**Eligibility Overview**

To participate in this program if customers must:

- Live in a Qualified Census Tract (QCT) or Disproportionately Impacted Area (DIA) OR apply with a  provider located  in a QCT or DIA OR be negatively impacted by COVID
- Be an Illinois resident
- 16+  years or older
- Authorized to work in the United States (not required for in school youth)
- Registered for selective services if male at birth and 18+
- Currently unemployed, received termination notice within last 90 days , or underemployed

**Complete the JTED Application**

1. Once the customer account is set up in the system, the provider will complete the application with the customer.
    a. The first section check eligibility for the program.
        i. If eligible, complete the rest of the application. These sections will help you learn more about the customer's unique situation and help identify training programs & services that best align with their training and employment goals.
        ii. If not eligible, direct them to the service locator to find other service providers in your area. https://www.illinoisworknet.com/Connect/Pages/LocationSearch.aspx. They can also go to http://www.illinoisworknet.com/ to explore online workforce and education tools and resources.
2. Read the Terms of Use Agreement and accept on behalf of the customer.
3. There are two applications for the JTED program. The category selected in Grantee Details will determine which application automatically is offered through the system.
    a. Category 4 (Barrier Reduction Only) Application
    b. Category 1, 2, and 3 Application.

**Category 4 Application Questions**

*Required Fields in the Application

| Question | Response options/notes |
|---|---|
| First Name * | *Prepopulate (required for IwN account)* |
| Last Name * | *Prepopulate (required for IwN account)* |
| Date of Birth* | *Prepopulate (required for IwN account)* |
| Social Security Number * | Pulls in existing information if available.  If prepopulated, only show the last four digits. Checks for proper SSN format. |
| Confirm Social Security Number * | Must match the SSN field.  Cannot copy and paste the SSN into the confirm field. Display as xxx-xx-xxxx once entered |
| Email * | *Prepopulate (required for IwN account)* |
| Street Address 1 * | Address fields are used to determine if the customer is in a QTC/DIA. |
| Street Address 2 | |
| City * | |
| State * | |
| ZIP Code* | |
| ZIP Code Plus Four * | *Auto populates based on address* |
| Primary Phone * | Checks for proper phone number in the following format xxx-xxx-xxxx. |
| Primary Phone Type * | Mobile, Home, Work |
| Alternate Phone | Checks for proper phone number in the following format xxx-xxx-xxxx. |
| Alternate Phone Type | Mobile, Home, Work |

| | |
|---|---|
| Race* | American Indian or Alaskan Native<br>Asian Indian<br>Black or African American<br>Chinese<br>Filipino<br>Guamanian or Chamorro<br>Japanese<br>Korean<br>Native Hawaiian<br>Other Asian<br>Other Pacific Islander<br>Samoan<br>Vietnamese<br>White<br>Unknown |
| Ethnicity* | Cuban<br>Mexican, Mexican American, Chicano/a<br>Non-Hispanic/Latinx<br>Puerto Rican<br>Another Hispanic, Latinx or Spanish Origin<br>Unknown |
| Gender at Birth* | Female, Male, Prefer not to answer |
| Preferred Gender Identification | Female, Male, Non-binary |
| Authorized to work in the US  * | Yes/No. *Not required for in school youth.* |
| Registered with Selective Servic*e | Only ask if the person is a male at birth and 18+<br>Yes<br>No<br>I have a Selective Service waiver |
| Selective service number | Only ask if the person is a male 18+ and answer Yes to the selective service question. |
| Military Status * | Active Military<br>Recently Separated Veteran<br>War or Combat Veteran<br>Retired Veteran<br>Disabled Veteran<br>Dishonorably Veteran<br>None |
| Situation(s) that best describe the participant * | I am unemployed.<br>I received a termination notice within the last 90 days<br>I am qualified to have a higher skilled position than my current job.<br>I am interested in receiving training to advance my career with my current employer. *If selected, collect the employer address, and use it for eligibility.*<br>I have situations that prevent me from working.  (= unemployed for category eligibility)<br>I am employed but need skills to increase my employment options<br>I am a youth in school and in a training program (option shows for youth) |
| Do you or your household receive public assistance? * | Yes<br>No |
| Number of people in the household* | |
| Household monthly income* | Not required if they receive public assistance. |
| Situation(s) that best describe how the participant was negatively impacted by COVID. * | *Ask only if the customer or provider's address is not in a QCT or DIA* —--<br>No negative impact<br>Unemployed<br>Increased food or housing insecurity<br>Health Related |

| | Lost instructional time in K-12 schools: any students that lost access to in person instruction for a significant period of time. |
|---|---|
| What other training program is this participant in * | multi select<br>• Apprenticeship Illinois<br>• Illinois Works<br>• Title 1B<br>• Youth Career Pathways<br>• Unknown at this time<br>• Other |
| Keyword search for SOC Code for the occupation of this program* | Start typing to see a list of occupations based on keyword. Once the occupation is selected, the Program SOC Code will auto-populate.<br>If the occupation is unknown, check box to indicate the SOC Code is unknown. |

**Starting 10/21/2022 a SOC Code is required in the Category 4 application.** If the SOC Code is unknown while completing the application, select the checkbox to indicate it is not known and submit the application. This will be considered missing information and can be added to the application later. Use the dashboard to identify customers who still need to have this information added to their application

1. Go to the JTED Dashboard and select the link to the filtered list of customers.



2. Select the customer from the list and go to their Intake tab.
3. Select "Complete simultaneous Program Information" to add the missing information and save, without altering the submit date of the application.

