

UAT PERSONA

Supporting UAT Intake Activities

Persona 1: Adult

Purpose: To provide realistic, program-specific personas that generate consistent test data, enabling users to effectively navigate UAT scenarios and validate system functionality across defined program tracks.

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UAT Context: IWDS 2.0

Audience Level: Introductory

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Contents

Persona 1: Adult	1
Customer Overview	2
Add Customer	3
Duplicate Search.....	3
Create Customer Profile	3
Prescreening	3
Application	5
Eligibility Certification	8

Customer Overview

Persona 1 is a 38-year-old woman who has spent the last 15 years as a full-time caregiver for her children. Now that her kids are older, she is eager to return to the workforce. Before leaving the workforce, she worked as a Certified Nursing Assistant (CNA), but her license has expired. She is eager to return to healthcare and has prior experience in healthcare, having previously worked as a Certified Nursing Assistant (CNA). While her CNA license has expired, her past hands-on experience has reinforced her desire to return to the healthcare field—this time with a long-term goal of becoming a Registered Nurse (RN). Her credentials are outdated, she has limited recent work experience, and she is unsure how current education, licensure, and hiring requirements differ from when she last worked in healthcare. These challenges make it difficult for her to confidently navigate the path back into the workforce on her own. She is actively seeking to get her Registered Nursing (RN) license, create a resume, and get back into the workforce.

Program Track: Adult

Workflow: Duplicate Search > Add Customer > Pre Screen > Application > Document Uploads > Application Signature > Eligibility Certification

Add Customer

Duplicate Search

- First Name: **Your First Name**
- Last Name: **Your Last Name**
- Date of Birth: **4/17/1987 (Use specific DOB)**
- *If Duplicates appear complete the verification modal to move forward creating a new customer*

Create Customer Profile

- Accommodations: **Leave Blank**
- First Name: **Auto-populated with your first name**
- Middle Initial: **Use your middle initial**
- Last Name: **Auto-populated with your last name**
- Preferred Name: **Enter your preferred name if you have one**
- Zip Code: **61602**
- Email: **(use your first initial, last name, favorite number @ fakemail.com)**
- Phone: **309-339-0527**, Receive Texts? - **YES**
- Hispanic or Latino: **No**
- Race/Ethnicity: **Black or African American**
- Sex assigned at Birth: **Female**
- Sexual Orientation: **Straight/Heterosexual**
- Disability Status: **No, I don't have a disability**
- Veteran: **No**

Prescreening

- **Getting to Know You Better**
 - Goals:
 - **Return to Work**
 - **Earn a Degree**
 - Career Goal:
 - **I Have a Job In Mind**
 - **Registered Nurses**
 - Job Preferences:
 - **I need specific hours (like mornings or evenings)**

- Work Experience:
 - **I don't have a job, but I'm looking for one**
- Health Needs:
 - **I do not have any health needs**
- Transportation:
 - **Car**
- Childcare & Dependent Care:
 - **My childcare situation is stable**
- Housing Needs:
 - **I have a stable and permanent place to live**
- Legal Needs:
 - **I do not have any legal needs**
- Money Needs:
 - **I do not have any money needs**
- **Skills Screening**
 - **Can read and understand written English**
 - **Can write short paragraphs in English**
 - **Can do basic math without a calculator**
 - **Can speak English well enough to get or keep a job**
 - 🧑‍💻 **I Need Help / Cannot use a computer independently**
 - **Can follow step-by-step instructions**
 - 🧑‍💻 **I need Help / Can fill out forms with assistance**
- **General Eligibility**
 - Verify Blue Box Text
 - Citizenship: **U.S. Citizen**
- **Program Eligibility**
 - Did you lose your job even though it wasn't your fault or get a layoff notice?
 - **No**
 - I lost my last job and had to take other work, but I am earning less than before or I don't have health care coverage.
 - **No**
 - I need help finding a job because I can't go back to the type of work I did before.
 - **No**
 - I used to work for myself, run a business, or was an independent contractor but had to stop because of something out of my control.
 - **No**
 - I worked full-time for at least one year for a self-employed person (as a family member, employee, or independent contractor), and that business has now closed or gone out of business.
 - **No**

- I used to rely on income from my spouse or family while I cared for my home or family full-time, but now that support has changed and I am ready for a job.
 - **No**
- I recently served in the Armed Forces, or I am getting ready to transition into civilian life and am ready to find a new job.
 - **No**
- I am the spouse of an active-duty military member and lost my job because we had to relocate, or I need help finding a better job.
 - **No**
- **Review**
 - Check box:
 - **I confirm the information I shared is correct and complete to the best of my knowledge.**
 - Check box:
 - **I understand my personal information will be kept private and shared only with authorized agencies as allowed by law. See our [TODO: Privacy Policy].**
- **Next Steps**
 - **Adult: should be auto checked.**
 - How will the customer complete the application?:
 - **Complete with the customer now.**

