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| **Participant Information** | | | |
| **LWIA#:** | | **Participant SSN: XXX-XX-** | |
| **Participant Name:** | | | |
| **Street Address:** | | | |
| **City:** | **State:** | | **Zip:** |
| **Phone Number(s): Cell: (**   **)**    **-**     **Home: (**   **)**    **-** | | | **Email:** |

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| **Petition Number and Name of Worker Group** | |
| **Petition Number:** | **Name of Worker Group:** |

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| **Participant Employment Status** | |
| **Employment Status: (choose one below)** | |
| **Participant is laid off and has a qualifying**  **separation date** | **Qualifying Separation Date:**   /  / |
| **Participant is partially separated** | **Partial Separation Date:**   /  / |
| **Participant is currently employed but**  **threatened with layoff** | **Projected Layoff Date:**   /  / |

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| **Veterans Priority of Service** | |
| **The State must give priority for approval and funding of TAA Program benefits (including training, where the approval of training criteria are met) to a trade-affected worker meeting the veterans’ priority of service criteria established under 38 U.S.C. 4215.** | |
| **The participant meets the criteria for veterans priority of service** | Yes  No |

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| **Employment and Case Management Services:** | |
| **Registration for IL Job Link** | Registration Date:   /  / |
| **Registration for ILworkNet** | Registration Date:   /  / |
| **Comprehensive and Specialized Assessment of Skill Levels and Service Needs, including:** | Date Offered:   /  /  Date Provided:   /  / |
| **i. Diagnostic Testing/Use of**  **Assessment Tools** (to address interests, skills, aptitudes, abilities) | Date Offered:   /  /  Date Provided:   /  / |
| **ii. In-depth interviewing** (to identify employment barriers and employment goals) | Date Offered:   /  /  Date Provided:   /  / |
| **Development of an Individual Employment Plan (IEP)** (to identify goals, objectives, and appropriate training needs)  **NOTE: The participant has the right to decline the development of an IEP, however, some Trade benefits require the completion of an IEP.** | Date Offered:   /  /  Date Provided:   /  / |
| **Information on training available in local and regional areas,** information on individual counseling to determine which training is suitable training, and information on how to apply for such training. | Date Offered:   /  /  Date Provided:   /  / |
| **Financial Aid information** (may include referral of participants to educational centers to apply for financial aid and determination of worker need for financial assistance using current year income, at discretion of educational center) | Date Offered:   /  /  Date Provided:   /  / |
| **Short-term pre-vocational services**, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct skills. | Date Offered:   /  /  Date Provided:   /  / |
| **Individual and Group Career Counseling**, including Job Search and Placement Counseling during training period and after training period has been completed | Date Offered:   /  /  Date Provided:   /  / |
| **Employment Statistics and Information related to local, regional, and national labor market area** including job vacancies, job skills necessary for job listings, in demand occupations, potential earnings | Date Offered:   /  /  Date Provided:   /  / |
| **Supportive Services** available through partner programs, including child care, dependent care, transportation, housing assistance, and needs related payments | Date Offered:   /  /  Date Provided:   /  / |

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| **Transferable Skills Checklist: Check skills categories below the participant has identified on the Transferable Skills Checklist.** | |
| Communication Skills | Financial Management |
| Research/Planning/Investigation | Critical/Creative Thinking/Problem Solving |
| Human Relations/Interpersonal | Computer Skills/Office Technology |
| Work Survival Skills | Mechanical Skills |
| Organization/Management/Leadership/Decision Making | Other (List): |
| **Transferable Skills Checklist has been placed in participant file.** | |

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| **Barriers to Employment: Check all that apply below:** | | |
| Education | Lack of transferable skills | Excess supply of skills in area |
| Dependent Care/Day Care | Housing | Needs-related payments |
| Transportation/ Subsistence | Legal | No Telephone/Cell phone |
| Lack of Computer | No Internet Access | Lack of Credentials/Certifications |
| Other (List): | | |
| Additional Comments: | | |
| **Partner Referrals Recommended:**  Participant Agreement to Referral(s):  Yes  No | Title I-WIOA  Title II-Adult Education/Family  Literacy  Title III-Wagner-Peyser/IDES  Title IV-Vocational  Rehabilitation | Other  Other  Other  Other |

