's Maiden Name: *Selective Service Compliance: *Selective Service Number: Selective Service Number: Category of Disability: *Gender: No No No No No Asian Asian Asian Prefer Not To Answer White *Gender: Male *Gender: Male *Gender: Male *Gender: Male *Gender: Male *Gender: Male *Birth Date: 07/21/1965 Ves *Selective Service Compliance: *Selective Service Number: Locally Approved Selective Service Waiver No No No Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement	ase Notes	
Versal Services List All Services List All Services II Check 25 Done: Log Off Note: Log Off Selective Service Compliance: Selective Service Compliance: Selective Service Compliance: Selective Service Number: Category of Disability: Save Cancel Recalculate Participant Periods Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement	Add Case Notes List Case Notes	*Race/Ethnicity:
List All Services IL Gheck OS Done: Log Off Selective Service Norker's Maile Name: *Authorized to Work In USA: *Selective Service Compliance: *Selective Service Compliance: *Selective Service Number: Locally Approved Selective Service Waiver * Disability? No Applicable Category of Disability: Ves Category of Disability:	Jniversal Services	
Dene: Log Off *Gender: Male *Birth Date: 07/21/1965 Mother's Maiden Name: *Authorized to Work In USA: Yes *Selective Service Compliance: Selective Service Compliance: Category of Disability: Yes	List All Services	
*Birth Date: 07/21/1965 Mother's Maiden Name: • *Authorized to Work In USA: Yes ▼ *Selective Service Compliance: Yes ▼ Selective Service Number: Locally Approved Selective Service Waiver * Disability? Not Applicable Category of Disability: Yes Save Cancel Recalculate Participant Periods Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement	<u>lQs</u>	
Mother's Maiden Name: *Authorized to Work In USA: *Selective Service Compliance: Selective Service Number: Selective Service Number: bically Approved Selective Service Waiver * Disability? Category of Disability: Yes Save Cancel Recalculate Participant Periods Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of DCEO User Agreement	<u>n Done: Log Off</u>	
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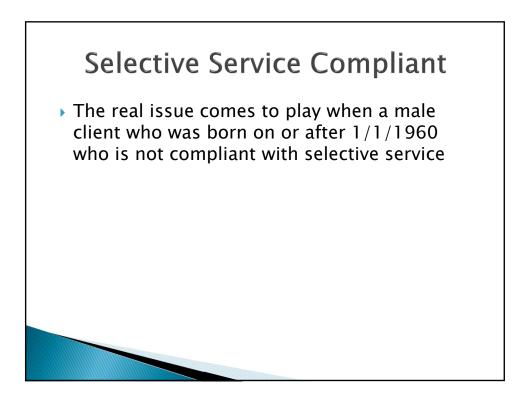