## Category 1, 2, and 3 Application Questions

| Question | Response options/notes |
|---|---|
| First Name * | *Prepopulate (required for IwN account)* |
| Last Name * | *Prepopulate (required for IwN account)* |
| Date of Birth* | *Prepopulate (required for IwN account)* |
| Social Security Number * | Pulls in existing information if available.  If prepopulated, only show the last four digits. Checks for proper SSN format. |
| Confirm Social Security Number * | Must match the SSN field.  Cannot copy and paste the SSN into the confirm field.<br>Display as xxx-xx-xxxx once entered |
| Email * | *Prepopulate (required for IwN account)* |
| Street Address 1 * | Address fields are used to determine if the customer is in a QTC/DIA. |
| Street Address 2 | |
| City * | |

| | |
|---|---|
| State * | |
| ZIP Code* | |
| ZIP Code Plus Four * | *Auto populates based on address* |
| Primary Phone * | Checks for proper phone number in the following format xxx-xxx-xxxx. |
| Primary Phone Type * | Mobile, Home, Work |
| Alternate Phone | Checks for proper phone number in the following format xxx-xxx-xxxx. |
| Alternate Phone Type | Mobile, Home, Work |
| Race* | American Indian or Alaskan Native<br>Asian Indian<br>Black or African American<br>Chinese<br>Filipino<br>Guamanian or Chamorro<br>Japanese<br>Korean<br>Native Hawaiian<br>Other Asian<br>Other Pacific Islander<br>Samoan<br>Vietnamese<br>White<br>Unknown |
| Ethnicity* | Cuban<br>Mexican, Mexican American, Chicano/a<br>Non-Hispanic/Latinx<br>Puerto Rican<br>Another Hispanic, Latinx or Spanish Origin<br>Unknown |
| Gender at Birth* | Female, Male, Prefer not to answer |
| Preferred Gender Identification | Female, Male, Non-binary |
| Authorized to work in the US  * | Yes/No. *Not required for in school youth.* |
| Registered with Selective Service* | Only ask if the person is a male at birth and 18+<br>Yes<br>No<br>I have a Selective Service waiver |
| Selective service number | Only ask if the person is a male 18+ and answer Yes to the selective service question. |
| Military Status * | Active Military<br>Recently Separated Veteran<br>War or Combat Veteran<br>Retired Veteran<br>Disabled Veteran<br>Dishonorably Veteran<br>None |
| Situation(s) that best describe the participant * | I am unemployed.<br>I received a termination notice within the last 90 days<br>I am qualified to have a higher skilled position than my current job.<br>I am interested in receiving training to advance my career with my current employer.  *If selected, collect the employer address, and use it for eligibility*.<br>I have situations that prevent me from working.  (= unemployed for category eligibility)<br>I am employed but need skills to increase my employment options<br>I am a youth in school and in a training program (option shows for youth) |
| Do you or your household receive public assistance? * | Yes<br>No |

| Number of people in the household* | |
|---|---|
| Household monthly income* | Not required if they receive public assistance. |
| Situation(s) that best describe how the participant was negatively impacted by COVID. * | *Ask only if the customer or provider's address is not in a QCT or DIA —--*<br>No negative impact<br>Unemployed<br>Increased food or housing insecurity<br>Health Related<br>Lost instructional time in K-12 schools: any students that lost access to in person instruction for a significant period of time |

## JTED REPORTING SYSTEM APPLICATION

DASHBOARDS ▾   GROUPS   HI, MSTEPHENSON ▾

Demographic & Contact Information — Eligibility — Education — Skills & Interests — Work History

**Category 1 - Unemployed (Adult) - Eligible**

- QCT/DIA/COVID Impact - Meets eligibility requirement
- Authorized to Work in the US - Meets eligibility requirement
- Selective Service Compliant - Meets eligibility requirement
- Lives in Illinois - Meets eligibility requirement
- Receives or is Eligible to Receive Public Assistance - Meets eligibility requirement
- 18+ Age Range - Meets eligibility requirement
- Unemployed or received termination notice within last 90 days - Meets eligibility requirement

**Category 2 - Underemployed (Adult) - Not Eligible**

- QCT/DIA/COVID Impact - Meets eligibility requirement
- Authorized to Work in the US - Meets eligibility requirement
- Selective Service Compliant - Meets eligibility requirement
- Lives in Illinois - Meets eligibility requirement
- Receives or is Eligible to Receive Public Assistance - Meets eligibility requirement
- 18+ Age Range - Meets eligibility requirement
- Underemployed - Does not meet eligibility requirement

**Category 3 - Youth Program - Eligible**

- QCT/DIA/COVID Impact - Meets eligibility requirement
- Authorized to Work in the US - Meets eligibility requirement
- Selective Service Compliant - Meets eligibility requirement
- Lives in Illinois - Meets eligibility requirement
- Receives or is Eligible to Receive Public Assistance - Meets eligibility requirement
- 16-24 Age Range - Meets eligibility requirement
- Unemployed, Received Termination Notice within the last 90 days, Underemployed, or Underrepresented - Meets eligibility requirement

You may be eligible for JTED services. Please click the button below that best reflects your choice.

