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| **Participant Information** |
| **1. LWIA#:**       | **2. Participant SSN: XXX-XX-**      | **3. Date:**   /  /     |
| **4. Participant Name:**       |
| **5. Street Address:**       |
| **6. City:**       | **7. State:**       | **8. Zip:**       |
| **9. Phone Number(s): Cell: (**   **)**    **-**     **Home: (**   **)**    **-**     | **10. Email:**       |

1. **LWIA #:** Enter the LWIA # in which the participant is being served.
2. **Participant SSN:** Enter the last four digits of the participant’s SSN.
3. **Date:** Enter the date the Individual Employment Plan was initiated.
4. **Participant Name:** Enter the participant’s first name, middle initial, and last name.
5. **Street Address:** Enter the street address where the participant currently resides. Include any apartment number, if applicable.
6. **City:** Enter the city of the participant’s current residence.
7. **State:** Enter the state of the participant’s current residence.
8. **Zip:** Enter the 5 or 9 digit zip code of the participant’s current residence.
9. **Phone Number(s):** Enter the participant’s cell number and home number, if applicable.
10. **Email:** Enter the participant’s email address, if applicable.

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| **Petition Number and Name of Worker Group**  |
| **11. Petition Number:**       | **12. Name of Worker Group:**       |

1. **Petition Number:** Enter the petition number (and letter, if applicable) from the certification covering the worker group from which the participant was laid off.
2. **Name of Worker Group:** Enter the name of the worker group from the certification covering the worker group from which the participant was laid off.

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| **Participant Employment Status** |
| **13. 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:**   /  /     |

1. **Participant Employment Status:** Check one box that identifies the participant’s employment status at the time of application for Trade services.

Enter the appropriate date for the status selected.

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| **Veterans Priority of Service** |
| **14. 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 |

1. **Veterans Priority of Service:** Check “Yes” or “No” indicating if the participant meets the Veterans Priority of Service criteria.

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| **15. 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:   /  /     |

1. **Employment and Case Management Services:** All employment and case management services listed must be offered and documented.

Enter the “date offered” for each service.

If the service was provided to the participant enter the “date provided”.

Referrals for services to partner programs should use the date referred as the “date offered”.

Registration with Illinois Job Link and Registration for Illinois workNet is also required.

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| **16. 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.**  |

1. **Transferrable Skills Checklist:** Review the participant’s completed transferable skills checklist. Select categories that the participant has identified on the completed checklist.

The transferable checklist is located on the Trade Forms and Resources Page on Illinois workNet. <https://www.illinoisworknet.com/tradeforms>

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| **17. 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        |

1. **Barriers to Employment (Check all that apply):** Discuss potential barrier with the participant and select from the categories provided. All barriers that apply must be marked.

For specific barriers not listed, mark “Other” and list the barrier in the space provided. Provide additional comments regarding barriers to employment, as applicable.

If the participant is determined to need additional partner referrals, indicate which partner programs the participant was referred to.

For referrals to programs not specifically listed, mark “Other” and indicate the program the participant was referred to. The participant must indicate agreement to the referrals by marking “Yes” or “No”.

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| **18. 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:**       |

1. **Prior Work History:** List the participant’s work history. List the most recent employment history first. Space is available for the last three (3) employment histories.

If additional records are needed, provide the information on a separate page.

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| **19. 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** |
|       |       |       |       |       |
|       |       |       |       |       |
| **Business, Trade, Correspondence School:** |
| **Name of School** | **Subjects** | **Certification Earned** | **Date Earned** |
|       |       |       |       |
| **Professional/Technical License:**[ ]  **N/A** |
| **License** | **Number** | **State Issued** | **Date Issued** | **Expiration Date** |
|       |       |       |       |       |
|       |       |       |       |       |

**19) Education History:** List the participant’s education history.

If the participant has a High School Diploma, Mark “Yes” and enter the Year of Graduation.

If the participant does not have a High School Diploma, mark the appropriate box for GED.

If the participant does not have a High School Diploma or a GED, then enter the highest grad completed.

If the participant has attended College; Business, Trade or Correspondence School, or has a Professional/Technical License, enter the information for each applicable section.

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| **20. 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.1. The participant’s knowledge, skills, and abilities from his or her education and previous employment have

 been assessed.1. The transferable skills that the participant may possess that would be of interest to other local employers

have been identified.1. The participant’s skill levels (including literacy, numeracy, and English language proficiency), aptitudes,

Abilities including skills gaps), and supportive service needs have been evaluated.1. 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). |

1. **Initial Assessment (Select One):** Mark the appropriate box based on the initial assessment of the participant.

