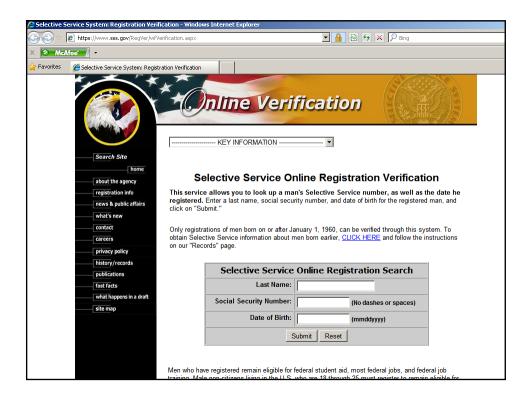
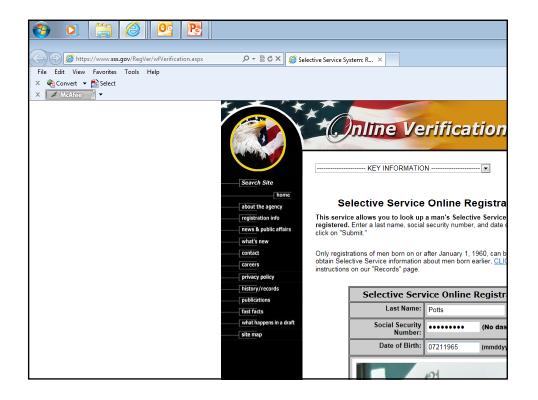


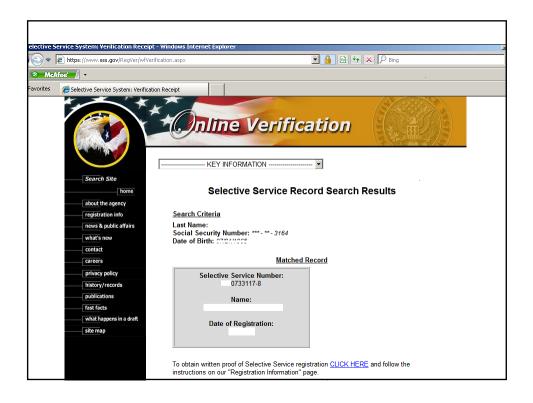


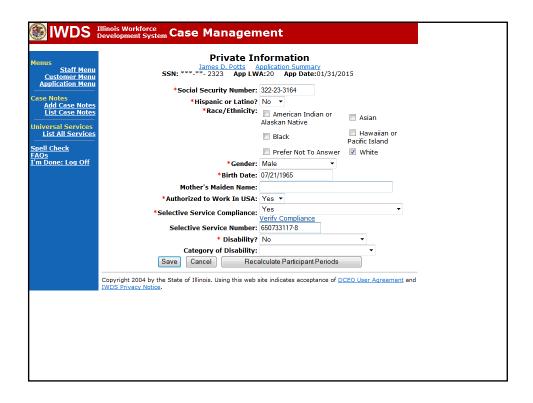
| Staff Menu<br>Customer Menu<br>Application Menu<br>Application Menu<br>SSN: ******2323 App LWA:20 App Date:1/31/2015         SSN: ******2323 App LWA:20 App Date:1/31/2015         *Social Security Number:<br>List Case Notes<br>List Case Notes<br>List Case Notes<br>List Case Notes<br>Done: Log Off  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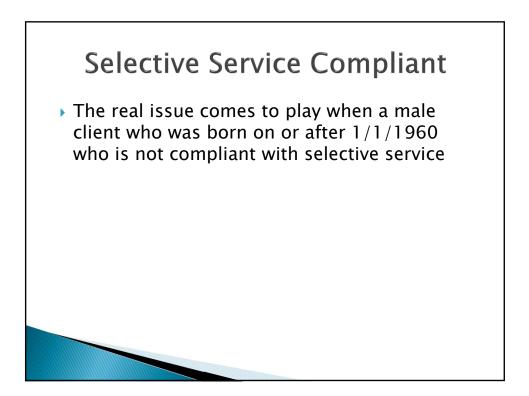


