

# UAT PERSONA

Supporting UAT Intake Activities

## Persona 2: Dislocated Worker -Substantial Layoff

**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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## Customer Overview

Persona 2 is a 42-year-old veteran and first-time American Job Center (AJC) visitor. He is currently receiving SNAP and facing imminent homelessness due to overdue rent and relies on public transportation. Persona 2 has a combat-related hand disability and combat-related health conditions. Persona 2 has low digital literacy and prefers in-person, staff-assisted services. Despite these challenges, he brings a wealth of experience from 15 years in manufacturing and has strong hands-on skills, including furniture building and math proficiency. He actively seeks to return to work as soon as possible and is open to various shifts, including evenings and weekends. Persona 2 needs support with resume creation, housing stability, and navigating multi-agency referrals to reenter the workforce and regain financial security.

### Program Track: Adult, Dislocated Worker -Substantial Layoff

**Workflow:**  Duplicate Search >  Add Customer >  Pre Screen >  Application >  Document Uploads >  Eligibility Certification >  Getting Started Assessment >  Recommendations >  Career Plan >  Training Assessment >  Outcomes >  Transition >  Exit >  Occurrence

# Add Customer

## Duplicate Search

- First Name: **Your First Name**
- Last Name: **Your Last Name**
- Date of Birth: **10/15/1983**
- *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 first name**
- Preferred Name: **Enter your preferred name if you have one**
- Zip Code: **62205**
- Email: (use your first initial, last name, favorite number @ fakemail.com)
- Phone: **999-888-7777**, Receive Texts? - **Yes**
- Hispanic or Latino: **No**
- Race/Ethnicity: **White**
- Sex assigned at Birth: **Male**
- Sexual Orientation: **Prefer Not to**
- Disability Status: **Yes, I have a disability**
- Veteran Status: **Yes**

# Prescreening

## Getting to Know You Better

- Goals:
  - **Return to Work**
  - **Earn a Job Ready Credential**
- Do you have a specific Career goal in mind or are you exploring your options?
  - **I have a field in mind**
    - **Construction and Extraction (primary)**
    - **Installation, Maintenance, and Repair**

- Job Preferences:
  - **I need specific hours; I am looking for a job close to home**
- Work Experience:
  - **I don't have a job, but I'm looking for one**
- Health Needs:
  - **I have a disability; I have a health condition**
- Transportation:
  - **Public Transportation**
- Childcare & Dependent Care:
  - **I do not have and childcare or dependent care needs**
- Housing Needs:
  - **I need permanent place to live**
- Legal Needs:
  - **I do not have any legal needs**
- Money Needs:
  - **I need help figuring out my money situation**

### 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

- Citizenship: **U.S. Citizen**
- Meets Selective Service requirements? **Yes**
- Selective Service #: **8312345612**

### Program Eligibility

- Did you lose your job even though it wasn't your fault or get a layoff notice?
  - **Yes**
- Did the place you worked close or have to let people go?
  - **Yes**

## 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**
- **Dislocated Worker: should be auto checked**
- How will the customer complete the application?
  - **Complete with the customer now**

# Application

- **Introduction**
  - Adult: **should be auto checked.**
  - Dislocated Worker: **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:
    - **Single**
  - Address:
    - **3718 State St, East Saint Louis, IL 62205**
      - **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:
    - **Phone Call**
- **Contacts**
  - Click **Add Contact**
    - Name: **Samantha Hays**
    - Phone: **999-999-7777**
    - Can Receive Text: **Yes**
    - Email: [Samh@fakemail.com](mailto:Samh@fakemail.com)
    - Relationship: **Sibling**
- **Veteran**
  - **Verify Blue Box Text:**
    - Veteran: **Yes**
  - Discharge Reason:
    - **Honorable**
- **Private**
  - **Verify Blue Box Text:**
    - Hispanic: **No**
    - Race: **White**
  - Date of Birth:
    - **10/15/1983**
  - Are you a US Citizen:
    - **Yes**
  - Selective Service
    - Waiver: **No**
      - *There is development taking place to auto populate this if Yes was answered on prescreening*
    - Selective Service #: **83-1234561-2**
  - Disability:
    - **Yes auto-populated with response previously provided**
  - Please select one of the following choices about parenting or caring for children:
    - **None of these describe me auto-populated with response previously provided**
  - Justice Impacted:
    - **No auto-populated with response previously provided**
  - Foster Impacted:
    - **I have never been in foster care**