If the initial assessment was administered by a partner program and contains all the required components listed, then mark the first box.

If the initial assessment was administered by a partner program but did not contain all the required components and has been supplemented by the local area to ensure is contains all the required components listed, then mark the second box.

If the initial assessment was administered by the Trade program and contains all the required components listed, then mark the third box.

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| **21. 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.** |

1. **Determination of Services (Select one):** After completion of an initial assessment, the career planner must make a determination by selecting one of the options listed.

The participant must indicate if he/she agrees with the determination selected. “Yes” should be marked if the participant agrees with the determination. “No” should be marked if the participant disagrees with the determination.

If the participant marks “No”, a reason must be provided.

The participant must initial the box indicating their agreement or disagreement with the determination.

Any comprehensive and specialized assessments provided to the participant need to be marked.

For any assessment type provided that is not specifically listed, Mark “Other” and list the name of the assessment.

Results must be recorded in IWDS and hard copies contained in the participant file. Mark the box when this is completed.

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| **22. 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.**  |

1. **Participant Occupational Goal:**

**Targeted Occupation:** Enter the name of the targeted occupation the participant has chosen as their goal.

**Targeted Industry:** Enter the name of the targeted industry for the occupation the participant has chosen as their goal.

To look at industry types, go to the NAICS website to select the targeted industry the participant will be training for: <https://www.naics.com/search/>

**ONET Percentage Growth:** Enter the ONET percentage growth for the targeted occupation listed.

 Follow directions below to locate percentage growth:

1. Go to ONET Online website: <https://www.onetonline.gov>
2. Look for “Find Occupations” at the top left of the page. Click “Find Occupations”.
3. Type occupation in the “Keyword or ONET SOC Code” line. Then Click “Go”.
4. An occupational list of related occupations will appear. Click on your selection.
5. A summary page appears. Scroll down until you see the heading of “Wages and Employment Trends”.
6. Look for Projected Job Openings, and it will say “State Trends” below. Select the State in which the participant plans to obtain employment after training. Click “Go”
7. You will see the projected percentage growth at the top of the page.
8. Fill in the box with this percentage.
9. Print out all these screens and add to the participant file.

**Projected Wage per hour:** Enter the projected wage per hour for the targeted occupation listed.

1. Stay on the same page in ONET that the ONET Percentage Growth was answered with.
2. Go back to the “Wages and Employment Trends” section.
3. Wage information can be found on this screen by State or broken down even more by zip code.
4. Enter the state or zip code in which the participant is most likely to obtain employment after training is completed.
5. Click “Go”.
6. This will give a detailed breakdown.
7. Enter the wage information in this box.
8. This can be broken down to changing the annual wage to hourly wage by clicking the “View wages” area toward the top of the page.
9. Print out all these screens and add to the participant file.

**LMI verifies employment is available in the participant’s demographic area:** Mark “Yes” or “No” based on the LMI documentation. The documentation must be placed in the participant file.

1. On the same ONET page below the “Wages and Employment Trends” section, there is a section called “Job Openings on the Web”.
2. Click “Find Jobs”.
3. Enter in zip code that the participant will most likely obtain employment in after training is completed.
4. Click “Go”.
5. Click “See Jobs”.
6. At the top of the page, you will see how many jobs are available in the area.
7. Print out at least the first page of this report just to keep in the file to show the total number of jobs available in the participant’s area at the time of enrollment in training.
8. Answer “Yes” or “No” based on the information obtained from this search.

**Targeted Occupation and Industry will lead to Suitable and Sustainable Employment:** After reviewing all the information from ONET, the career planner should have the documentation to answer this question. Mark “Yes” or “No” as appropriate.

**Statement of Occupational Goal (select one):** Select the best option based on the participant’s initial employment goal.

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| **Trade Services** |
| **23. 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:   /  /** |

1. **Enrollment in Trade Services (Check all that apply):** Select the Trade services that the participant will be initially enrolled in and provide the start date of the service listed in IWDS.

If the participant is not being enrolled in the service initially, then do not indicate a start date for the service.

If the participant is enrolled in additional services at a later date, this section must be updated at that time to indicate the start date of each service the participant is being enrolled in.

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| **Training** |
| **24. 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 |

1. **Assessment of financial resources:** The career planner must review IBIS documentation to determine if the participant will receive UI/TRA benefits will enrolled in the training program.