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| **Prior Work History** | |
| **Employer Name:** | **Job Title:** |
| **Start date:**   /  /     **End Date:**   /  / | **Hours worked per week:**       **Ending Wage:** |
| **Description of Job Duties:** | |
| **Employer Name:** | **Job Title:** |
| **Start date:**   /  /     **End Date:**   /  / | **Hours worked per week:**       **Ending Wage:** |
| **Description of Job Duties:** | |
| **Employer Name:** | **Job Title:** |
| **Start date:**   /  /     **End Date:**   /  / | **Hours worked per week:**       **Ending Wage:** |
| **Description of Job Duties:** | |

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| **Education History** | | | | | | | | | |
| **High School Diploma/GED:** | | | | | | | | | |
| High School Diploma:  Yes  No | | | GED:  Yes  No  N/A | | | | | **Year of Graduation:** | |
| **Highest Grade completed if no High School diploma or GED: Grade:** | | | | | | | | | |
| **College/University** | | | | | | | | | |
| **Name of College/University** | **Level of Degree Earned** | | | | **Major** | | **Minor** | | **Date Earned** |
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| **Business, Trade, Correspondence School:** | | | | | | | | | |
| **Name of School** | | **Subjects** | | | | **Certification Earned** | | | **Date Earned** |
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| **Professional/Technical License:**  **N/A** | | | | | | | | | |
| **License** | **Number** | | | **State Issued** | | | **Date Issued** | | **Expiration Date** |
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| **Initial Assessment: (select one below)** |
| An initial assessment was administered by a partner program and contains all of the required components listed  below.  An initial assessment was administered by a partner program but does not contain the required components  listed below. The assessment has been supplemented by the local area to ensure it contains all of the required  components listed below.  An initial assessment was administered by the Trade program and contains all of the required components listed  below. |
| 1. Participant has been provided with information on prevailing local labor market conditions, including the unemployment rate, local employer skill demands and hiring prerequisites. 2. The participant’s knowledge, skills, and abilities from his or her education and previous employment have been assessed. 3. The transferable skills that the participant may possess that would be of interest to other local employers have been identified. 4. The participant’s skill levels (including literacy, numeracy, and English language proficiency), aptitudes, abilities including skills gaps), and supportive service needs have been evaluated. 5. The participant’s barriers to reemployment have been identified. Examples include:   (i) Lack of applicability of skills from the worker’s present occupation to other occupations;  (ii) Skills that are in excess supply in the labor market area; or  (iii) Other barriers as outlined in WIOA sec. 3(24). |

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| **Determination of Services: After a thorough review of the participant’s initial assessment, the following outcome has been determined: (select one below)** |

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| Suitable employment is available to the participant. The participant would benefit from additional  employment and case management services. | | | | | |
| No suitable employment is available to the participant. The participant would benefit from additional  employment and case management services. | | | | | |
| It has been determined no suitable employment is available, even with additional employment and case  management services. The participant has been advised to apply for training. | | | | | |
| **Does the participant agree with the assessment outcome?** | | | **Yes  No** | **Participant Initials:** | |
| **If participant answers “No”, provide reason:** | | | | | |
| **Comprehensive and Specialized Assessments** | | | | | |
| **TABE 11-12** | **WorkKeys** | **CIS** | | | **Other (List):** |
| **CASAS** | **Career Scope** | **Other (List):** | | | **Other (List):** |
| **Results are recorded in IWDS and hard copy assessments have been placed in participant file.** | | | | | |

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| **Participant Occupational Goal** | |
| **Targeted Occupation:** | **Targeted Industry:** |
| **ONET Percentage Growth:** | **Projected Wage per hour: $** |
| **LMI verifies employment is available in the participant’s demographic area:**  Yes  No | |
| **Targeted Occupation and Industry will lead to Suitable and Sustainable Employment:**  Yes  No | |

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| **Statement of Occupational Goal: (select one below)** |
| **Successfully obtain suitable and sustainable employment with new or upgraded skills acquired from**  **completion of a training program.** |
| **Successfully obtain suitable and sustainable employment in a same/similar occupational field with**  **current transferable skills and education.** |
| **Successfully obtain suitable and sustainable employment in a different occupational field with current**  **transferable skills and education.** |