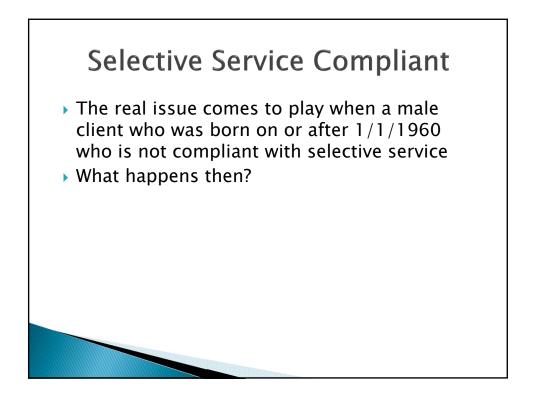


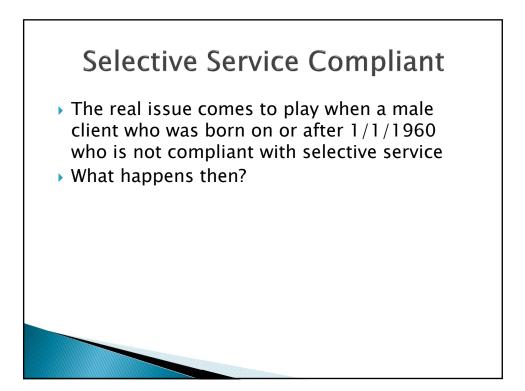


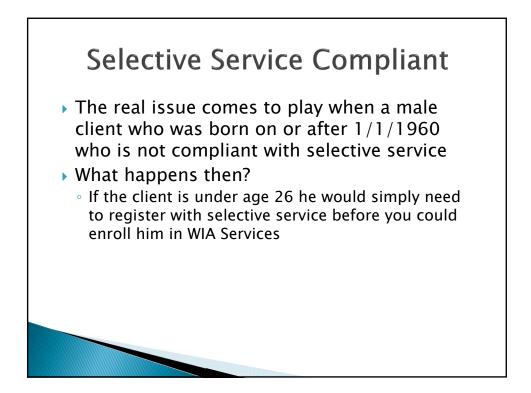


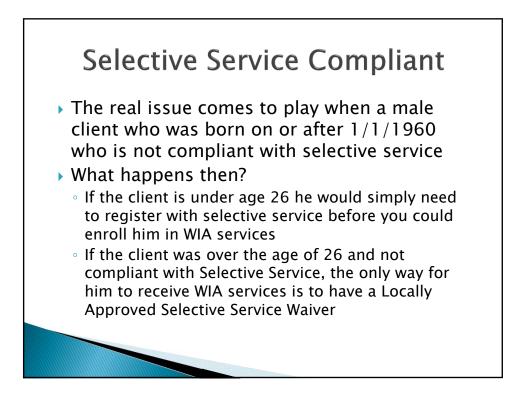


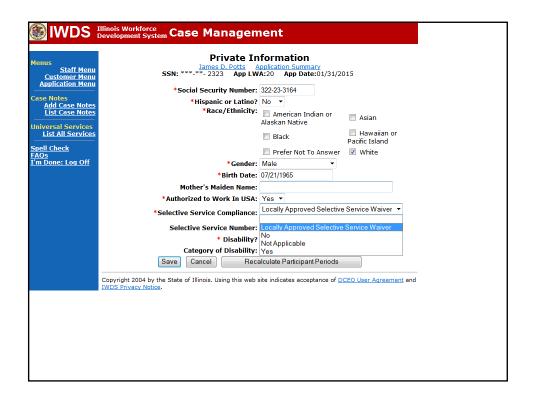


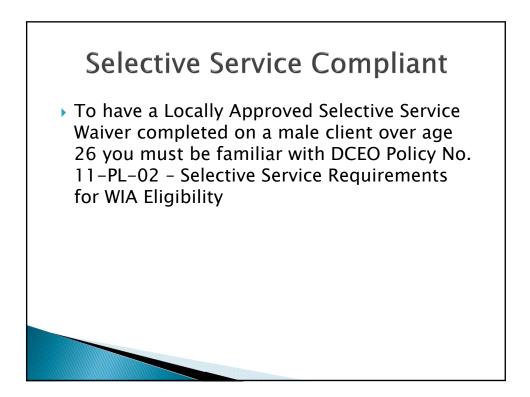


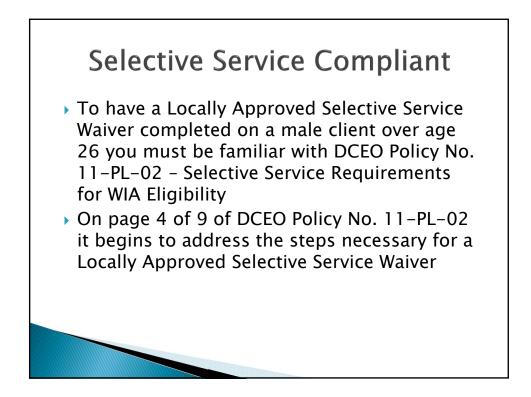


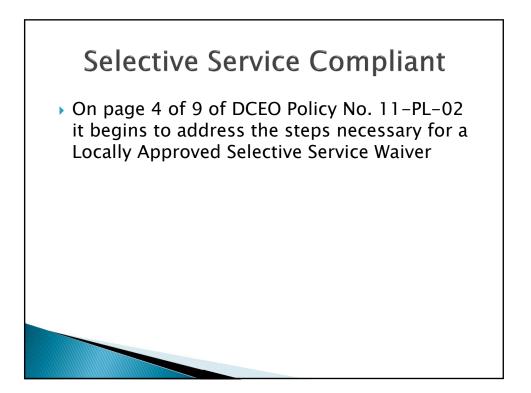




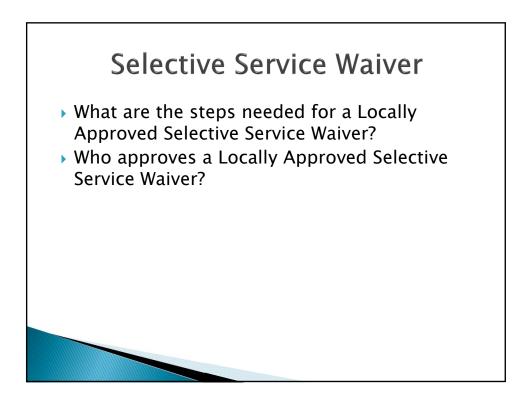


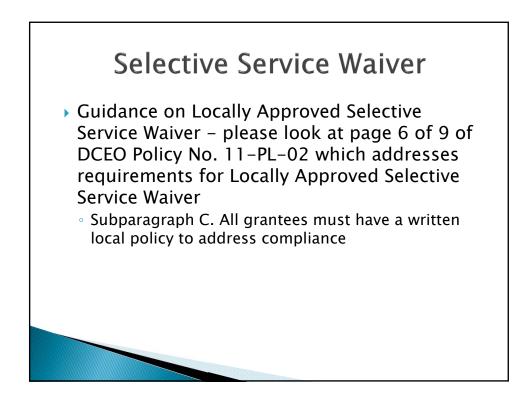


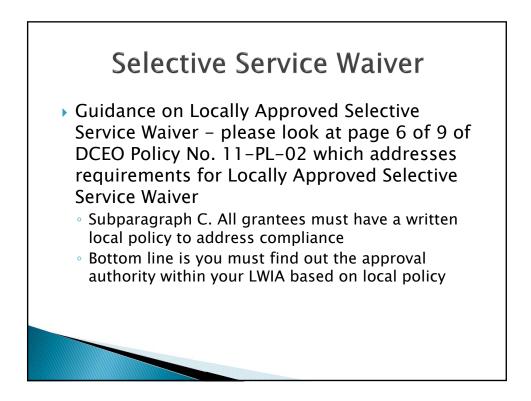


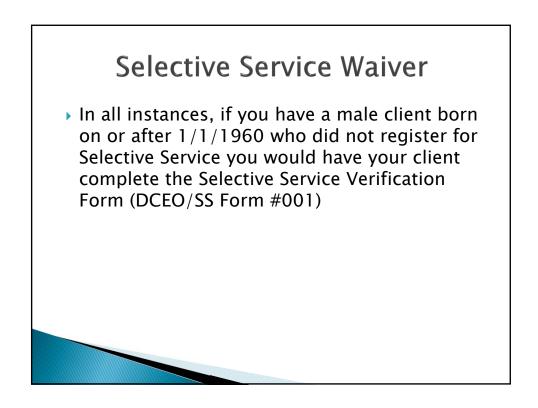


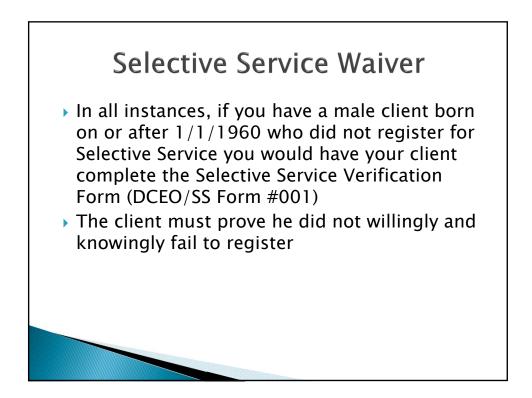


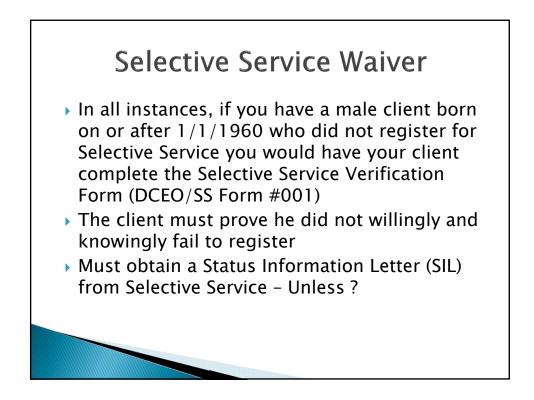


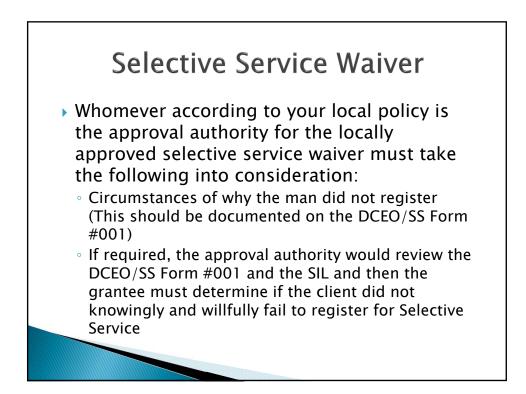




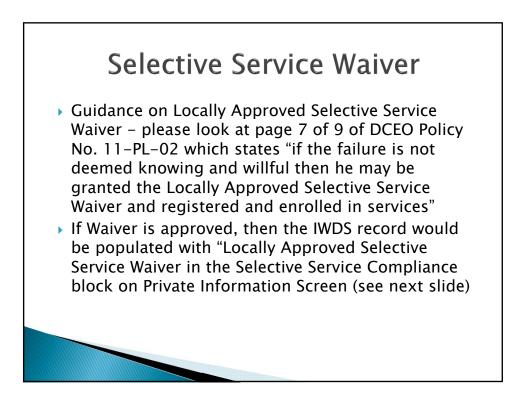


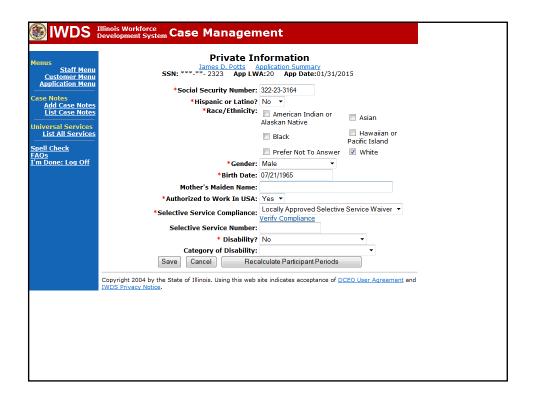




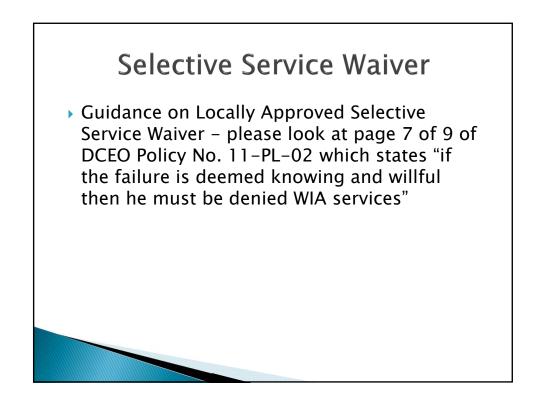


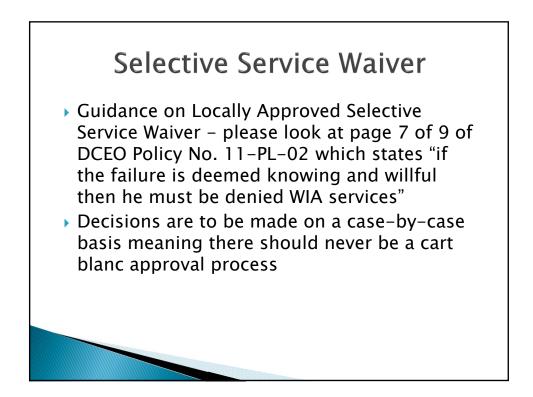
## Selective Service Waiver • Guidance on Locally Approved Selective Service Waiver – please look at page 7 of 9 of DCEO Policy No. 11–PL–02 which states "if the failure is not deemed knowing and willful then he may be granted the Locally Approved Selective Service Waiver and registered and enrolled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