The participant should also complete a budget/expense form to assist the career planner in determining if the participant will have the financial resources to support himself/herself while enrolled in a training program if UI/TRA benefits are not available to the participant during participant in the training program.

Check the appropriate boxes based on the financial resources available to the participant.

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| **25. 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: |

1. **Statement of Training Goal(s):** Enter the name of the training program the participant plans to enroll in.

The participant must initial their agreement with the training program name that is listed.

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| **Trade Training** |
| **26. 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:**      |

1. **Trade Training:** Mark the box for each type of training the participant will initially be enrolled in.

Provide all the information regarding the training as indicated in each type of training.

If the participant is not being initially enrolled in a specific type of training, DO NOT mark the box.

If the participant subsequently is enrolled in additional types of training, this section must be updated by marking any training type being added and completing all the information for that specific training.

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| **27. 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: |       |

1. **Total Number of Training Weeks:** Indicate the number of training weeks for each training type, as applicable.

If additional training is provided at a later date, this section must be updated with the number of training weeks being added by the additional training.

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| **28. Total Trade Costs of Training (add totals below):** |
| Tuition/Fees: $      | Transportation: $      | Subsistence: $      | Required Books, Equipment, Supplies, and Consumables: $      | Testing/ Certifications: $      | Total Costs: $      |

1. **Total Trade Costs of Training:** Enter the cost of each type of cost for the entire training program as estimated upon initial enrollment. The Total Costs Box is the sum of all the costs listed (Tuition/Fees; Transportation, Subsistence; Required Books, Equipment, Supplies, and Consumables; and Testing/Certifications.

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| **Six Conditions of Training: Criteria for Approval of Training****and Industry Recognized Credential** |
| **29. 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  |

1. **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 6 criteria for approval of training are met.

The six conditions of training must be documented in a case note in IWDS. Each criteria has a specific set of questions that must be answered as a part of the case note to indicate the participant has met the criteria.

Criterion 1 Questions:

* What is the participant’s layoff date and rate of pay?
* What is the Labor Market Information (LMI) for the Trade impacted occupation?
* What transferrable skills were identified as part of the participant assessment?
* What barriers to employment were identified as part of the participant assessment?
* What prior training/degrees/certifications/licenses does the participant have?
* What job search has the participant conducted?
* Has the participant found employment (full-time or part-time)?

Criterion 2 Questions:

* What training program is the participant interested in attending?
* How does this training increase the likelihood of the participant obtaining employment at higher wages than in the absence of training or how does it place the worker on a pathway to do so?
* Based on the participant assessment, does the worker possess the knowledge, skills and abilities to undertake, make satisfactory progress in, and complete the training program? Please explain.

Criterion 3 Questions:

* How does the LM support a reasonable expectation of employment in the commuting area, or outside the commuting area for the area of planned relocation, following completion of the training program selected by the participant?
* If the training is for a limited demand occupation, provide support that ether is a reasonable expectation that the worker can secure employment in that occupation after completion of the selected training program.
* If the training is in an occupation that will lead to self-employment, provide support the self-employment will provide the worker with wages or earnings at or near the worker’s wages from the adversely affected employment.
* If the training is solely OJT, provide support that the OJT will lead to suitable employment with the employer providing the OJT.
* For 2021R participants, what work-based learning opportunities were researched and/or available? If a work-based learning opportunity is not selected, provide a justification for not selecting it.

Criterion 4 Questions:

* What is the name of the training institution selected?
* What is the commuting distance (one-way and round trip) to the selected training institution?

Criterion 5 Questions:

* What scores did the participant receive on assessment tests?
* What interest/ability areas were identified as highest for the participant?
* Describe how test scores, and interest/ability assessments provide support that the participant has the knowledge, skills, and abilities to complete the selected training program.
* Does the participant have adequate transportation to and from the training institution selected?
* How many actual training weeks will it take for the participant to complete the selected training program?
* Does the participant have enough remaining weeks of UI and TRA payments in relation to the duration of the training program selected? If the participant does not have enough UI and TRA payments for the duration of the training program, provide support that the participant has adequate financial resources to complete the training program that exceeds the duration of UI and TRA payments. Documentation (TRA Claim Details Printout from IBIS) of TRA weeks available must be provided in an upload to IWDS.