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| **Trade Services** | | |
| **Enrollment in Trade services (check all that apply):** | | |
| **Important Notice regarding IEP: The participant has the right to decline the development of an Individual Employment Plan; however, some Trade benefits require the completion of an IEP. Review Box 14 to verify the participant has agreed to the development of an IEP before continuing enrollment into specific Trade services.** | | |
| **Trade Case Management**  **Start Date:   /  /** | **Waiver From Training**  **Initial Waiver Period:**  **From:** **/  /     To:   /  /** | **Transportation/Subsistence**  **Start Date:   /  /** |
| **RTAA Enrollment**  **Start Date:   /  /** | **Job Search Allowance**  **Start Date:   /  /** | **Relocation Services**  **Start Date:   /  /** |

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| **Training** | | |
| **Assessment of financial resources:** | | |
| **Participant is eligible and will receive UI/TRA benefits to cover the training period.**  **Participant is not eligible for UI/TRA benefits but has provided documentation**  **demonstrating financial stability while completing a training program.**  **Participant is eligible for and will receive Financial Aid**  **Participant has completed a monthly budget and expense form and attests there to be**  **adequate financial resources available while participating in a training program.**  **Monthly budget /expense form has been placed in participant file.** | | Participant initials |
| **Statement of Training Goal(s)** | | |
| **My training goal is to successfully complete my training program on or before my Planned End Date to obtain suitable and sustainable employment with my new or upgraded skills.**  **Training Program Name:** | Participant initials: | |

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| **Trade Training** | | |
| **Training Types (check all that apply):** | | |
| **Occupational/Vocational**  **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** |
| **Remedial Training**  GED  English as Second Language  Other        Adult Basic Education  **Training Provider Name:**  **Program Name:**  **List Remedial Courses Required:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** | |
| **Pre-requisite Training**    **Training Provider Name:**  **Program Name:**  **List Pre-requisite Courses Required:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** | |
| **On-the-Job Training**  **(Work-based training)**    **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** | |
| **Customized Training**  **(Work-based training)**    **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** | |
| **Pre-Apprenticeship Training**  **(Work-based training)**  **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** |
| **Apprenticeship Training**  **(Work-based training)**    **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** |
| **Short-term Pre-Vocational**  **(Supplemental training)**  **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** |
| **All Other Training**  **Training Provider Name:**  **Program Name:** | Start Date:   /  /  Planned End Date:   /  / | **Total Weeks:** |

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| **Total Number of Training Weeks:** | |
| Number of Training Weeks for Occupational/Vocational: |  |
| Number of Training Weeks for Remedial/Pre-requisite: |  |
| Number of Training Weeks for Work-Based Training (if applicable): |  |
| Number of Training Weeks for All Other Training (if applicable) |  |
| Total Number of Training Weeks: |  |

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| **Total Trade Costs of Training (add totals below):** | | | | | |
| Tuition/Fees: $ | Transportation: $ | Subsistence: $ | Required Books, Equipment, Supplies, and Consumables: $ | Testing/ Certifications: $ | Total Costs: $ |

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| **Six Conditions of Training: Criteria for Approval of Training**  **and Industry Recognized Credential** | |
| **Training may be approved for a trade-affected worker if all the following criteria below are met:** | |
| *Criterion 1:* There is no suitable employment available for the trade-affected worker. | Yes  No |
| *Criterion 2:* The trade-affected worker would benefit from appropriate training. | Yes  No |
| *Criterion 3:* There is a reasonable expectation of employment following completion of  such training. | Yes  No |
| *Criterion 4:* Training is reasonably available to the trade-affected worker. | Yes  No |
| *Criterion 5:* The trade-affected worker is qualified to undertake and complete such training. | Yes  No |
| *Criterion 6:* Such training is suitable for the trade-affected worker and available at a  reasonable cost. | Yes  No |
| What industry recognized credential will the trade-affected worker obtain as a result of completing this training?  List credential: | |
| **Has all criteria been met and documented in a case note in IWDS with a printout attached to this IEP?** | Yes  No |

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| **Participant Agreement for Co-Enrollment into WIOA Services** | |
| **Does the participant meet eligibility requirements for the WIOA program?**  Yes  No  **If “No”, provide reason for ineligibility for WIOA services:**  **Not registered with Selective Service  Other (List):** | |
| **Does participant agree to be Co-Enrolled in WIOA services?**  Yes  No  **If “No”, provide reason and have participant sign #37 Waiver of Option to Co-Enroll in WIOA:** | |
| **NOTE: This should be signed only if the participant is waiving the option to co-enroll in WIOA.**  **Participant Waiver of Option to Co-Enroll in WIOA** | |
| **Attestation Statement:** I understand by signing below, I am waiving the option to enroll into the WIOA Dislocated Worker program. I understand that by declining enrollment into the WIOA Dislocated program I will not be able to receive the benefits and services outlined below from he WIOA Dislocated Worker program. I understand that declining this enrollment will have no impact on eligibility to receive any benefits, services, and employment and case management services offered through the Trade Adjustment Assistance (TAA) program. I also understand that if I wish to seek benefits and services from the WIOA Dislocated Worker program at a later time, I may request to be enrolled at that time, as long as I meet the WIOA Dislocated Worker program eligibility requirements. | |
| **Participant Signature:** | Date:     /    / |