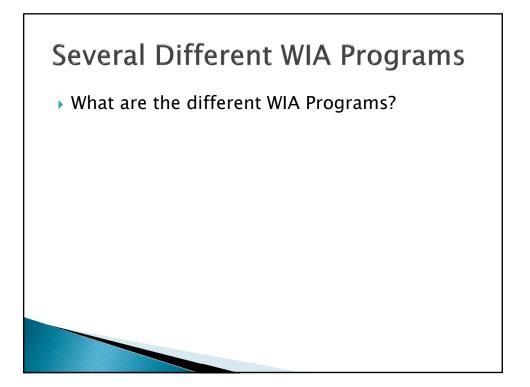


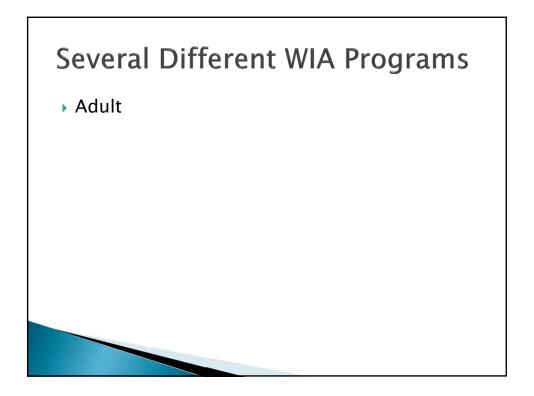


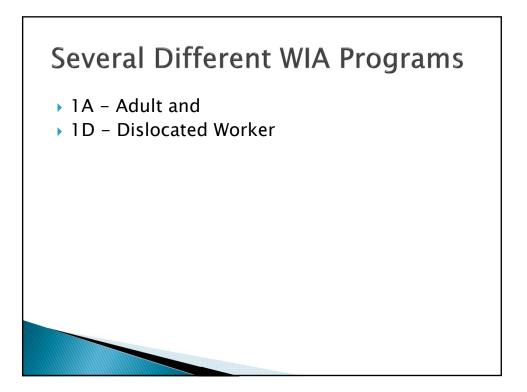


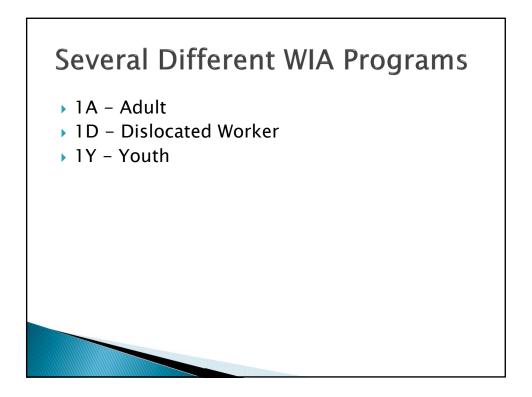


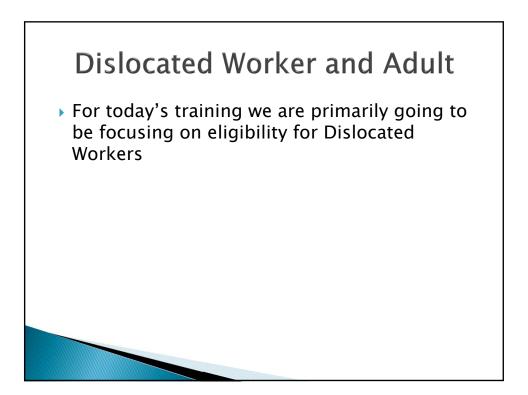


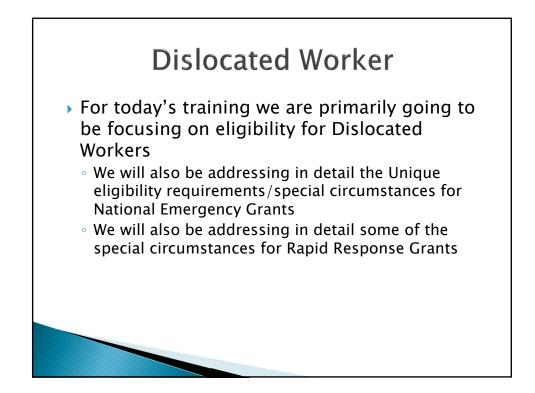


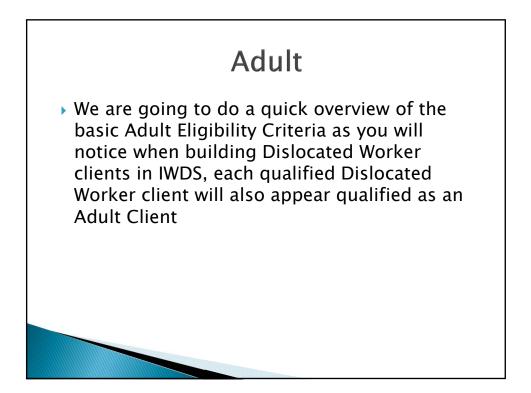


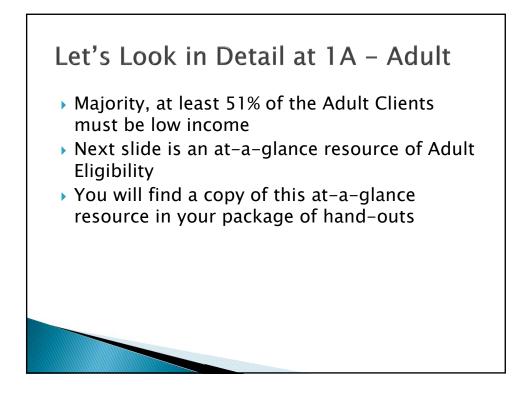




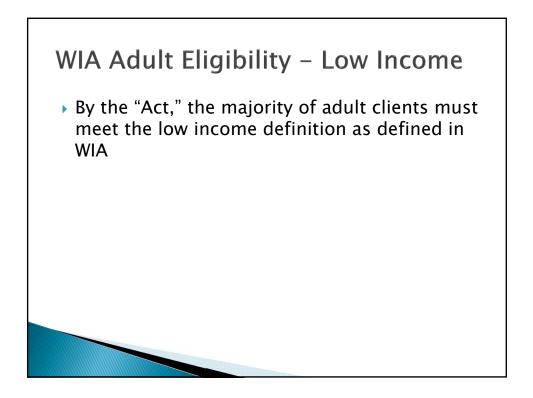


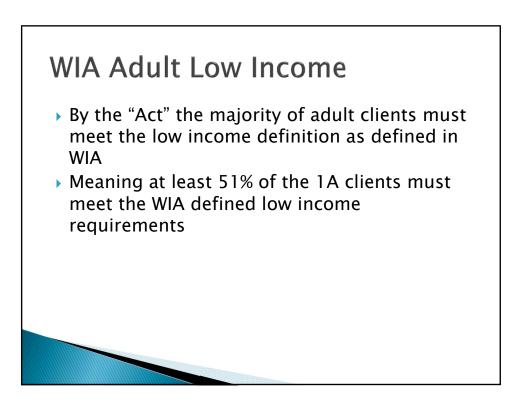


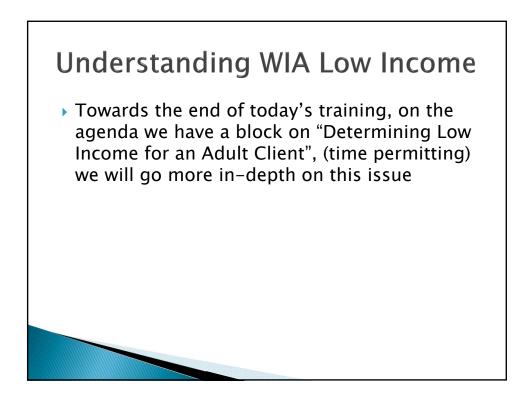


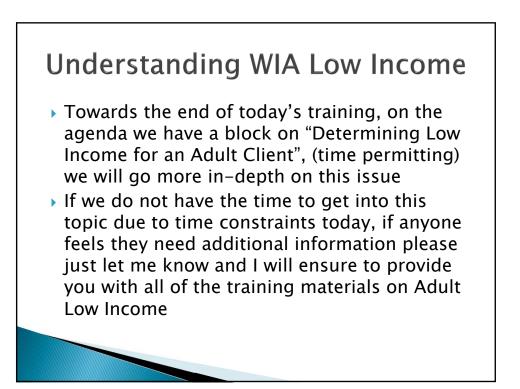


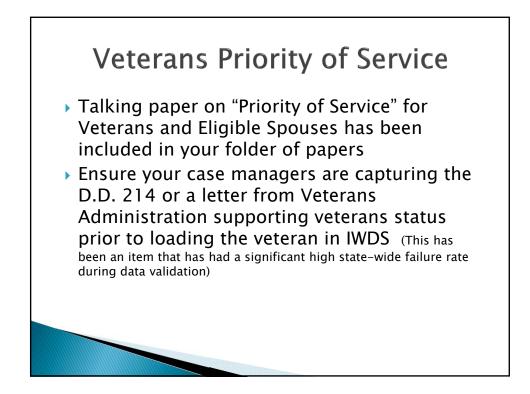
|                 | Adult Eligibility Criteria  |          |
|-----------------|---|----------|
| Core Registered | Authorization to work In the US   | Required |
|                 | Compliant with Selective Service  | Required |
|                 | Age 18+ at enrollment   | Required |
|                 |   |          |