- Trouble with English:
  - **None of these describe me** *auto-populated with response previously provided*
- Would you like to share your Social Security Number (SSN)?:
  - **Yes**
  - **SSN: 111-45-7777**
- **Education**
  - Education level:
    - **I finished 12<sup>th</sup> grade and got a diploma.**
- **Employment**
  - **Verify Blue Box Text:**
    - Did you lose your job...: **Yes**
    - Did the place you work close...: **Yes**
  - Click Search for Employer –
    - Search “**Hod 62954**”
    - Select “**Hod Carriers Local 577**”
    - Known Layoff Event – Select the first **Hodd Carriers Local 577** in the dropdown
    - Click **Ok**
  - Employer Name:
    - *It will prepopulate* **Hod Carriers Local 577**
  - Employer Address:
    - *It will prepopulate with* **1115 E Main St., Marion, IL 62959 -3916**
  - Job Title:
    - **timing device assemblers and adjusters**
  - Is this a low growth occupation?:
    - *It will auto populate* **Yes**
  - Layoff Reason:
    - *It will auto populate* **Layoff**
  - Actual Layoff Date:
    - *It will auto populate* **09/17/2025**
  - Projected Layoff Date:
    - *It will auto populate* **09/17/2025**
  - Date Notified of Layoff:
    - *It will auto populate* **08/15/2025**
  - How much did you earn before anything is taken out, like taxes?
    - **\$58,000 yearly or \$27.88 Hourly**

- Which of the following best describes your UI Benefits Situation?
  - **I am receiving UI**
- Industry Classification:
  - *It will auto populate* **813930 - Labor Unions and Similar Labor Organizations**
- Declining Industry?:
  - *It will auto populate* **No**
- Is the customer a UI Claimant?
  - **Yes, UI Profilee**
- Have you verified the customer is a UI Claimant?
  - **Yes**
- **Family & Household**
  - Do any of the following apply to you? Select all that apply.
    - **I or someone in my family gets SNAP or we got them in the last 6 months**
    - **I get SSDI (Social Security Disability Insurance)**
  - Have you ever received TANF?:
    - **No**
- **Document Upload**
  - For **U.S. Citizen**
    - **Click the Upload Icon**
    - **Click Select File and** upload your **test document**
    - **Document Type: Birth Certificate**
    - **Click Upload**
  - *Note – This will upload for U.S. Citizen and Date of Birth because the document was a shared source document.*
  - Documentation for the other criteria will be uploaded later in the processes.
- **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**
    - Click **Select New:**
      - **Upload test document for Customer**
    - Click **Finalize Action**
  - Career Planner Signature:
    - Customer Signature Action:
      - **Electronically Sign**
    - **Check box**
    - Click **Finalize Action**

## Eligibility Certification

- **Eligible Programs & Criteria – Certify Both Tracks**
  - **Actions – Eye Icon by Dislocated Worker**
    - **Document Upload – Upload Test Documents(s)**
      - You will see the items that you previously uploaded documentation for in the application are showing verified.
      - Upload your test document and select document type for the other areas that need verified in order to meet eligibility.
        - **Compliance with Selective service**
        - **Terminated or Laid Off Prior to Registration**
        - **Laid Off Due to Substantial Layoff**
      - Upload your test document to verify veteran status for priority of service.
        - **Veteran**
      - *Note - 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.*

- **Adult Program Uploads**
  - **No action needed**
  - *Note – You will not need to upload documentation for the adult program. The general eligibility items will be collected as part of dislocated worker and used for the adult section as well.*
- **Complete Certification**
  - Click **Certify Customer** button
    - Confirm Program Tracks to Certify:
      - **Adult (WIOA 1A)**
      - **Dislocated Worker (WIOA 1D)**
  - Certification Date – **Use today’s Date**
  - Confirmation Text – **Check Box**