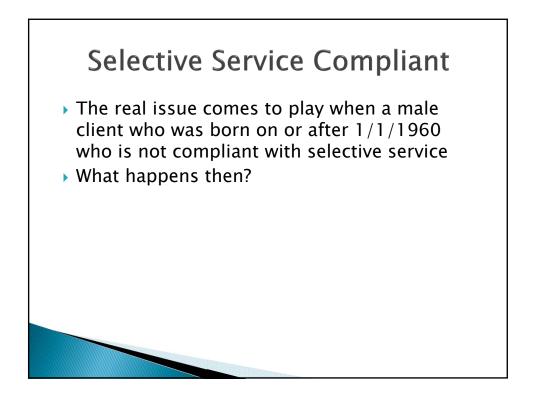


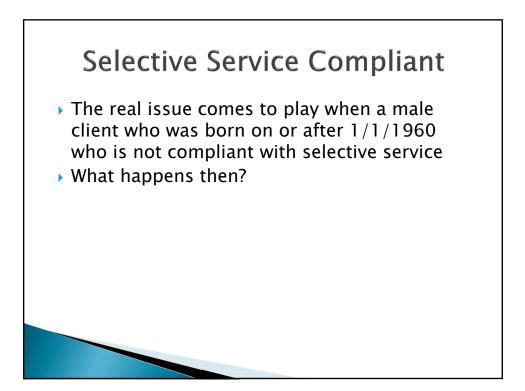


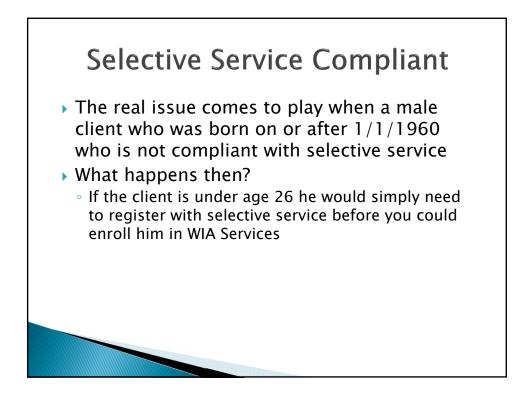


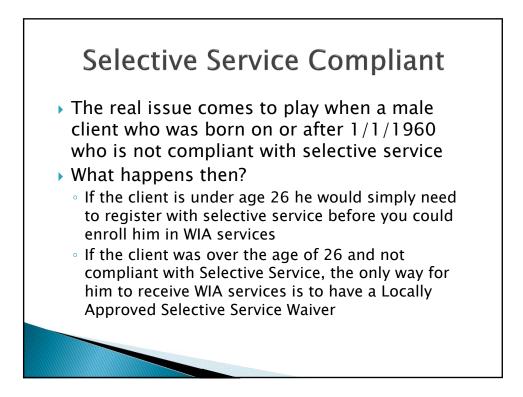


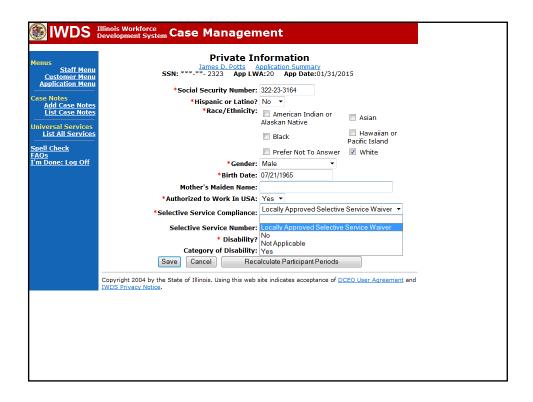


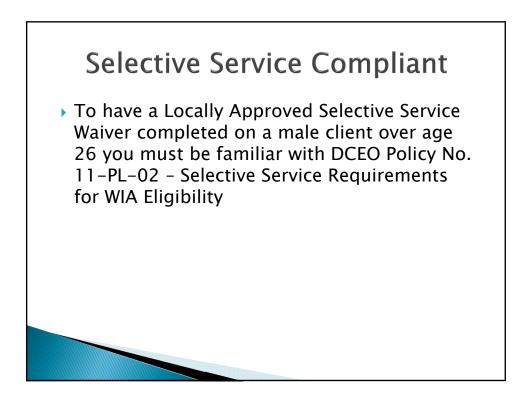


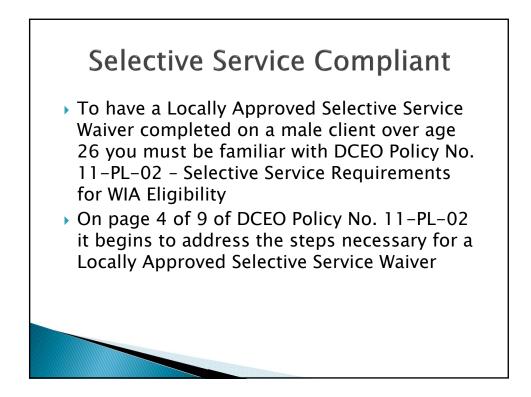


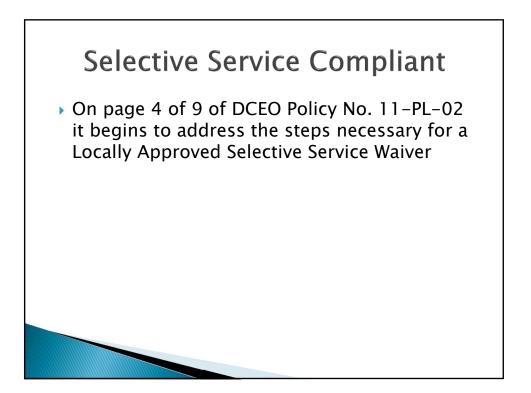




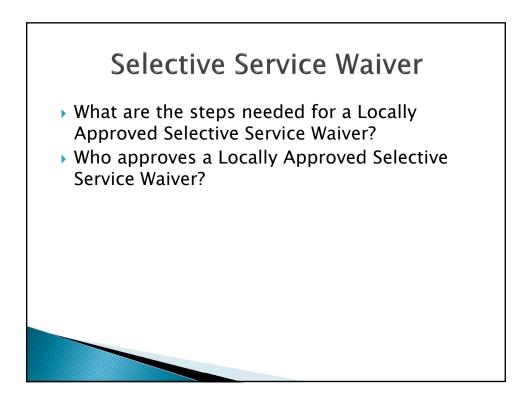


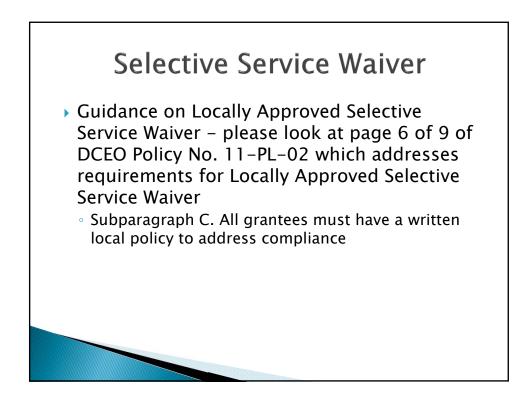


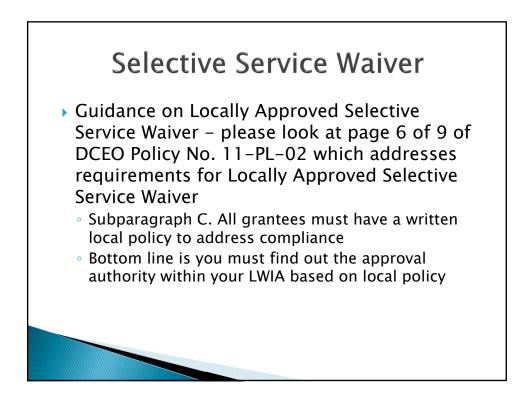


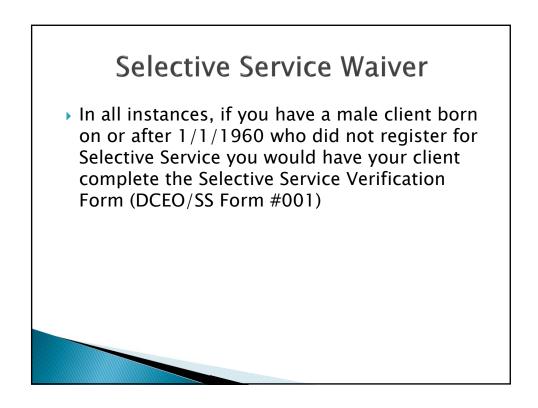


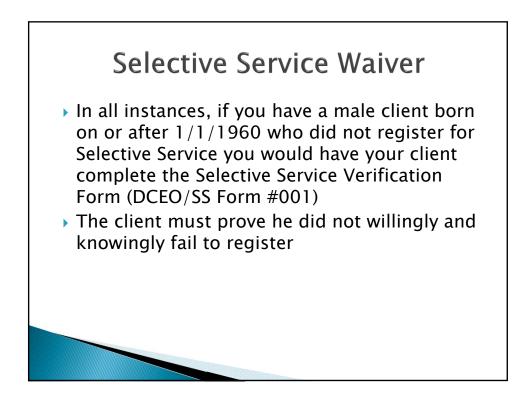


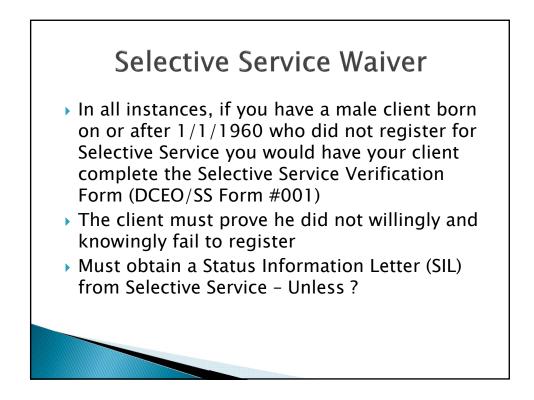


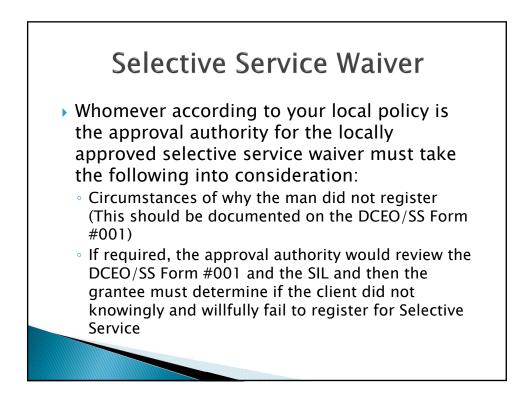




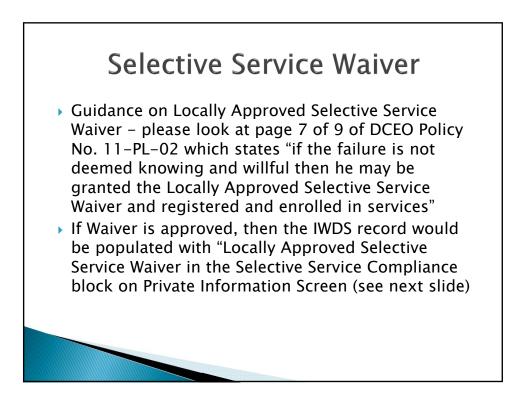


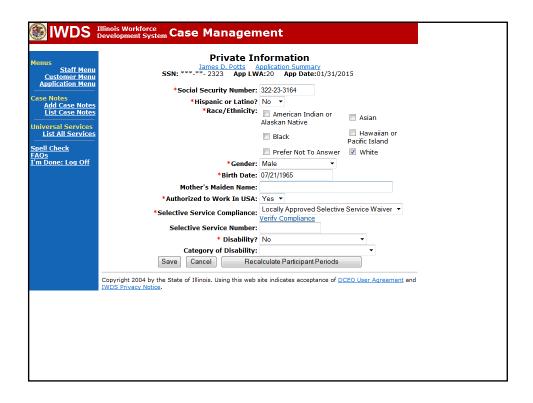


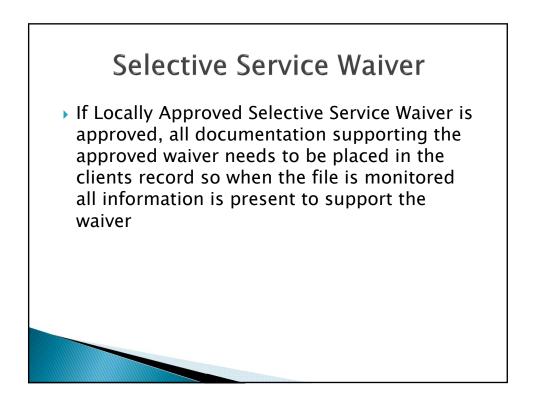


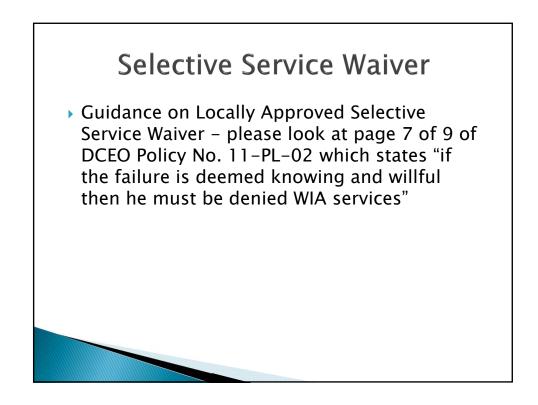


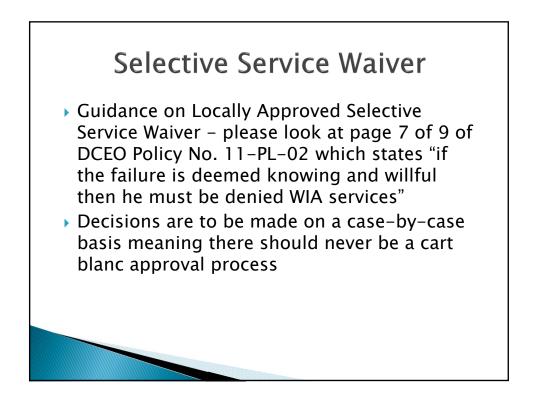
Selective Service Waiver • Guidance on Locally Approved Selective Service Waiver – please look at page 7 of 9 of DCEO Policy No. 11–PL–02 which states "if the failure is not deemed knowing and willful then he may be granted the Locally Approved Selective Service Waiver and registered and enrolled in services"