| 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<br>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<br>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.           |          |

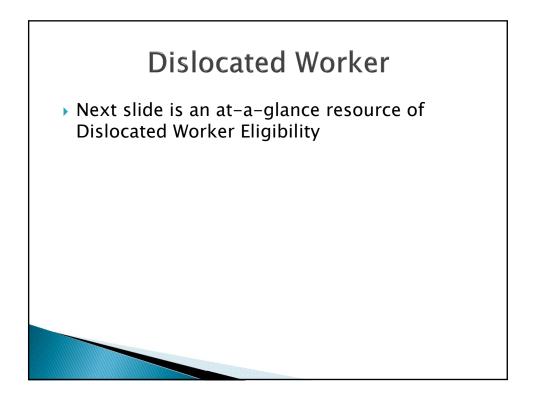




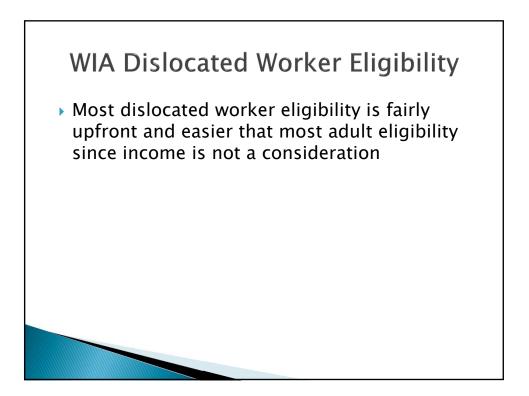


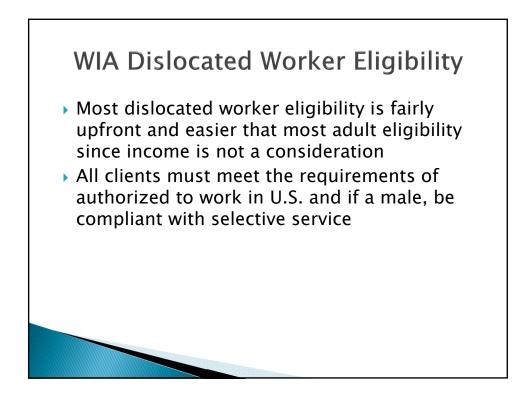


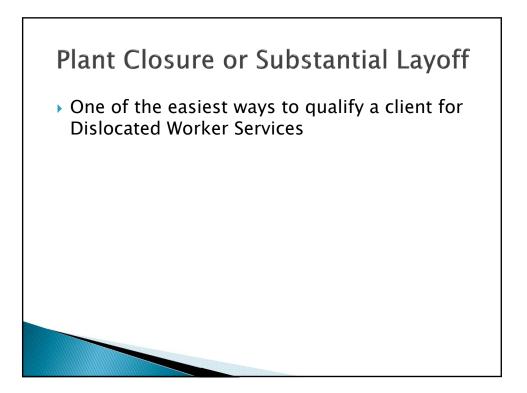


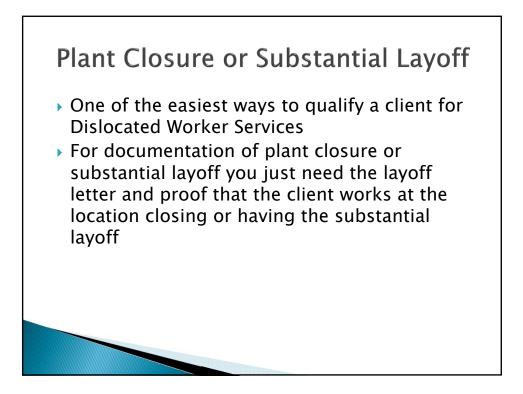


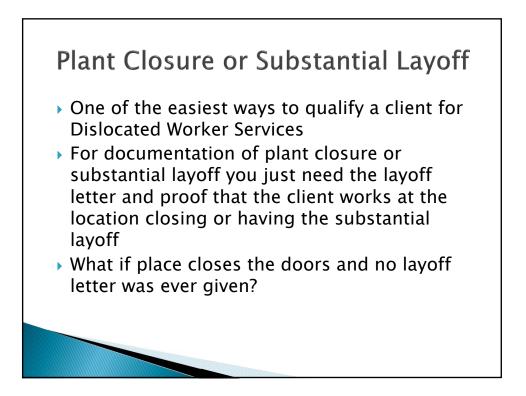
| Core Due to Plant Closure | Authorized to Work in the U S AND Compliant With Selective Service  | Both     |
|---------------------------|---|----------|
| or Substantial Layoff     | Terminated or Laid Off Prior to Registration OR Notified of Impending Layoff  | One of   |
|                           | 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<br>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  |