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| **WIOA Services (check all that apply):** | | |
| **Career Planning** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Case Management** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Individual Counseling**  **Group Counseling** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Other Supportive Services**  Supportive services may be provided to  individuals enrolled in WIOA who are  receiving Career Services and who are  unable to obtain services through other  programs. Supportive services may  include items like child/dependent care,  car repairs, temporary energy assistance,  etc. The availability of supportive  services are dependent on funding levels,  availability of assistance, and individual  eligibility criteria. | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Job Search Skills Training** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Individual Job Development** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Transportation** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Child Care** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Job Referral and Placement Services** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Follow-Up Services** | Date Offered:   /  / | **Service Start Date:   /  /** |
| **Other List Service(s):** | Date Offered:   /  / | **Service Start Date:   /  /** |

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| **Participant Responsibilities** | | | |
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| **General Responsibilities**  **(Must be completed by all participants)** | | | |
| **1. Participant must maintain monthly contact while enrolled in any Trade service(s) or**  **co-enrolled service(s).**  **2. Participant must report any changes regarding personal information immediately (i.e.**  **name, address, etc.)**  **3. Participant agrees to actively participate in developing a re-employment plan.** | Participant initials:  Date:     /    / | | |
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| **Waiver Responsibilities**  **(Must be completed only if the participant is being issued a Waiver)** | | | |
| **1. In order to maintain eligibility for Trade Readjustment Allowance (TRA) the participant is required to make**  **contact (in person, by phone, or by email) every 30 days with the career planner to provide updates on**  **employment status and job search efforts. During these reviews, the conditions under which the waiver**  **was issued will be assessed. If conditions still exist, the waiver will be continued.**  **FAILURE TO MAINTAIN MONTHLY CONTACT MAY RESULT IN THE REVOCATION AND THE LOSS OF TRA**  **(CASH) BENEFITS.**  **2. Participant’s waiver will be reviewed even while receiving Unemployment, working part-time or temporary**  **jobs, or during the probation period of a permanent full-time job.**  **3. Participant must work diligently with the career planner to implement the training plan at the next possible**  **enrollment date.**  **4. Participant must contact the career planner if he/she no longer wish to be covered by a waiver.**  **5. Participant must report any changes regarding personal information immediately (i.e. name, address, etc.)** | | | |
| **Participant Agreement: I have been informed of the above responsibilities and agree to comply with these requirements. I understand the importance of consulting with my career planner prior to making any decisions regarding training. I understand my failure to maintain contact every 30 days or to advise the career planner of any change in status**  **may result in the loss of my eligibility for UI/TRA and additional training benefits.** | | Participant initials:  Date:     /    / | |
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| **Training Responsibilities**  **(Must be completed only if the participant is enrolling into training)** | | | |
| **1. Participant may not make any changes to training without prior approval from the career planner.**  **2. Participant must contact the career planner a minimum of once every month. Acceptable forms of**  **monthly contact includes face-to-face appointments, phone calls, emails, virtual meetings, social media,**  **etc.**  **3. Full-time/Part-time Training:**  **a. For all programs except 2021R, participant is required to maintain full time credit hours as defined by**  **the training institution. Dropping a class may cause full time status to be jeopardized. This is**  **considered ceased participation and will affect eligibility for Unemployment Insurance (UI) or Trade**  **Readjustment Allowance (TRA) benefits. Exception: Enrollment in part-time training and not**  **receiving TRA, or in last semester of training.**  **b. 2021R (certifications 98000+) participants may attend training part-time and still receive TRA benefits.**  **4. Participant is required to attend all scheduled classes and activities. Failure to attend even one required**  **class or activity is considered ceased participation and will be adjudicated. This may affect eligibility for**  **Unemployment Insurance (UI) and Trade Readjustment Allowance (TRA) and possibly the ability to**  **continue training.**  **5. Participant agrees not to pay any costs associated with the training program without prior approval.**  **6. Participant must speak to assigned career planner if experiencing difficulties in class(es) so the career**  **planner can assist the participant with receiving additional help.** | | | |
| **7. Participant must report any changes regarding personal information immediately (i.e. name, address etc.)**  **8. Participant is required to submit a bi-weekly verification of class attendance. This form will also track**  **academic progress in each class. Satisfactory progress in all classes is required to meet one of the**  **training benchmarks.**  **9. Participant is required to submit all class schedules and grades for each semester. Participant is required**  **to provide a copy of credential/diploma earned when training concludes.**  **10. Participant is required to meet two performance benchmarks every 60 days:**  **1) Satisfactory Academic Standing**  **2) On track to complete training within the agreed upon timeframe** | | | |
| **Participant Agreement: I have been informed of the above responsibilities and agree to comply with these requirements. I understand the importance of consulting with my career planner prior to making any decisions regarding training. I understand my failure to do so may result in the loss of my eligibility for UI/TRA and additional training benefits and I may be liable for repayment of any or all TRA benefits and training costs.** | | | Participant initials:  Date:     /    / |

