

IWDS WIA-TAA Customer



IWDS

- Illinois Workforce Development System



IWDS WIA-TAA Customer

- From the beginning to the end



IWDS WIA-TAA Customer

- From the beginning to the end
- We are going to create a customer
 - Step-by-step

IWDS Illinois Workforce Development System

Staff Logon

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Welcome to the Illinois Workforce Development system. Please enter your user name and password below.

User Name:

Password:

Forgot your Password?

If you have forgotten your user name or password, please click the button below.

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Logging on to IWDS

- How many times can you make a mistake before you get locked out?



Logging on to IWDS

- How many times can you make a mistake before you get locked out?
 - Answer - 5
- Who do you contact if you get locked out of your IWDS account



Logging on to IWDS

- How many times can you make a mistake before you get locked out?
 - Answer - 5
- Who do you contact if you get locked out of your IWDS account
 - Your Systems Administrator

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Informational Message:
Last login was 04/17/2009 02.58 PM.

Next >

Welcome to Training.

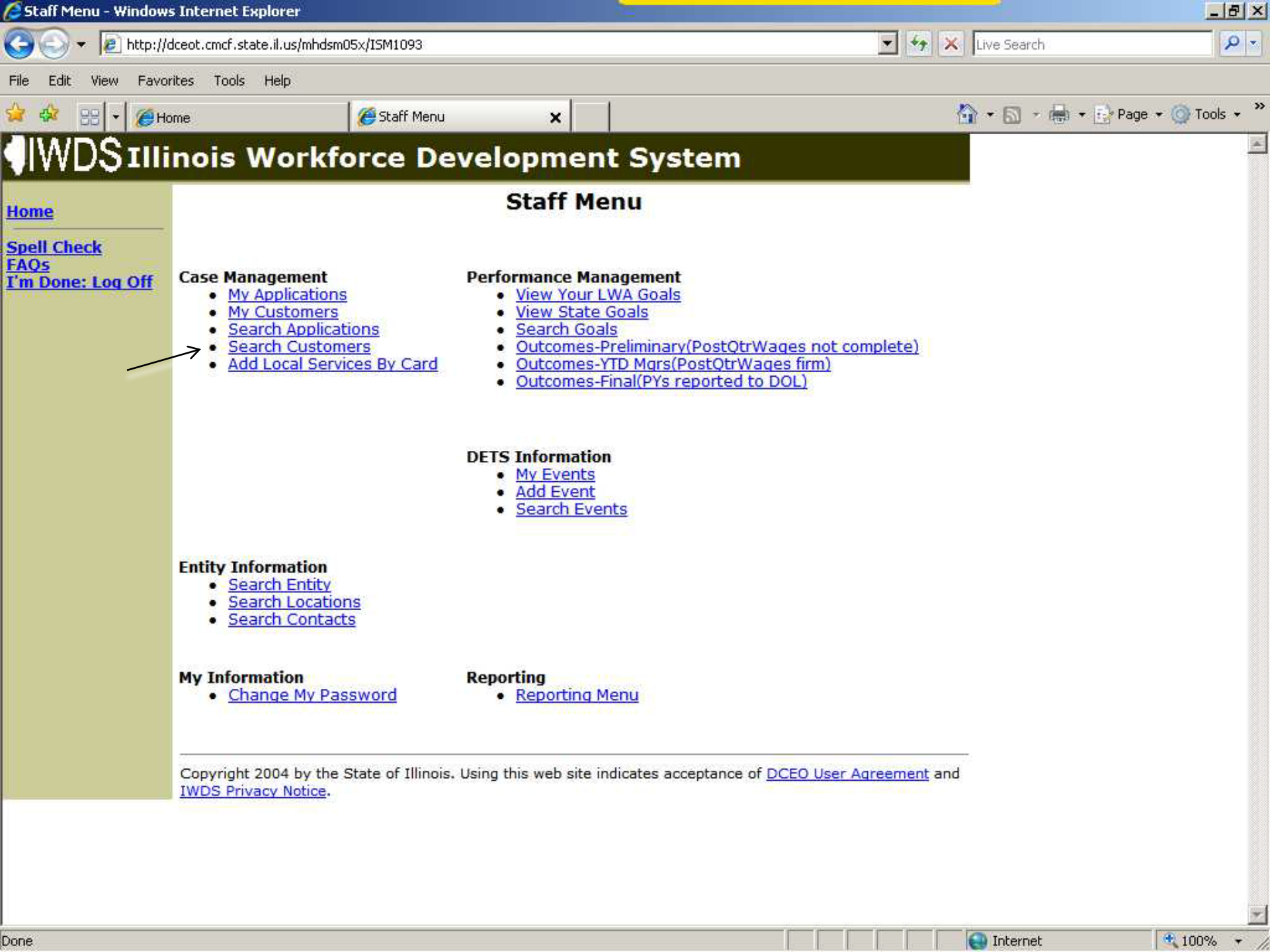
Next >

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First thing you do?