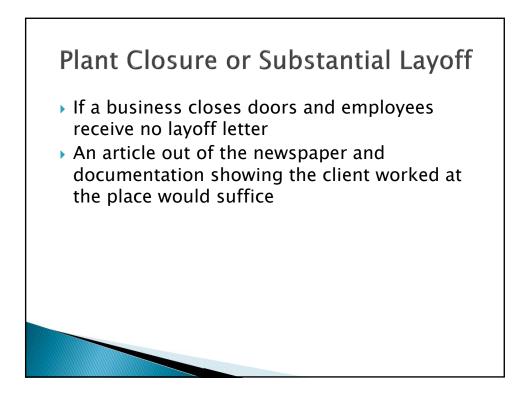


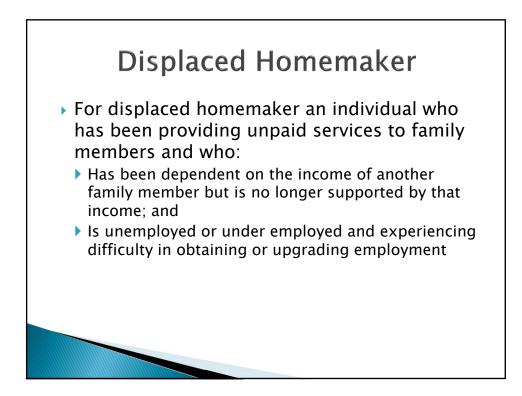


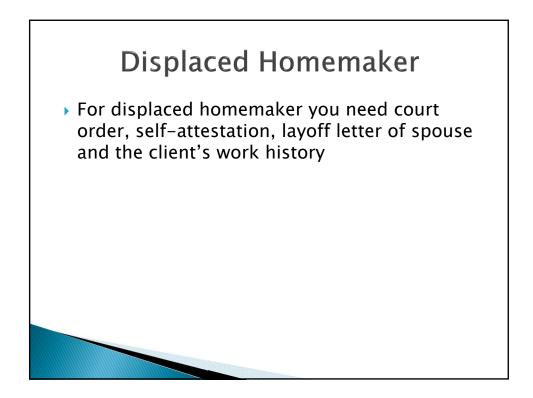






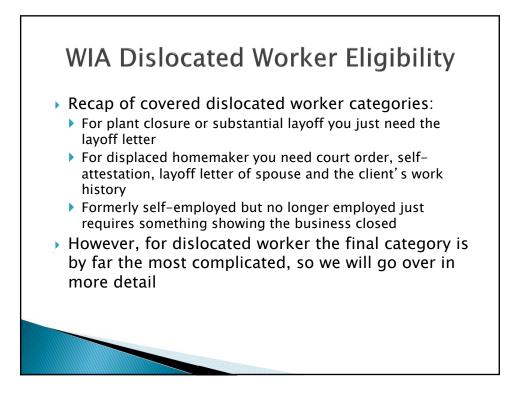




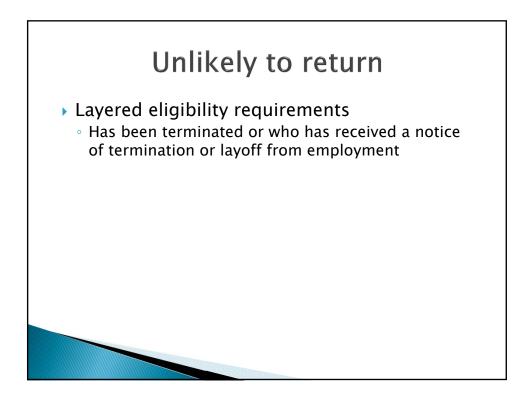




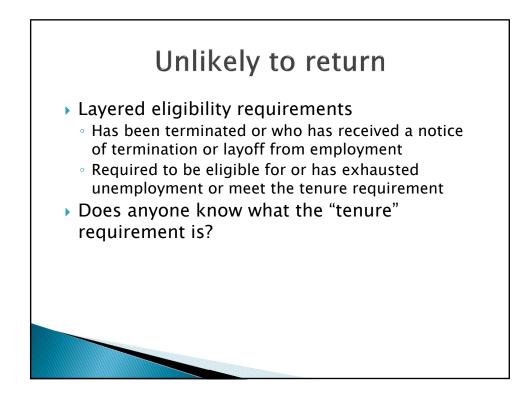


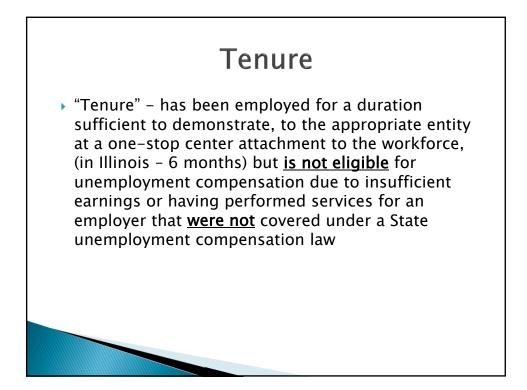


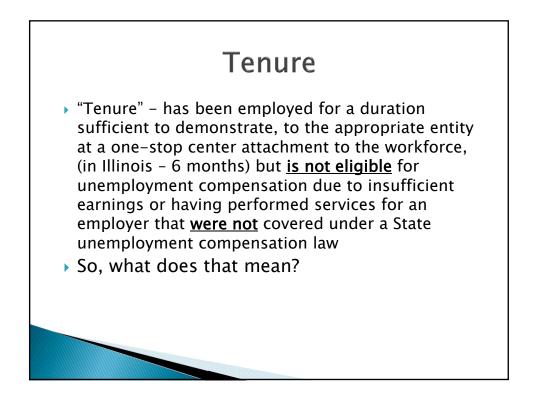


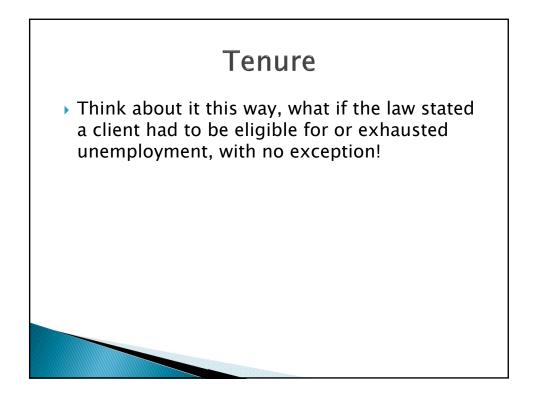


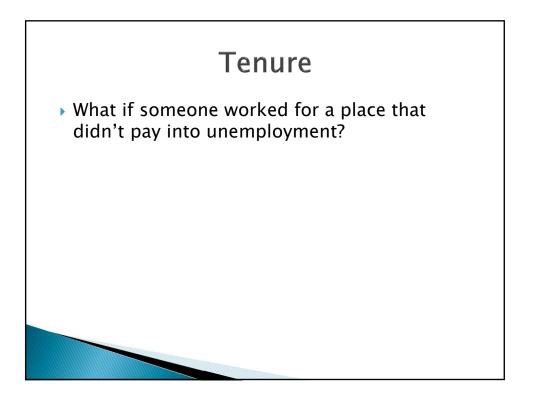


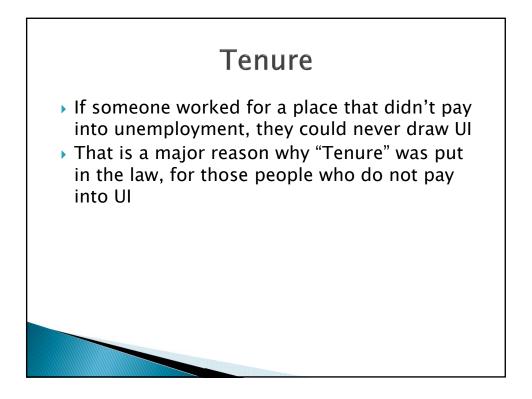


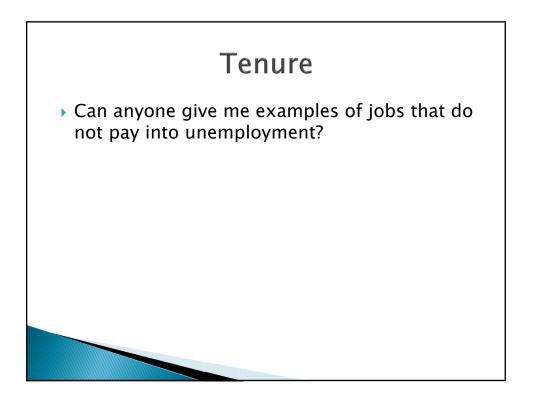


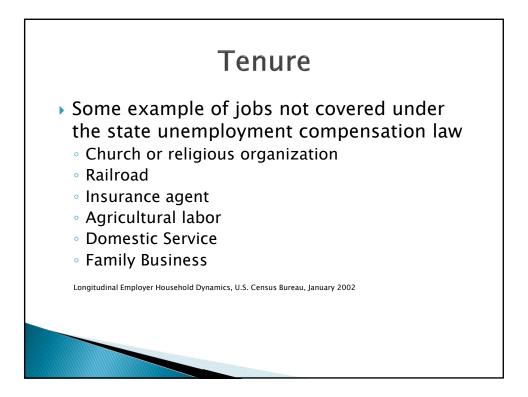


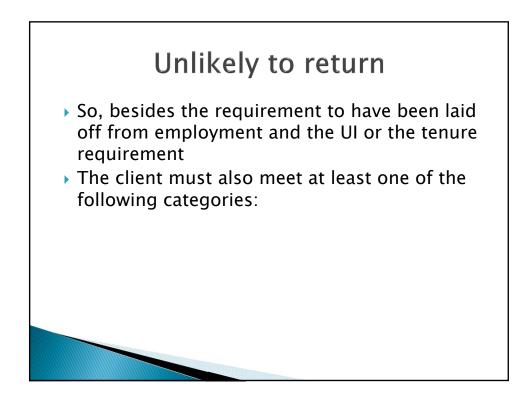


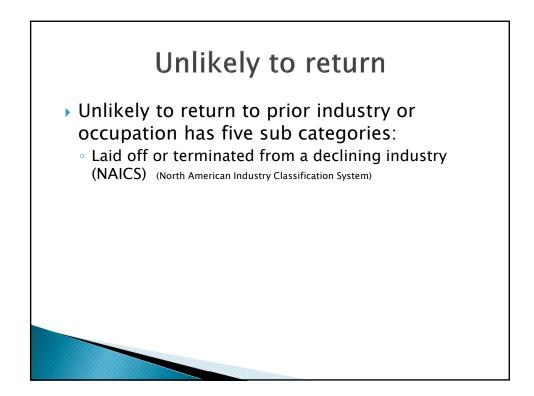




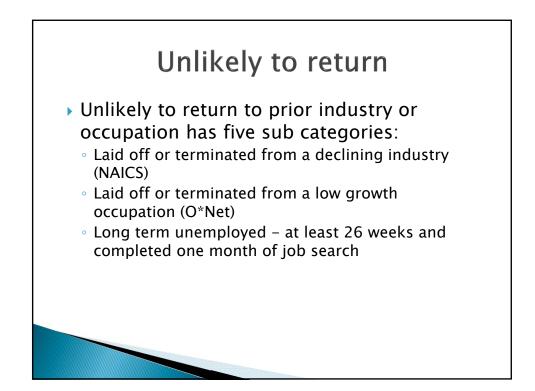




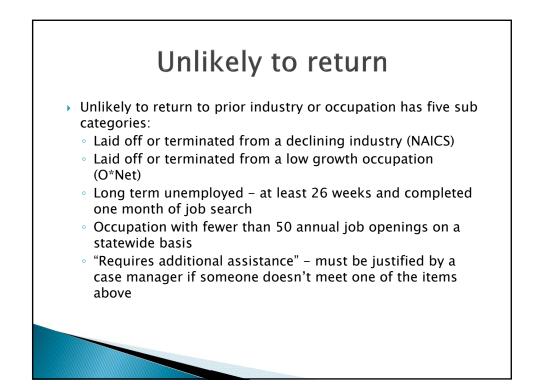


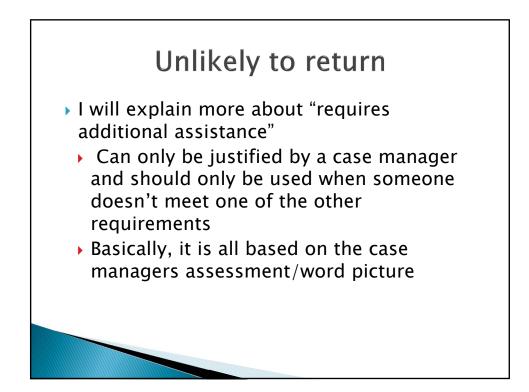


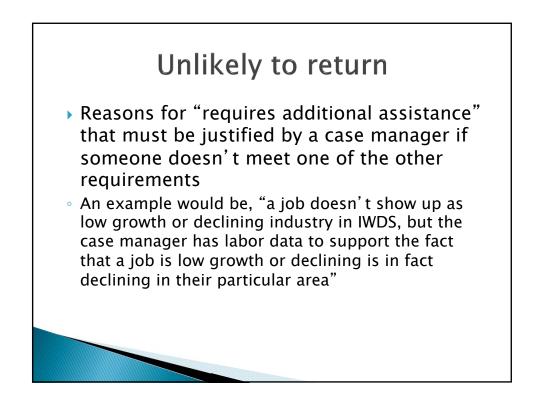


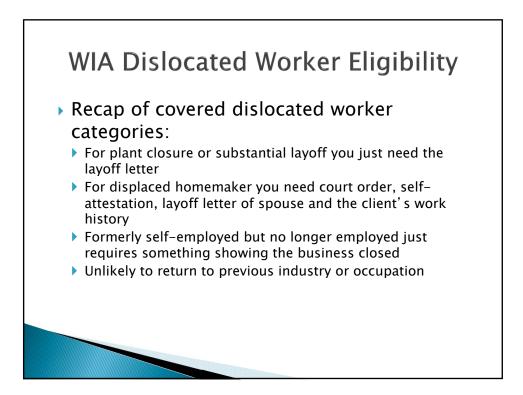


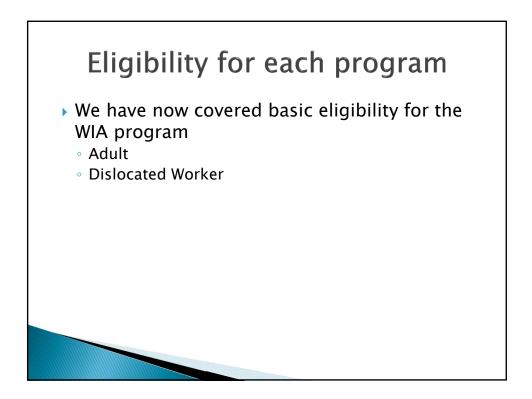


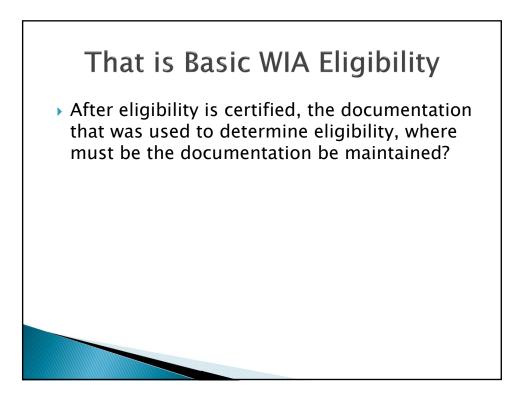


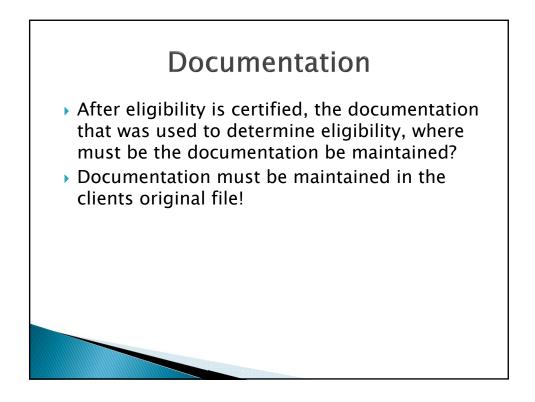


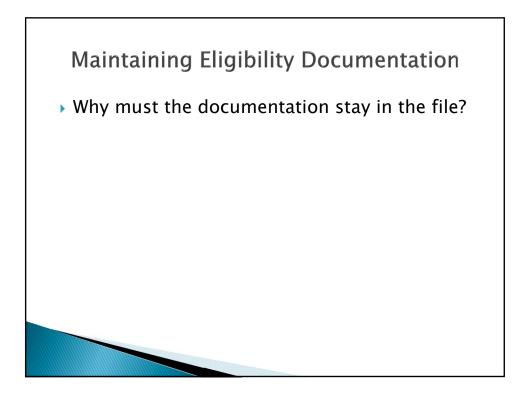


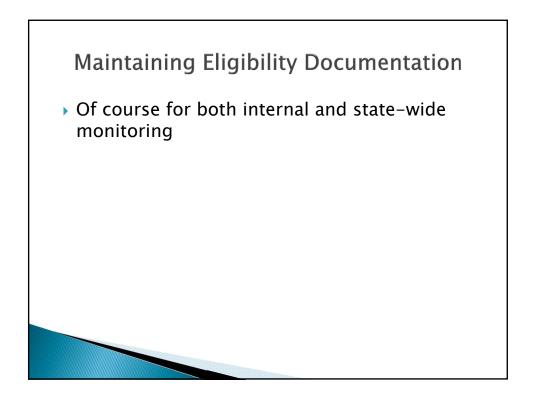


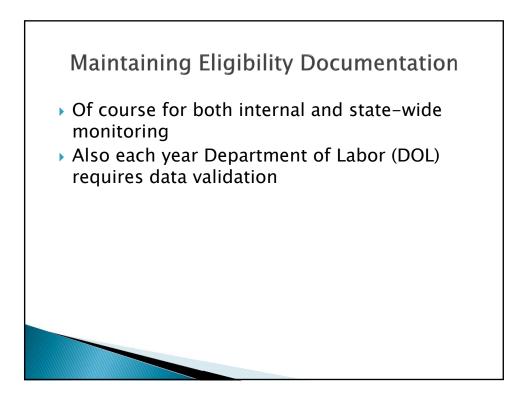


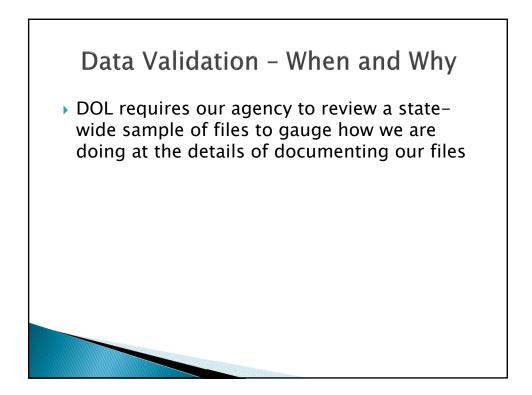


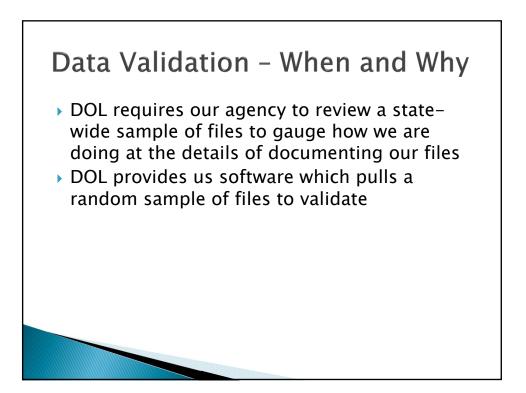


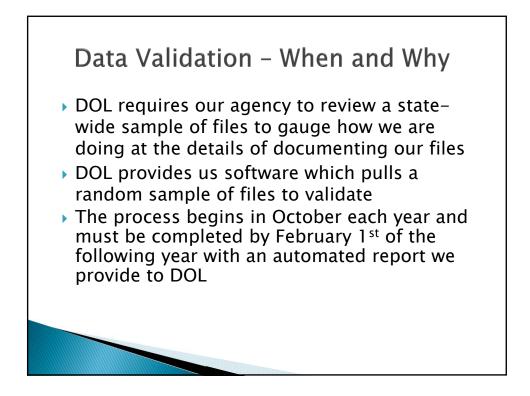


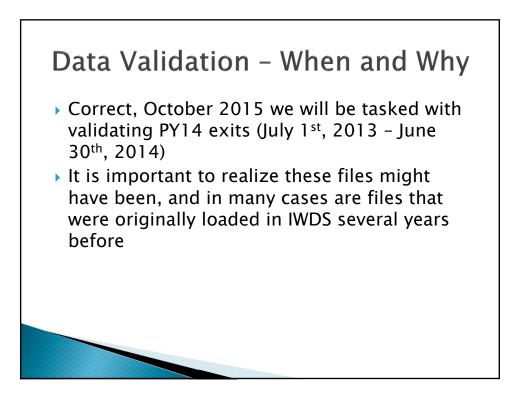


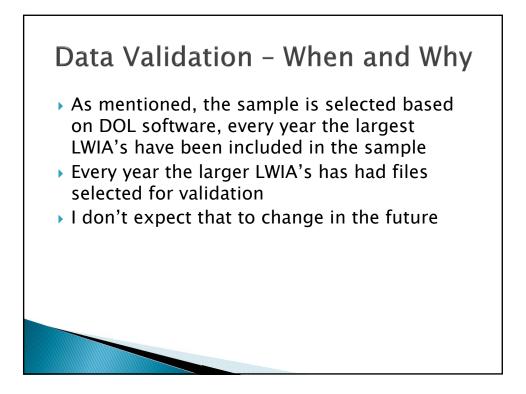