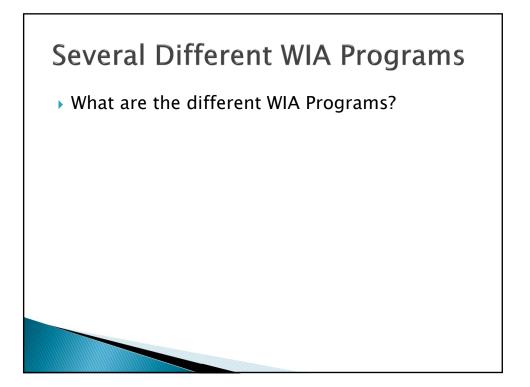


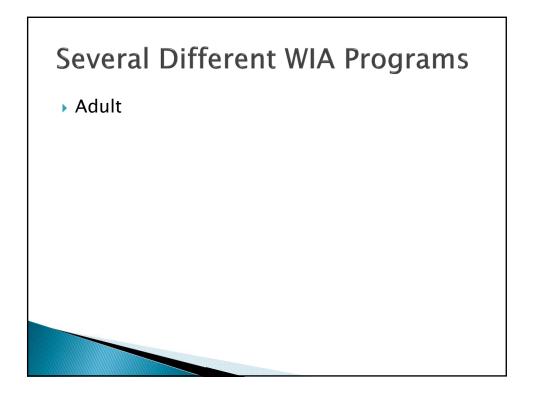


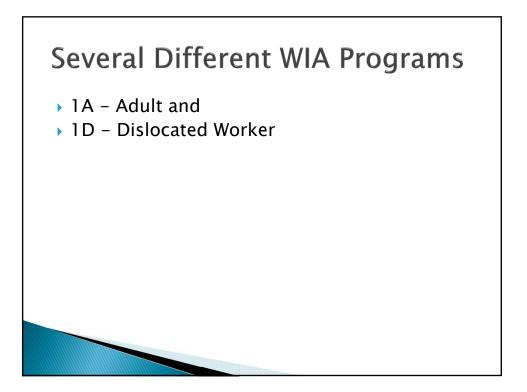


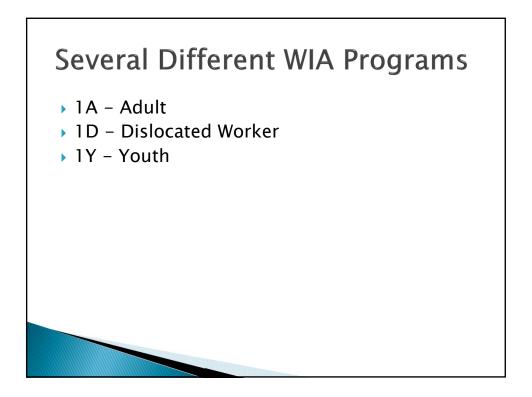


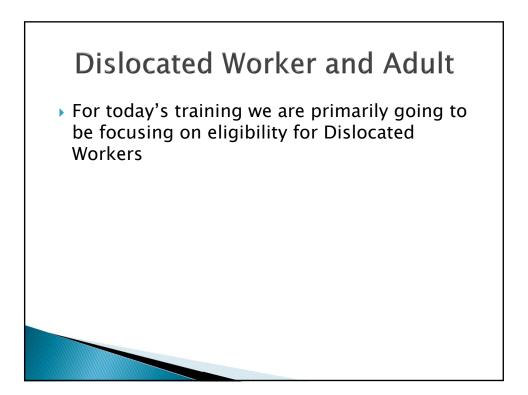


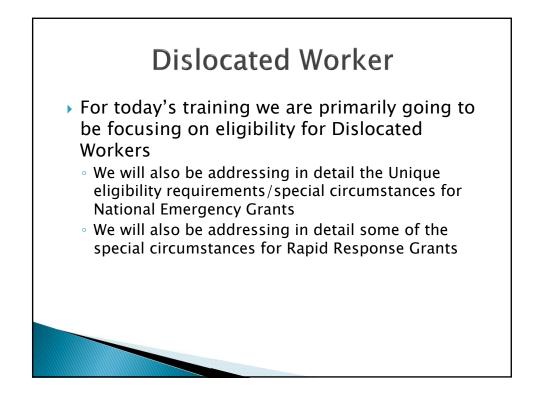


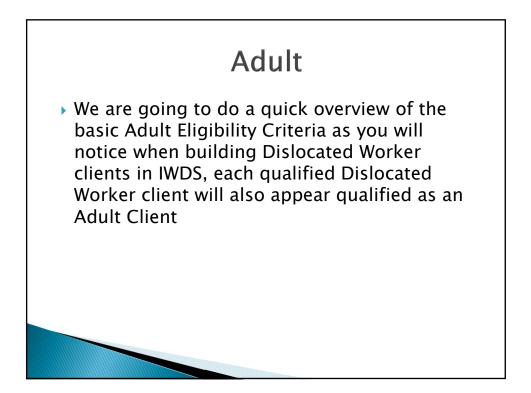


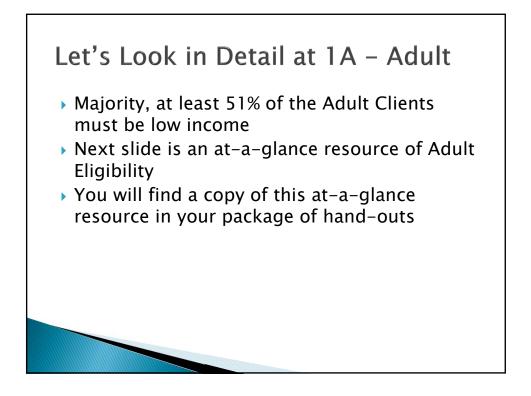




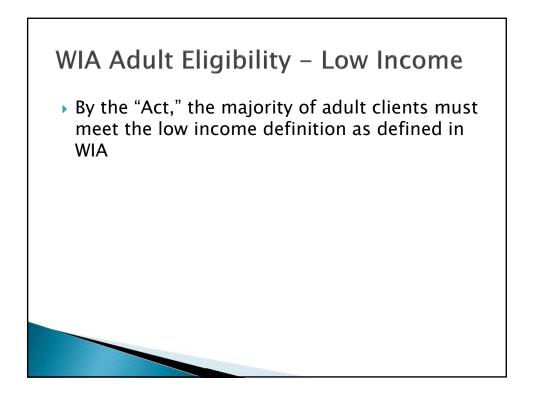


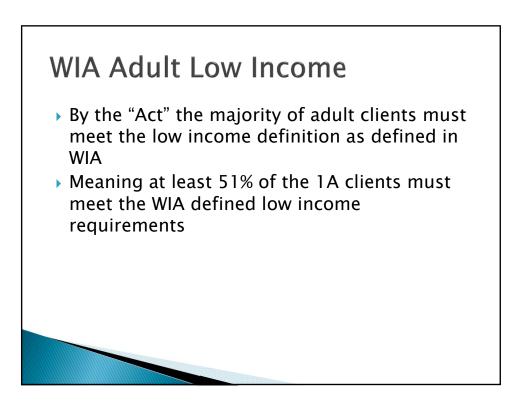


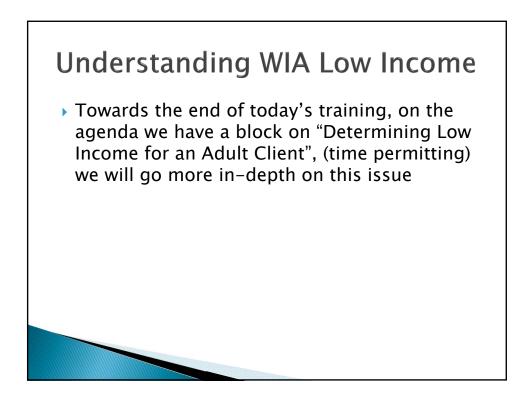


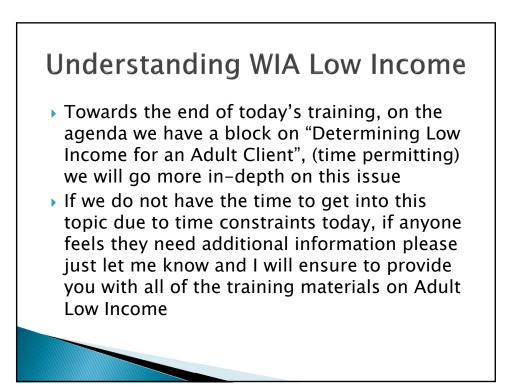


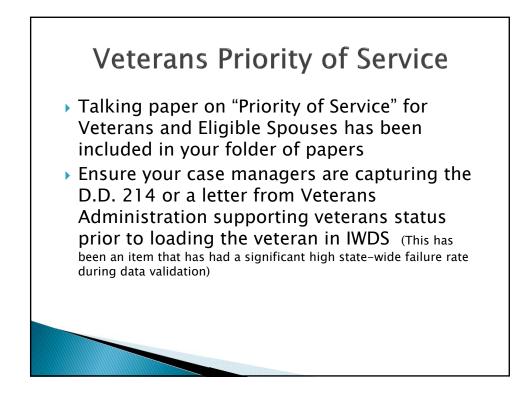
	Adult Eligibility Criteria	
Core Registered	Authorization to work In the US	Required
	Compliant with Selective Service	Required
	Age 18+ at enrollment	Required
Low Income	Authorization to work In the US	Required
	Compliant with Selective Service	Required
	Age 18+ at enrollment	Required
	One or more of:	
	WIA Income Eligible	One
	Food Stamp Recipient	or
	Homeless	More
	Foster Child	is
	Cash Welfare Recipient	Required
	Family of 1 due to a disability - based on disabled person's income only	
Intensive	Authorization to work In the US	Required
	Compliant with Selective Service	Required
	Age 18+ at enrollment	Required
	Received Core Services	Required
	Unable to Retain Self Sufficient Employment Through Core Services	Required
	In Need of Intensive Services	Required
Training	Received Intensive Services	Required
	Unable to Retain Self Sufficient Employment Through Intensive Services	Required
	Meets Qualifications of Selected Training Program	Required
	Other Grant Sources are Unavailable or Inadequate	Required
	When an eligibility item is selected, it must also be documented.	

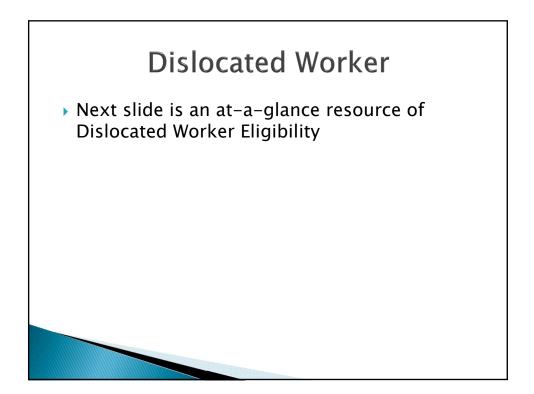




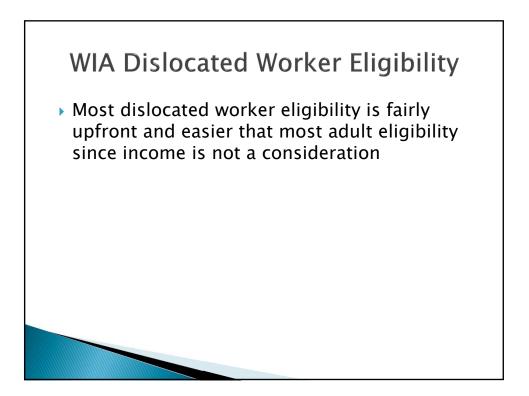


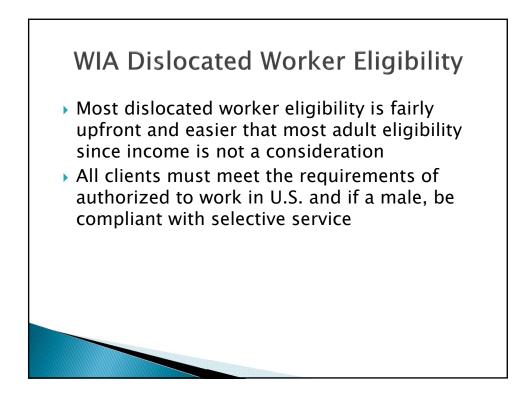


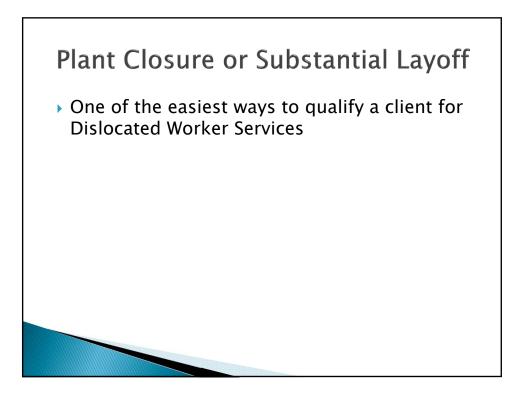


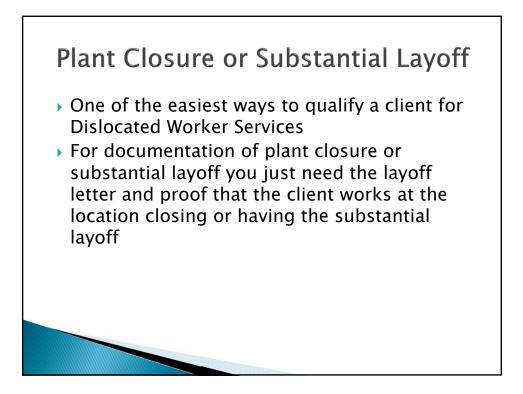


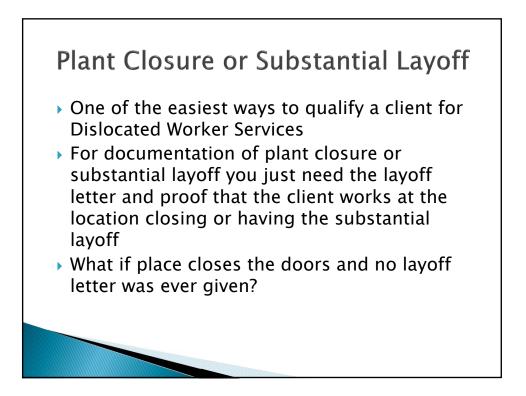