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| **Breaks in Training (Must be completed only if the participant is enrolling in training)** | | | |
| **Are there any breaks in training longer than 30 days that occur during the participant’s TRA benefit period?** | | | Yes  No |
| **Date Break Begins** | **Date Break Ends** | **Number of days of non-payable TRA** | |
| /  / | /  / |  | |
| /  / | /  / |  | |

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| **Trade Training Benchmarks (Must be completed only if the participant is enrolling in training)** | | |
| **Benchmarks will be recorded in IWDS every 60 days, the end of every semester break, and at the completion of training for purposes of monitoring satisfactory progress.**  **These benchmarks will address the following:**  **1. Satisfactory Academic Standing**  **2. On Track to Complete Training (within the timeframe identified in the approved training program).** | | |
| **Documentation to validate participant progress may include:** | | |
| **Instructor attestations documented on bi-weekly reports** | |
| **Instructor attestations documented in an email** | |
| **Documentation printout from an official training institution site that tracks student attendance and completion of assignments** | |
| **Career Planner attestation after consultation with training provider and participant** | |
| **Progress Reports from the participant or from the training provider** | |
| **Every 60 days during the length of the training, the career planner will review the established benchmarks. These benchmarks mandate that a participant remain in satisfactory academic standing and on track to complete training within the agreed upon timeframe. The 1st Failure to Meet Established Benchmark(s) results in a warning and instruction to contact the career planner immediately. The 2nd Failure to Meet Established Benchmark(s) results in a warning and the modification of the training plan if that is possible or the forfeiture of Completion Trade Readjustment Assistance (TRA) eligibility.** | |
| **Participant Agreement:  Yes  No** | **Participant initials:** |

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| **Original Approval of Plan**  **Participant, Career Planner, and LWIA Director Signature** |
| **APPEAL RIGHTS** |
| *If you disagree with this determination, you may complete and submit a request for reconsideration/appeal. A letter will suffice if you do not have an agency form. Your request must be filed with the Illinois Department of Employment Security (“IDES”) within thirty (30) calendar days after the date at the top of this letter. If the last day for filing your request is a day that IDES is closed, the request may be filed on the next day that IDES is open. Please file the request by mail to: IDES P.O. Box 19509 Springfield, IL 62794 or fax to: 217-557-4913. Any request submitted by mail must bear a postmark date within the applicable time limit for filing.* |

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| **Attestation Statement:** I understand by signing below, I am agreeing to the results of the assessment, enrollment in the benefits and services from the Trade Adjustment Assistance (TAA) Program and the Workforce Innovation and Opportunity Act (WIOA) Program as indicated in this document, and to be bound by the participant responsibilities therein. | |
| **Participant Signature:** | Date:     /    / |

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| **STAFF USE ONLY** | |
| **AFFIDAVIT**  **I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I hereby acknowledge that the information contained in this form that I am attesting to is complete and accurate and that the documentation described in the form is contained in the customer's file.** | |
| **Approved**  **Denied** | **The participant's re-employment plan has been approved.**  **The participant's re-employment plan has been denied. If denied, explain why:** |

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| **Career Planner Signature:** | Date:     /    / |

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| **Comments** | |
| **List Additional Comments:** | Date:     /    / |