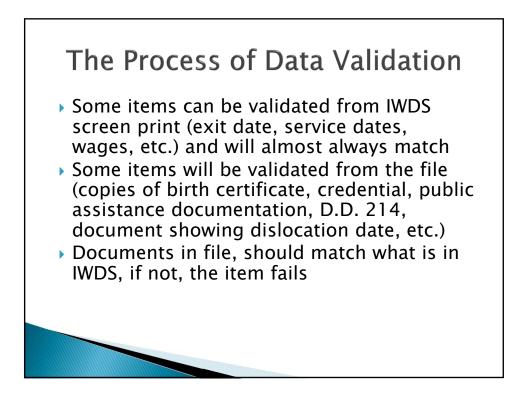


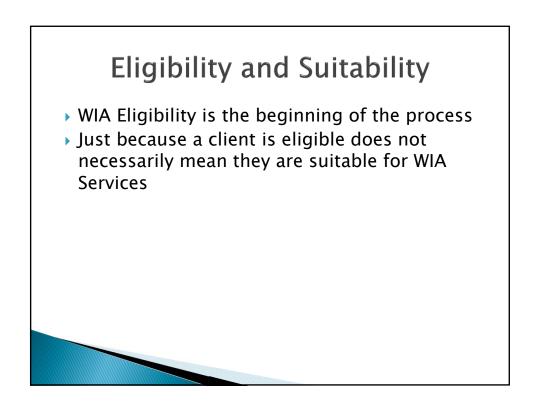


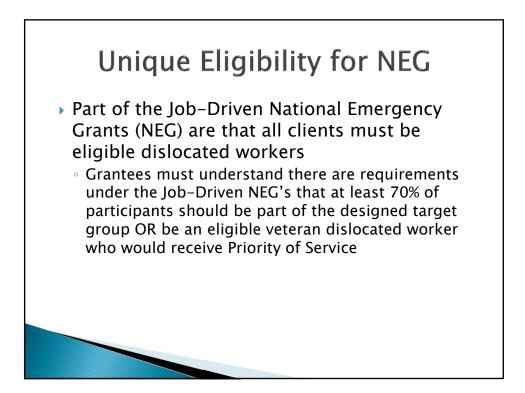


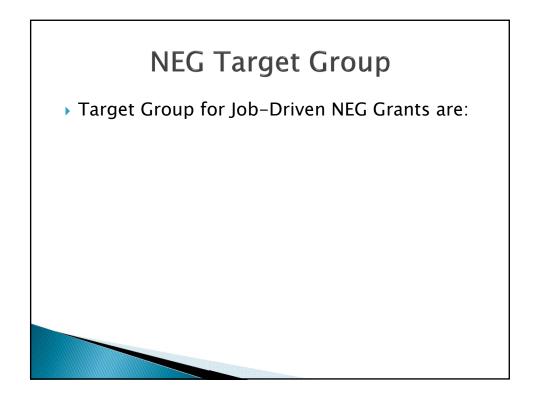




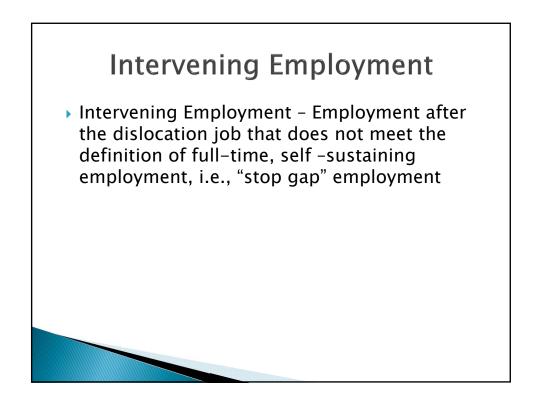




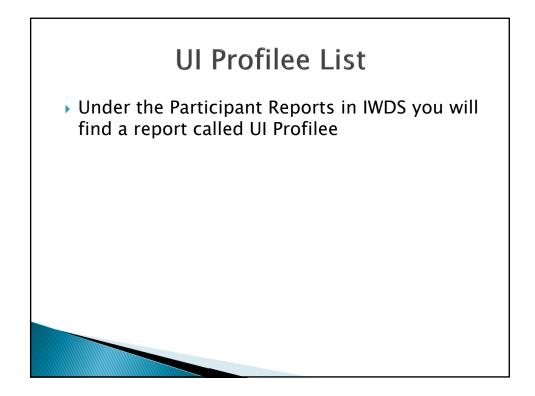


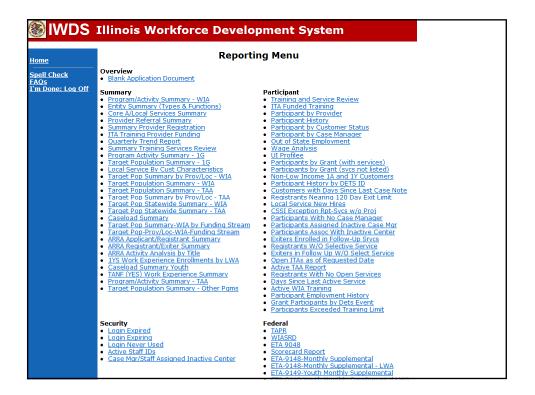




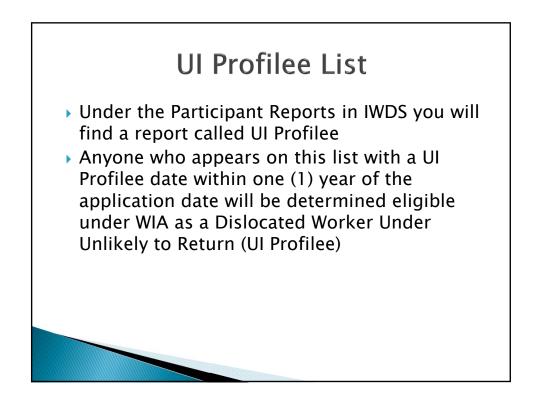


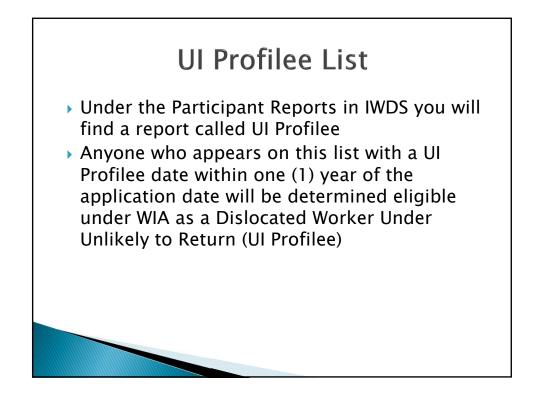


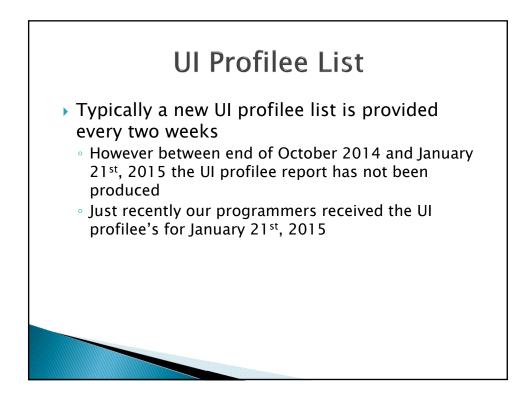


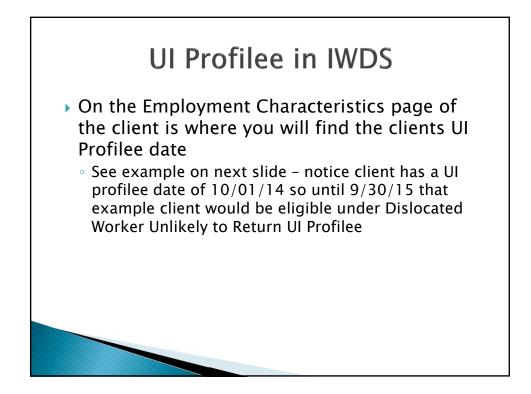


|                             | Illinois Workforce Development System   |
|-----------------------------|---|
|                             | Reporting Criteria  |
| <u>Home</u>                 | Reporting Criteria  |
| Spell Check                 | UI Profilee   |
| FAQs<br>I'm Done: Log Off   | LWA:  |
| <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:<br>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<br>an individual is in fact a UI profilee.           |
|                             |   |
|                             | View Report Cancel  |
|                             |   |
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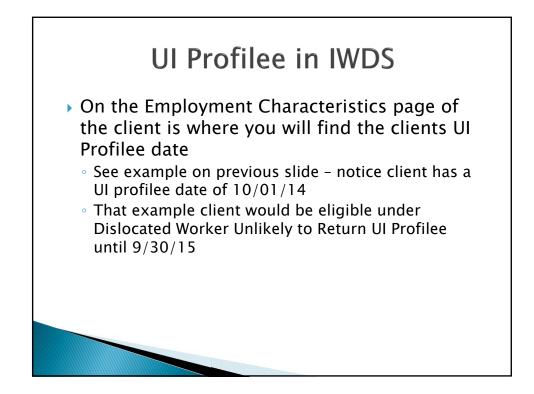




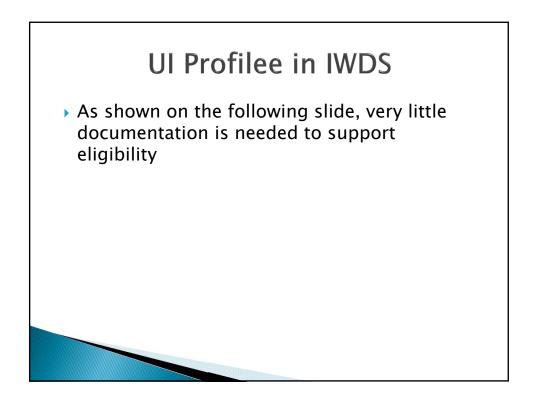