Core Due to Plant Closure	Authorized to Work in the U S AND Compliant With Selective Service	Both
or Substantial Layoff	Terminated or Laid Off Prior to Registration OR Notified of Impending Layoff	One of
	Laid Off Due To Plant Closure OR Laid Off Due To Substantial Layoff	One of
Core Unlikely to Return	Authorized to Work in the U S AND Compliant With Selective Service	Both
	Terminated or Laid Off Prior to Registration OR Notified of Impending Layoff	One of
	Eligible for UI Benefits OR Tenure Requirement for WIA	One of
	Declining Industry OR Low Growth Occupation OR Customer Requires Additional Assistance to Obtain Employment) OR (Unemployed At Least Six Months AND	One of
	Completed at least one month of Job Search)	
Core Displaced		
Homemaker	Authorized to Work in the U S AND Compliant With Selective Service	Both
	Displaced Homemaker	Required
Core Self Employed	Authorized to Work in the U S AND Compliant With Selective Service	Both
core sen Employed	Self Employed	One
	Laid Off Due To General Economic Conditions	or
	Laid Off Due To Flood/Natural Disaster	More
	Laid Off Due To Going Out of Business	is
	Family Member or Farmhand	Required
Intensive Services	Authorized to Work in the U S AND Compliant With Selective Service	Both
•	Received Core Services	Required
	Unable to Retain Self Sufficient Employment Through Core Services	Required
	In Need of Intensive Services	Required
	1D Core Certification or 1DS Core Certification	Required
Training Services	Authorized to Work in the U.S. AND Compliant With Selective Service	Both
	Received Intensive Services	Required
	Unable to Retain Self Sufficient Employment Through Intensive Services	Required
	In Need of Training Services	Required
	Meets Qualifications of Selected Training Program	Required
	Selected Training Program in Demand	Required
	Other Grant Sources are Unavailable or Inadequate	Required
	1D Core Certification or 1DS Core Certification	Require