Application

- **Introduction**
 - Adult:
 - **should be auto checked.**
- **Getting to Know You Better**
 - Pulled in from prescreen & complete
- **Skills Screening**
 - Pulled in from prescreen & complete
- **Profile**
 - **Verify Blue Box Text**
 - Marital Status:
 - **Married**
 - Address: **1317 W Garden St, Peoria, IL 61602**
 - Is this address in poverty area?
 - **Yes will auto populate based on system calculations.**

- Do you have a phone:
 - **Yes auto-populated with response previously provided**
- Primary Phone Number:
 - **Phone auto-populated with phone number previously provided**
- Phone Receives Text Messages:
 - **Yes auto-populated with response previously provided**
- Preferred Contact Method:
 - **Email**
- **Contacts**
 - Click **Add Contact**
 - Name: **Sam Brown**
 - Phone: **999-999-8888**
 - Can Receive Text: **Yes**
 - Email: Samb@fakemail.com
 - Relationship: **Spouse**
- **Veteran**
 - **Verify Blue Box Text:**
 - Veteran: **No**
 - Are you within 12 months of leaving or 24 months of retiring from military service:
 - **No should be auto populated**
 - Qualified Spouse:
 - **No**
- **Private**
 - **Verify Blue Box Text**
 - Date of Birth:
 - **Auto populated with DOB previously provided**
 - Are you a US Citizen:
 - **Yes auto-populated with response previously provided**
 - Disability:
 - **No auto-populated with response previously provided**
 - Please select one of the following choices about parenting or caring for children:
 - **I have a child (or children) auto-populated with response previously provided**
 - Have you ever been involved in the justice system, such as arrest, probation, or court involvement?
 - **No**

- Which of the following apply to you?
 - **(Foster Impacted): I used to be in foster care**
 - Areas with English trouble:
 - **None of these describe me**
 - Would you like to share your Social Security Number (SSN)?:
 - **Yes**
 - **SSN: 123-45-6789**
- **Education**
 - What is the most school or training you've finished so far?:
 - **I earned a certificate from a college or training program**
- **Employment**
 - Is the customer a UI Claimant?:
 - **No**
- **Family & Household**
 - Do any of the following apply to you? Select all that apply.
 - **None of these apply to me**
 - Have you ever received TANF?:
 - **No**
- **Document Upload**
 - **Do Not Upload a Document.** You will complete this in a future step
- **Review**
 - Check box:
 - **I confirm the information I shared is correct and complete to the best of my knowledge.**
 - Check box:
 - **I understand that WIOA services are free if I qualify and are provided based on funding availability. I will inform the program if my situation changes.**
- **Submit**
 - Choose a job Center:
 - **Auto-default to closes office, leave identified office.**
 - Assigned Support Staff Member:
 - **Pick first person in list of staff (Do not select N/A)**
 - Scheduled Meeting Date:
 - **Enter today's Date**
- **Prepare for Meeting**
 - No action just information page, information is emailed to customer.

- **Application Signature**
 - Customer Signature:
 - Customer Signature Action:
 - **Signature Obtained Manually and Uploaded on File**
 - *Note – The electronic signature for a customer is still in development*
 - Click **Select New:**
 - **Upload test document for Customer**
 - Click **Finalize Action**
 - Career Planner Signature:
 - Career Planner Signature Action:
 - **Electronically Sign**
 - **Check box**
 - Click **Finalize Action**

Eligibility Certification

- **Eligible Programs & Criteria**
 - Adult Row: **Actions – Eye Icon**
 - U.S. Citizen: **Upload Icon**
 - Select File: **Upload Test Document(s)**
 - Document Type: **Birth Certificate**
 - *Note – This will upload for U.S. Citizen and Date of Birth because the system standardizes (normalizes) the documentation source type so it can be consistently applied across related items. When criteria share the same source type, that document is carried forward. If self-attestation is used, career planners can select the **blue Verify icon** in other areas where self-attestation is allowed to confirm the attestation applies to that criteria as well.*
- **Complete Certification**
 - Click **Certify Customer** button
 - Confirm Program Tracks to Certify: **Adult (WIOA 1A)**
 - Certification Date: **Use today’s Date**
 - Check Box: **I have reviewed the eligibility criteria for these Programs, along with any required documents, and certify that the customer is eligible.**