| Staff Menu<br>Customer Menu<br>Application Menu<br>ise Notes<br>Add Case Notes<br>List Case Notes<br>List Case Notes<br>Mid Local Services<br>List All Services<br>Mid Local Services<br>Mid Local Services<br>Mid Local Services<br>Minimum Threshold of Farm<br>Work: No <ul> <li>*Primarily Employed in Farm<br/>Work:</li> <li>*Inimum Threshold of Farm<br/>Work Performed:</li> <li>*Minimum Threshold of Farm<br/>Work Performed:</li> <li>*Minimum Threshold of Farm<br/>Work:</li> <li>*Inimum Threshold of Farm</li> <li>*Inimum Threshold of Farm&lt;</li></ul> |
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| se Notes<br>Add Case Notes<br>List Case Notes<br>List Case Notes<br>Notersal Sorvices<br>Add Local Service<br>List All Services<br>Monum Threshold of Farm<br>Work: No<br>Primarily Employed in Farm<br>Work: No<br>*Minimum Threshold of Farm<br>Work: Volume<br>Type of Qualifying Farm<br>Work: Volume<br>UI Profilee Date must be within the past calendar year of the  |
| Add Case Notes<br>List Case Notes<br>Versal Services<br>dd Local Services<br>list Case Notes<br>*Primarily Employed in Farm<br>Work:<br>No<br>*Minimum Threshold of Farm<br>Work:<br>Migrant Status:<br>Type of Qualifying Farm<br>Work:<br>Under-Employed:<br>UI Profilee Date must be within the past calendar year of the  |
| Primarily Employed in Farm     No     Primarily Employed in Farm     No     No     No     No     No     No     Primarily Employed in Farm     Work:     Minimum Threshold of Farm     Work:     Type of Qualifying Farm     Work:     Under-Employed:     UI Profilee Date must be within the past calendar year of the   |
| Local Service       Work:       No         *Minimum Threshold of Farm Work Performed:       No       Image: Check Migrant Status:         Sone: Log Off       Type of Qualifying Farm Work:       Image: Check Work:         Under-Employed:       Image: Check Work:       Image: Check Work:         Ul Profilee Date must be within the past calendar year of the       Image: Check Work:   |
| ist All Services       *Minimum Threshold of Farm No Vork Performed:         Check       Migrant Status:         one: Log Off       Type of Qualifying Farm Vork:         Under-Employed:       V         UI Profilee Date must be within the past calendar year of the   |
| I Check       Migrant Status:         5       Type of Qualifying Farm         Work:       Vultor         Under-Employed:       Vultor         UI Profilee Date must be within the past calendar year of the   |
| 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<br>Profilee<br>UI Profilee Date: 10/01/2014<br>UI Profilee Eligible: Yes<br>Save Cancel<br>Copyright 2004 by the State of Illinois. Using this web site indicates acceptance of <u>DCEO User Agreement</u> a<br>IWDS Privacy Notice.  |



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