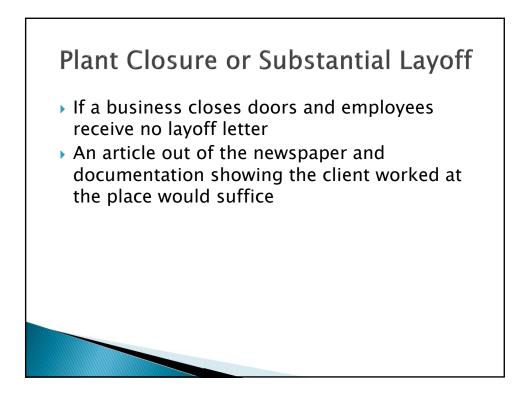


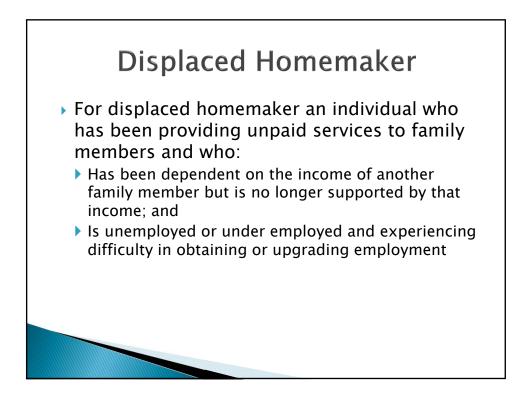


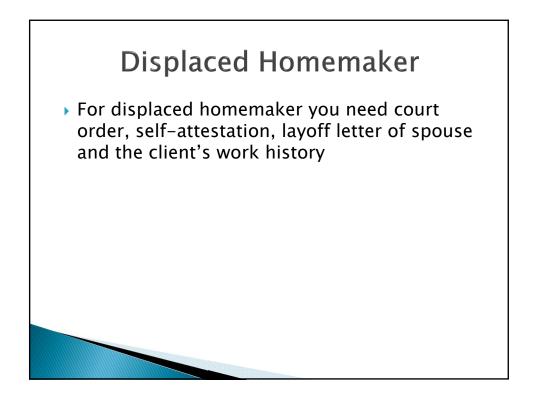






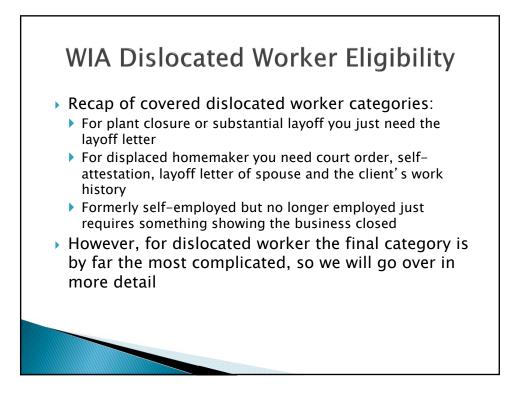




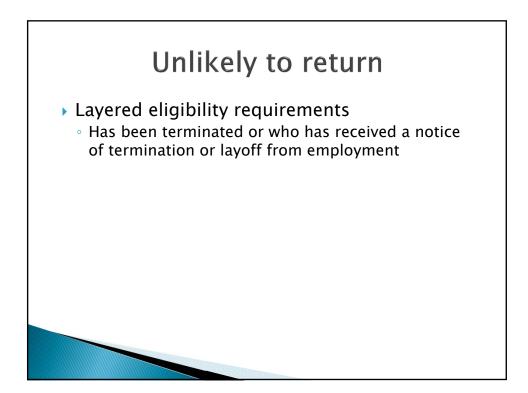




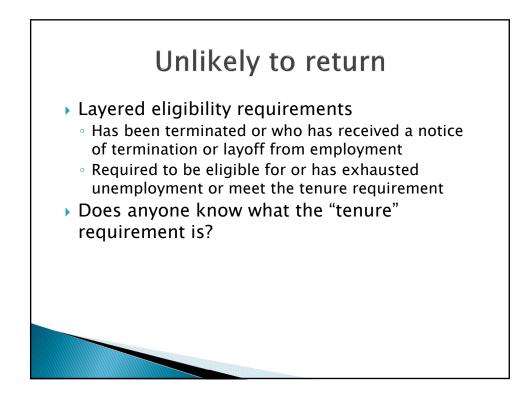


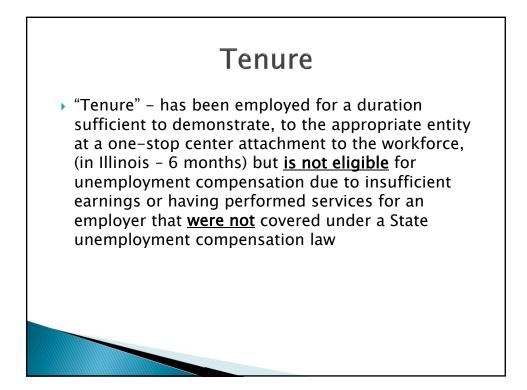


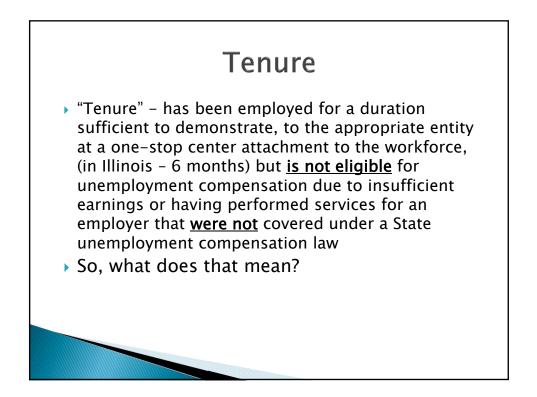


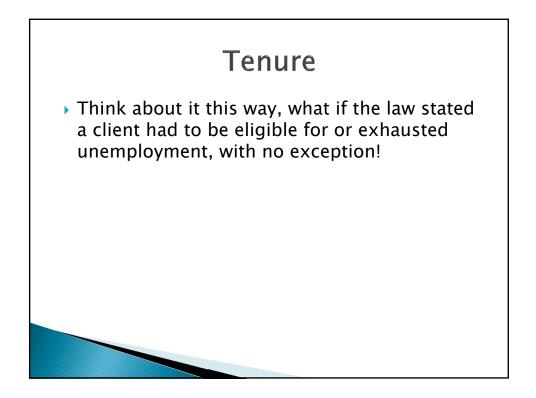


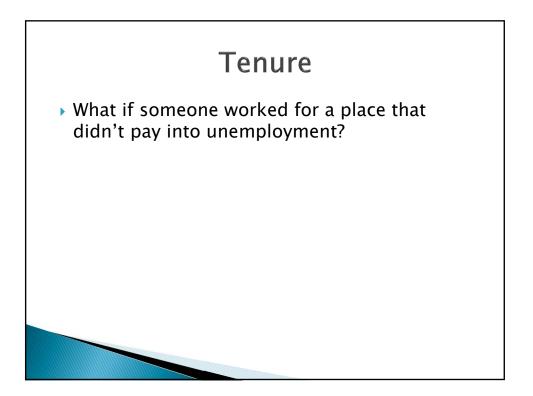


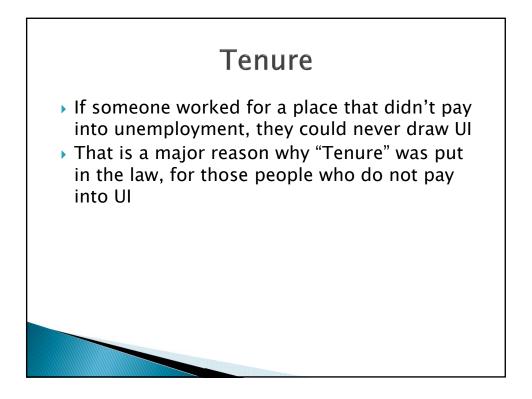


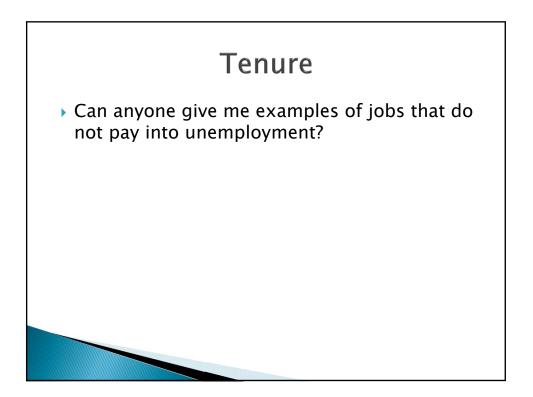


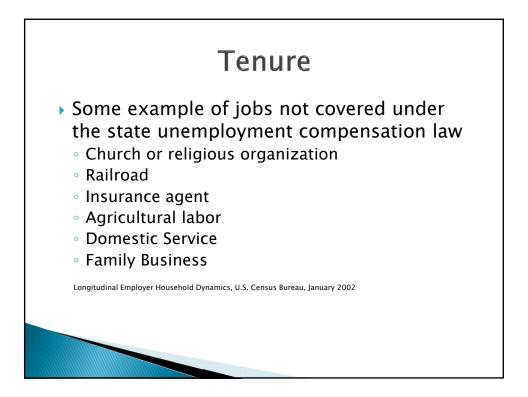


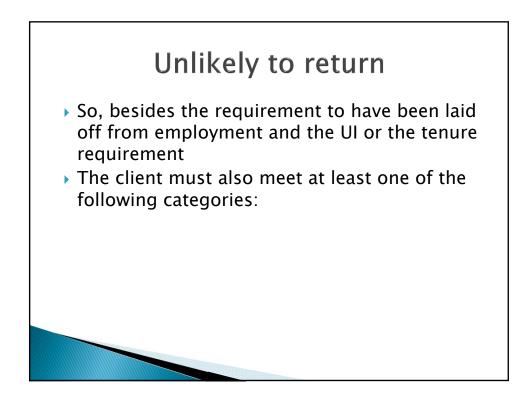


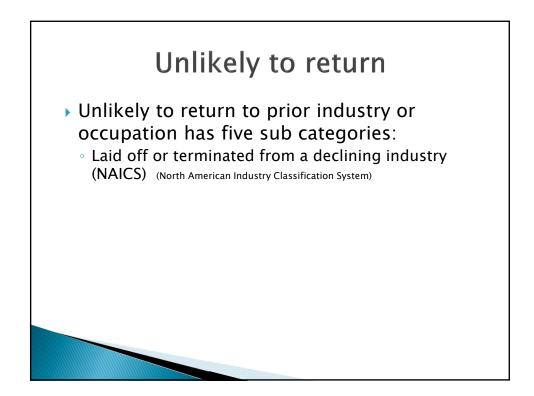


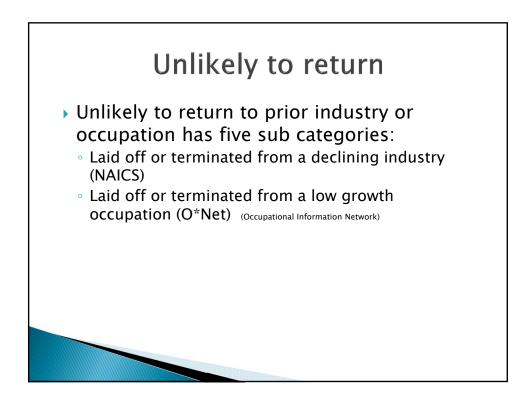


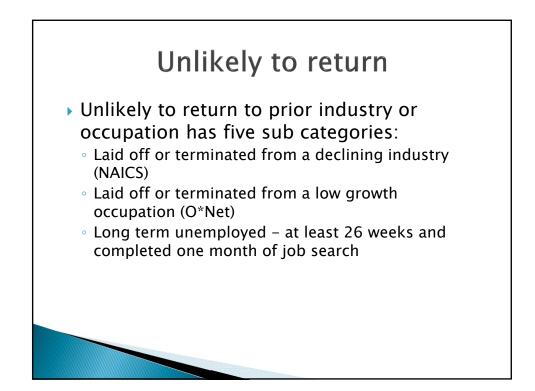




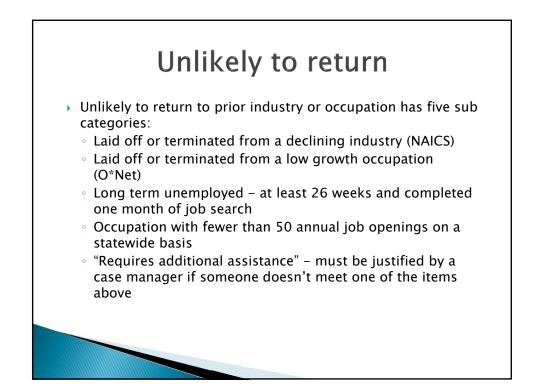


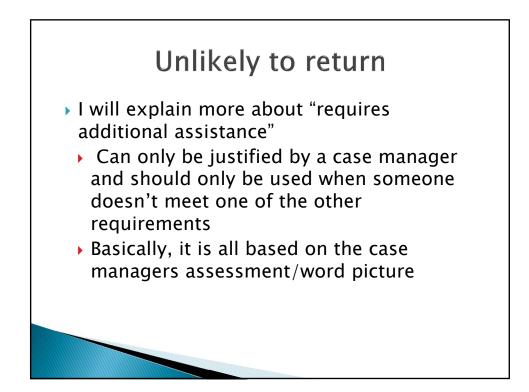


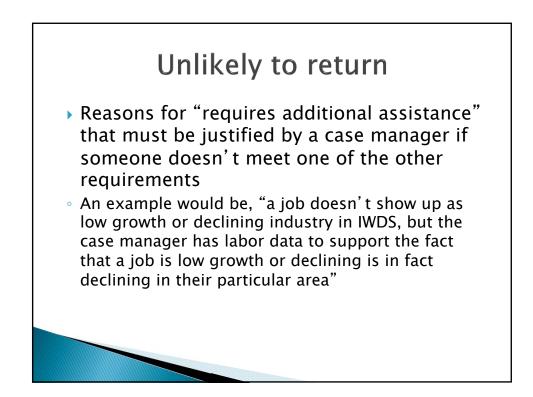


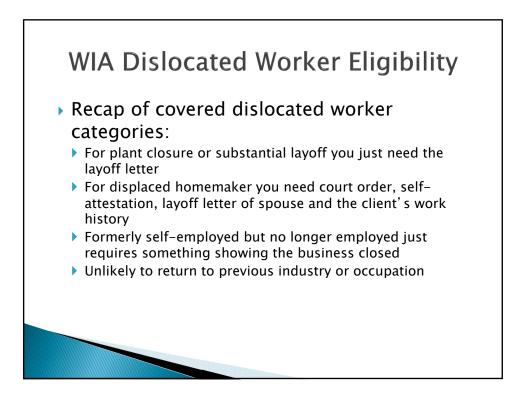


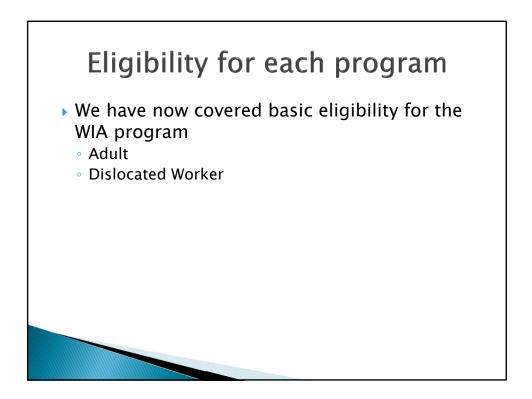


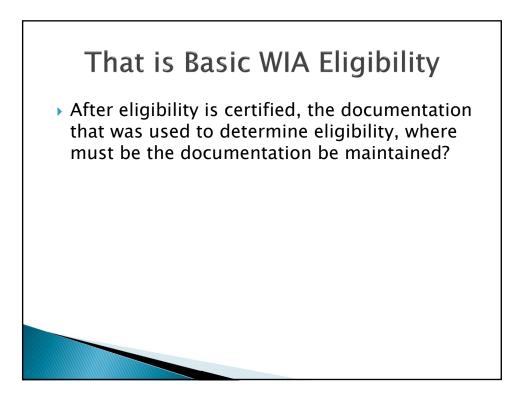


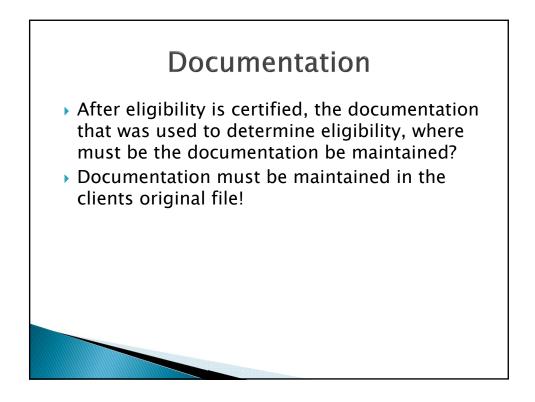


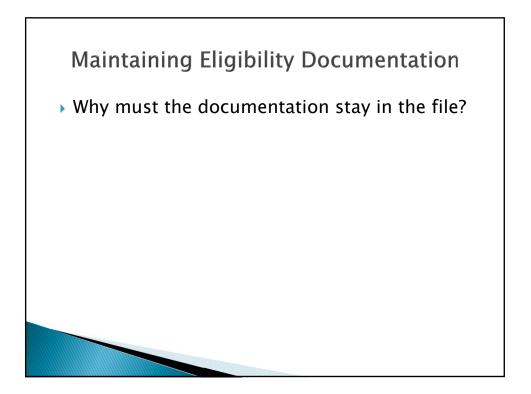


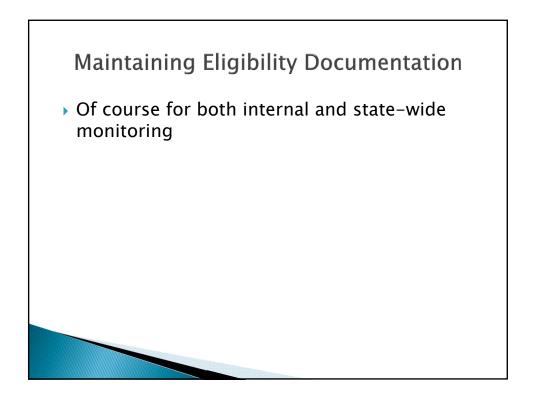


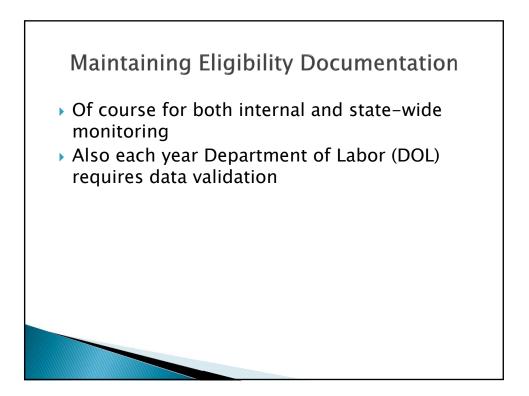


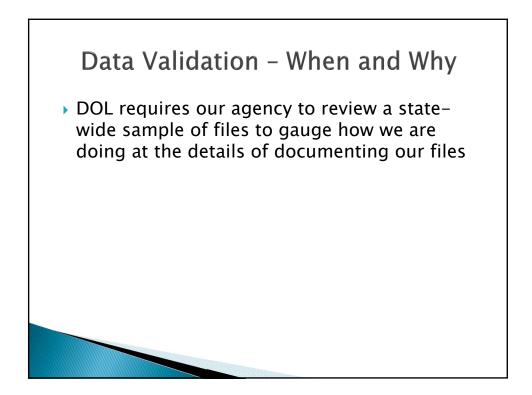


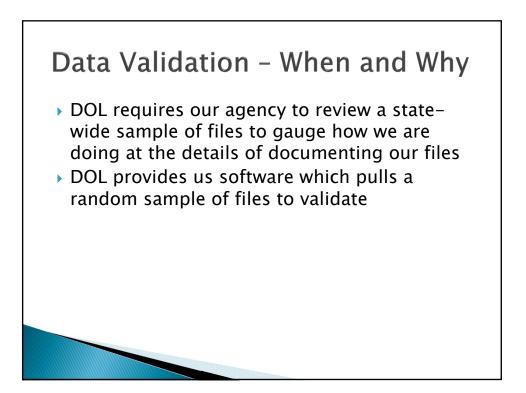


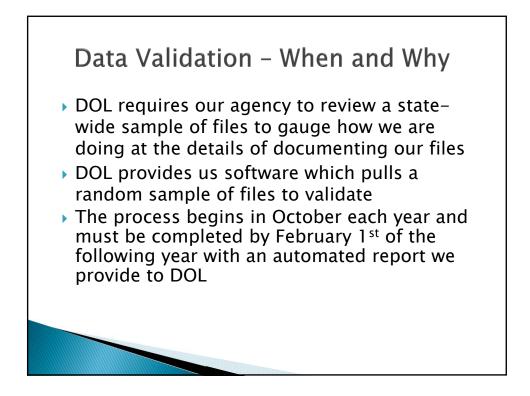