Continue with Application.    I'm not interested.

Text for not eligible applicants...

This customer does not meet JTED eligibility criteria. If you believe this customer should be eligible, return to the previous section and ensure the responses are accurate.

Discuss the situation with the customer and determine if a referral to a local resource is needed.

Direct the customer to www.illinoisworknet.com to access resources to help them reach their training and employment goals. Employment 101 is a self-guided tool in Illinois workNet. The guide walks a customer through the tools and resources for exploring career and training options, preparing to find a job, finding a job, and much more.

[ Go to Intake Page ]

| | |
|---|---|
| Do you have a high school diploma, General Education Development (GED) certificate, or High School Equivalency Diploma (HSED)? * | Yes/no |
| Highest Level of Education* | |
| Do you know if you've taken any of these assessments in the last 6 months? | TABE<br>CASAS<br>ESL<br>Other |
| Only required they don't have an Adult basic skills test in the past 6 months, or they do not have an Associate's, Bachelor's, Master's, or Doctorate Degree<br>  1.  Can you follow basic written instructions and diagrams with no help or just a little help? Yes/No<br>  2.  Can you fill out basic medical forms and job applications? Yes/No<br>  3.  Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? Yes/No<br>  4.  Can you do basic tasks on a computer? Yes/No<br>  5.  Do you speak and read English well enough to get and keep a job? Yes/No<br>  6.  Were they able to complete this form on their own? Yes/No | |
| Have you earned any occupational credentials or certificates? If yes, enter the credential. | |
| Title | required if the applicant is entering a credential/certificate |
| Date Earned | required if the applicant is entering a credential/certificate |
| Credential Type | required if the applicant is entering a credential/certificate |
| If you have a degree, certificate, license, or credential:* | Do you have work experience in the field that you trained in?<br>Yes /No<br><br>If yes, can you still perform the job you have been trained in?<br>Yes/No |
| What are three things you would like to get out of this program? * | |
| What type of work would you like to do? * | Technical (example:  Perform mechanical, information technology, mathematical, or scientific tasks.)<br>Management (example:  Organize and lead others to reach a common goal.)<br>Craftsmen/Foreman (example: Perform a trade or handicraft.)<br>Service (example: Cares for or provides services to others.)<br>Farm/Other Labor (example: Raise crops/animals or perform physical work.)<br>Clerical (example:  Perform general office duties.)<br>Sales (example: Sell products/services.)<br>other |
| What type of training would be best for you? Select all that apply.* | Classroom instruction<br>Training that I get while on the job (like OJT, apprenticeship, work experience) |
| What schedule are you willing to work? * | Day<br>Evening |

| | |
|---|---|
| | Night Shift<br>Weekdays<br>Weekends |
| What is your current employment status? * | •    I have not worked before.  This will be my first job.<br>•    I am employed.<br>•    I am employed but I have received a notice of termination/layoff.<br>•    I am unemployed and I have been actively looking for work.<br>•    I am unemployed but I have not been actively looking for work. |
| Are you currently employed by this employer? * | |
| Hourly Wage* | |
| Employer Name* | |
| Start Date * | |
| End date* | |
| Job Title* | |
| Street Address 1 | |
| Street Address 2 | |
| Employer City* | |
| Employer State* | |
| Employer ZIP Code * | |
| Job Duties* | |
| Hours worked/week* | |
| Does this job meet your needs* | |
| Why or why not? * | |
| Reason for leaving* | |
| Was this your primary employment? * | |
| Were you self-employed? * | |

4. Once the application has been submitted, a summary will be displayed. Review the summary. If updates are needed, select the link for the section and update the application as needed. Sign the application.

# JOB TRAINING & Economic Development

## 👤 JTED REPORTING SYSTEM APPLICATION FOR DANNI HARTLEY

### APPLICATION SUMMARY FOR: DANNI HARTLEY

All information in the JTED Application must be provided directly by applicants to the JTED Program.
- Select each section below to view the participants information
- If information is missing or needs to be updated, select the link to return to a specific question

[ Open All Sections ]

▾ Demographic & Contact Information

▾ Education

▾ Skills & Interests

▾ Work History

I, Danni Hartley, declare that all the information submitted in the application is correct, true, and valid. I will present the supporting documents as required.

_____   [ Sign as Applicant ]

Applicant's Signature

_____   Date

_____   [ Sign as Case Manager ]

Case Manager Signature

_____   Date

[ Return to Intake ] [ Print ]

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