Criterion 6 Questions:

* What are the total costs of the training program selected (Tuition, Books, Tools, equipment, internet service, uniforms, and other training-related clothing, required academic fees, etc.) as well as supplemental assistance (transportation/subsistence expenses), licensing and certification tests and fees (where a license or certification is required for employment)?
* What equipment, computer, or supplies are necessary for the participant to complete the selected training program? What are the costs?
* Are there any associated residencies or internships? What are the costs?
* What are the total costs of the two comparison training institutions?
* If the costs for the training institution selected are unreasonably high in comparison with average costs of the two comparison training institutions, provide a justification why this training institution was selected.
* If the lowest cost training program is not selected, provide cost details for the other training institutions.
* If the training institution selected is outside the commuting area, provide a justification for selection of this training institution.

Provide the Industry Recognized Credential that will be earned by the participant at the completion of the training program. An Industry Recognized Credential is required for any participant to receive Completion TRA payments, if necessary. If no Industry Recognized Credential will be earned from this training program, indicate N/A in the box.

Answer the question “Yes” or “No” to indicate if all the criteria have been met, they are documented in an IWDS Case Note and a printout of the case note is in the participant file attached to the IEP.

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| **30. 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:     /    /       |

1. **Participant Agreement for Co-Enrollment into WIOA Services:**

Does the participant meet eligibility requirements for the WIOA program? Answer “Yes” or “No” based on eligibility documentation for the participant.

If “No” is answered, mark the appropriate box for the reason why the participant does not meet the WIOA eligibility requirements. If “Other” is marked, provide the specific reason in the box.

Does participant agree to be Co-Enrolled in WIOA services? Mark “Yes” or “No” based on the participant’s agreement or disagreement. If “No” is marked, a reason must be provided for the participant’s disagreement to be co-enrolled in WIOA.

If the participant does not agree to be co-enrolled in WIOA, he/she should sign the Waiver of Option to Co-Enroll in WIOA.

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| **31. 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:   /  /** |

1. **WIOA Services (Check all that apply):** Mark all the WIOA services that were offered to the participant and provide the date offered.

If the participant is being enrolled in WIOA services, include the service start date for the service as reflected in IWDS.

Do not mark any service that is not offered.

Do not provide any service start dates for services that are not listed in IWDS under the List Enrolled Services on the WIOA application.

If WIOA services are provided at a later date, this section must be updated with service start dates when thee participant is enrolled in the service in IWDS on the WIOA application.

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| **32. 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 was 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 enrolled 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. 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.** **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.)** |

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| **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:     /    /       |

1. **Participant Responsibilities:**

**General Responsibilities:** All participants must comply with all the general responsibilities listed. The participant must initial and date this section indicating agreement to comply with these responsibilities.

**Waiver Responsibilities:** All participants who were issued a waiver must initial and date this section agreeing to comply with all the waiver responsibilities listed. If a waiver was not issued, the participant does not initial and date this section.

**Training Responsibilities:** All participants who are enrolled in a training program must initial and date this section agreeing to comply with all the training responsibilities listed. If the participant is not enrolling in a training program, this section should not be initialed and dated.

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| **33. Breaks in Training (Must be completed only if the participant is enrolled 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** |
|   /  /     |   /  /     |       |
|   /  /     |   /  /     |       |

1. **Breaks in Training:** Complete this section only if the participant is enrolling in a training program. Record all breaks in training that will go over 30 days.

Use the published schedule or academic calendar from the training institution to determine if there are any breaks of more than 30 days.

Do not include Saturdays, Sundays, or State and National Holidays in which the training institution would not be open for classes.

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| **34. Trade Training Benchmarks (Must be completed only if the participant is enrolled 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:** |

1. **Trade Training Benchmarks:** This must be completed if the participant is enrolling in a training program.

The career planner must review the benchmark requirements and acceptable documentation with the participant.

The participant must mark “Yes” or “No” and provide initials acknowledging agreement to comply with the training benchmark and documentation requirements.

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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. |
| **35. 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.** |
| **36. [ ]  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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| **37. Career Planner Signature:**       | Date:     /    /       |

1. **Participant Signature:** The participant must sign and date acknowledging their agreement with the assessment and enrollment in the benefits and services, and to be bound by the participant responsibilities marked on this IEP.
2. **Approved/Denied:** The career planner must mark the appropriate box for the re-employment plan outlined in this IEP for the participant.
3. **Career Planner Signature:** The career planner must sign and date acknowledging that the information in the IEP is correct and to the best of the career planner’s knowledge there is no intent to commit fraud. In addition, the career planner is attesting to a complete, accurate form, and that documentation is in the participant file.

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| **Comments** |
| **38. List Additional Comments:**       | Date:     /    /       |

1. **List Additional Comments:** The career planner may provide any additional comments regarding this IEP they feel are necessary.