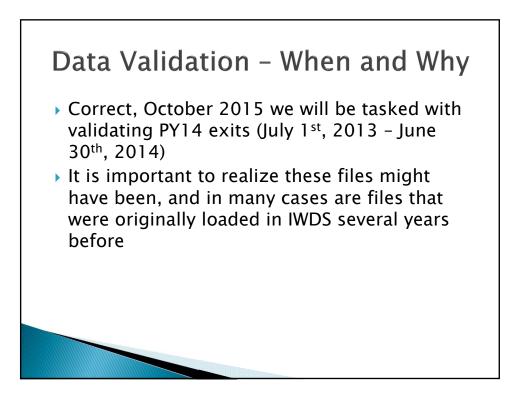


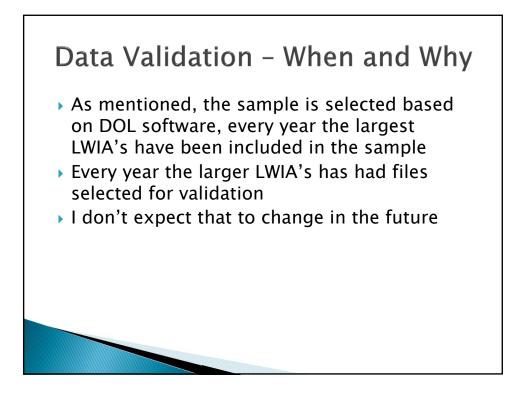


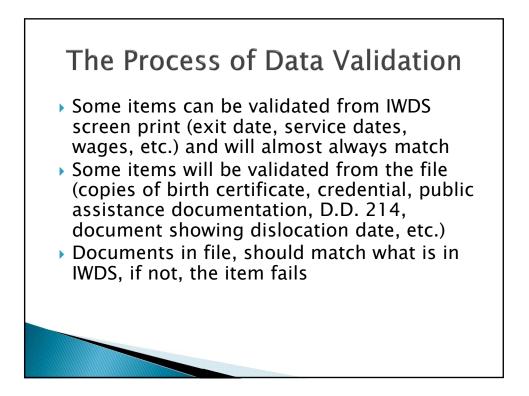


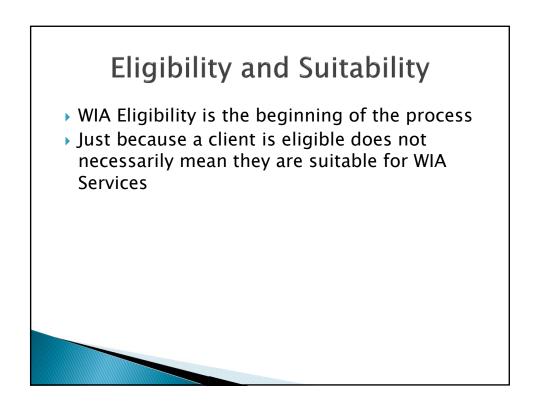


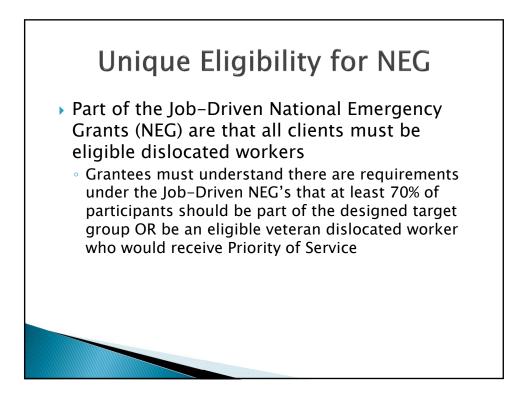


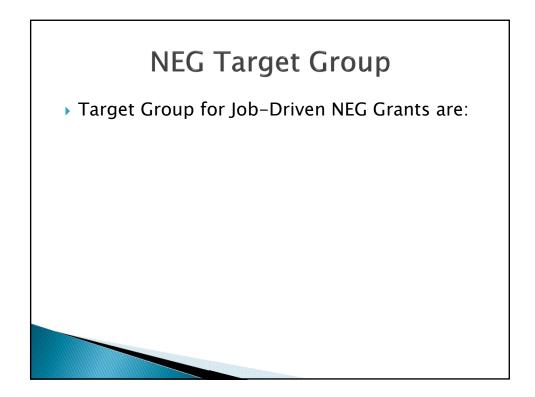




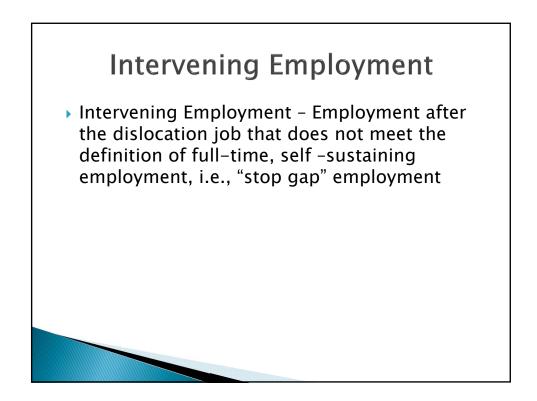




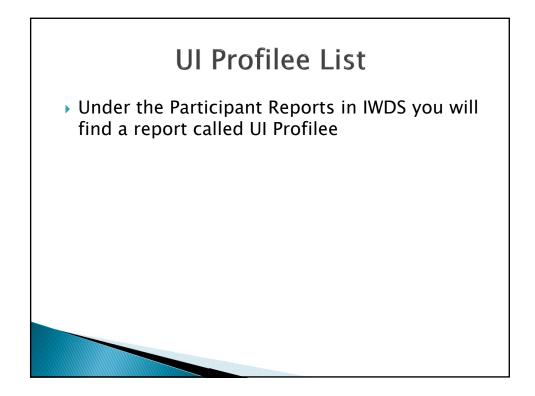


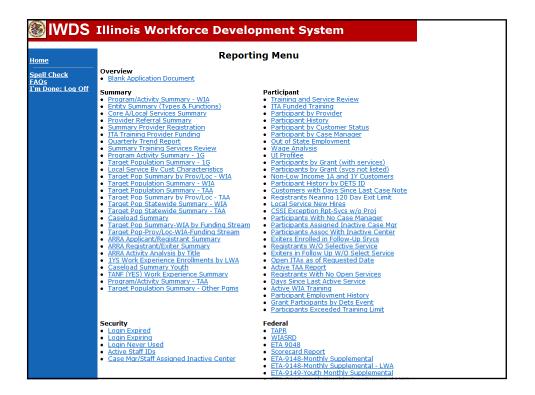




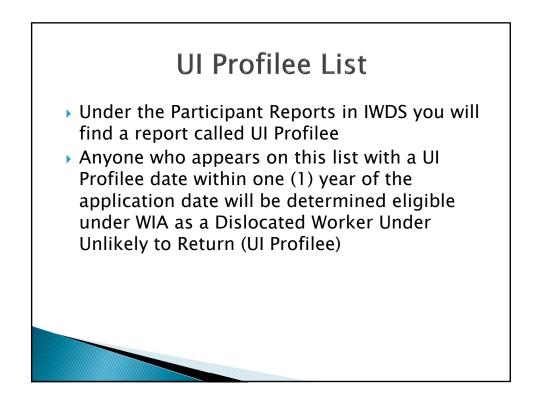


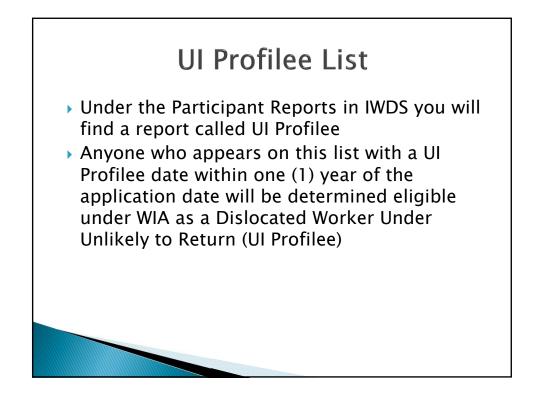


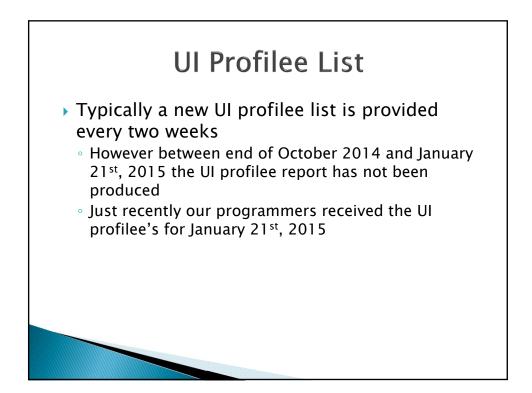


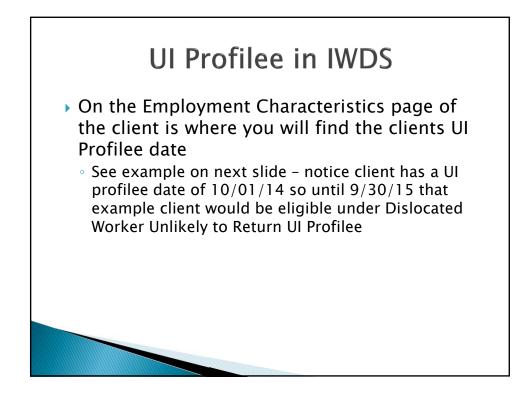


	Illinois Workforce Development System
	Reporting Criteria
<u>Home</u>	Reporting Criteria
Spell Check	UI Profilee
FAQs I'm Done: Log Off	LWA:
<u>1 III Dolle. Log Oli</u>	10 - Workforce Investment Board of Will County
	Start Date:
	1/10/15
	*End Date:
	4/2/15
	FEIN:
	Descent Format
	Report Format: PDF •
	Description: PURPOSE: List individuals who were UI profiled in the user-specified time period.
	POTENTIAL USES: 1) Can be used as a recruitment tool; 2) Can be used to document the fact that an individual is in fact a UI profilee.
	View Report Cancel
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	Twos Privacy notice.
1	

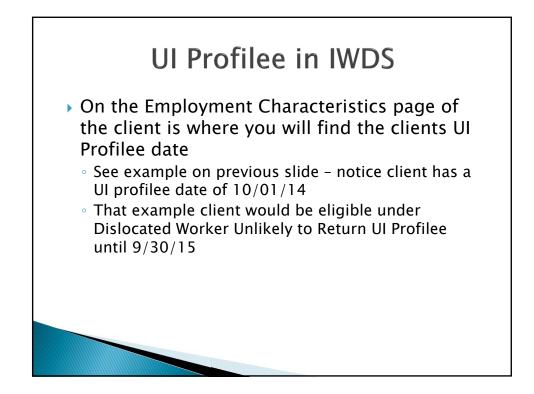




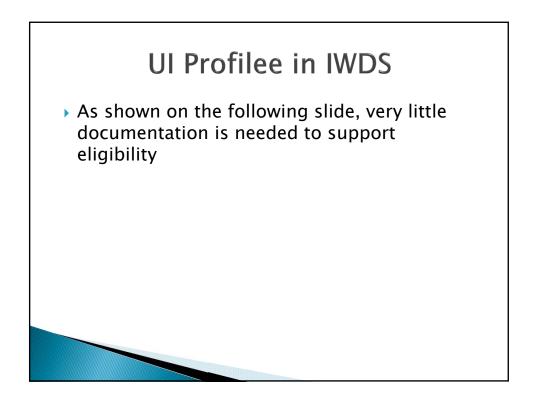




Staff Menu Customer Menu Application Menu ise Notes Add Case Notes List Case Notes List Case Notes Mid Local Services List All Services Mid Local Services Mid Local Services Mid Local Services Minimum Threshold of Farm Work: No *Primarily Employed in Farm Work: *Inimum Threshold of Farm Work Performed: *Minimum Threshold of Farm Work Performed: *Minimum Threshold of Farm Work: *Inimum Threshold of Farm *Inimum Threshold of Farm<
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Done: Log Off Type of Qualifying Farm Work: Under-Employed: UL Profilee Date must be within the past calendar year of the
Under-Employed: UI Profilee Date must be within the past calendar year of the
application date to be eligible as a Dislocated Worker under UI Profilee UI Profilee Date: 10/01/2014 UI Profilee Eligible: Yes Save Cancel Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of <u>DCEO User Agreement</u> a IWDS Privacy Notice.



WDS	Illinois Workforce Development System	Case Mar	agement		
Menus <u>Staff Menu</u> <u>Customer Menu</u> Application Menu		Eligib Prefer NTA SSN: **	ility Determination <u>Masten Application Summary</u> **-**- 1892 App LWA:90		
Case Notes		Certify		Date	Certification Date
Add Case Notes List Case Notes	Documentation		1D - 1DC - Dislocated Worker Core Registered: UI Profilee	02/01/2015	
Universal Services Add Local Service List All Services	Documentation	Criteria	1D - 1N - 1S - 1E - 1DC - 1EC - Dislocated Worker Core Registered - UI Profilee	02/01/2015	
Spell Check			Show All Subgroups		
<u>FAQs</u> I'm Done: Log Off			Application Date: 02/01/2015 Printable Application		
				Certify >	
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Siwds	Ilinois Workforce Development System Case Management	
Menus <u>Staff Menu</u>	Save Cancel	
<u>Customer Menu</u> Application Menu	Criteria Documentation and Subcriteria	Conjunction
Case Notes Add Case Notes	(Authorized to Work in the U S	AND
List Case Notes	Compliant With Selective Service	AND
Universal Services Add Local Service List All Services	UI Profilee)
<u>Spell Check</u> <u>FAQs</u>	Save Cancel	
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S IWDS	llinois Workforce Development System Case Management		
Menus <u>Staff Menu</u>	Save Cancel		
<u>Customer Menu</u> Application Menu	Criteria Documentation and Subcriteria (Authorized to Work in the U S	Conjunction	
Case Notes Add Case Notes List Case Notes	Compliant With Selective Service	AND	
Universal Services	▼ UI Profilee	AND	
Add Local Service List All Services	IDES Profilee List)	
<u>Spell Check</u> - <u>AQs</u> I'm Done: Log Off	IDES Profilee List Save Cancel		
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