- Search for your customer



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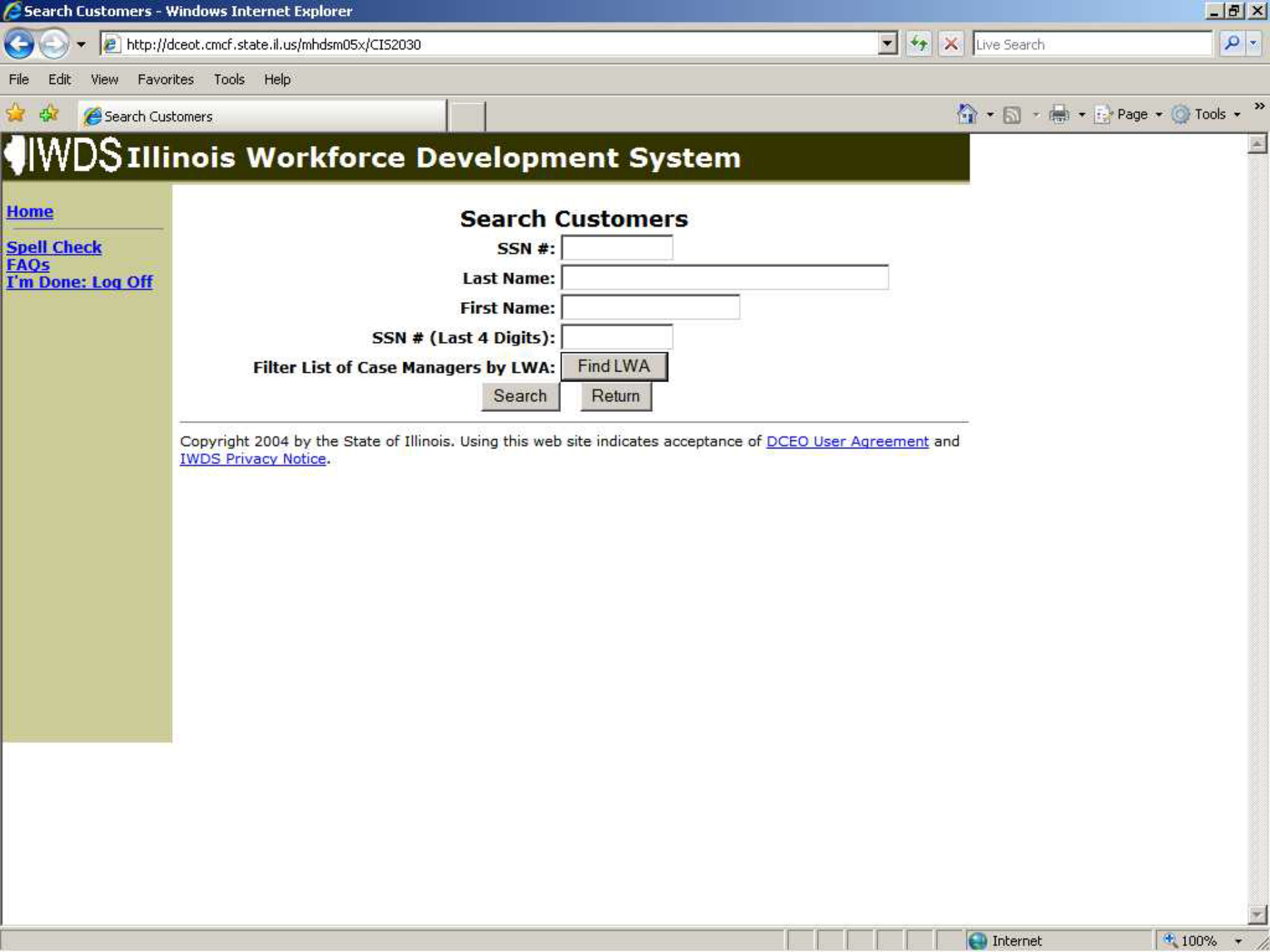
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Search Customers

SSN #:

Last Name:

First Name:

SSN # (Last 4 Digits):

Filter List of Case Managers by LWA:

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You can search many ways...

- What are the ways?



Searching for a customer....

- What are the ways
 - Last Name



Searching for a customer....

- What are the ways
 - Last Name
 - Last Name and First Name



Searching for a customer....

- What are the ways
 - Last Name
 - Last Name and First Name
 - Part of Last Name



Searching for a customer....

- What are the ways
 - Last Name
 - Last Name and First Name
 - Part of Last Name
 - Part of last Name and part of first name



Searching for a customer....

- What are the ways
 - Last Name
 - Last Name and First Name
 - Part of Last Name
 - Part of last Name and part of first name
 - Part of last Name and last four of SSN



Searching for a customer....

- What are the ways
 - Last Name
 - Last Name and First Name
 - Part of Last Name
 - Part of last Name and part of first name
 - Part of last Name and last four of SSN
 - Entire last Name and last four of SSN



Searching for a customer....

- However, what do you believe is truly the best way to search for a customer?



Searching for a customer....

- Social Security Number is the best way, because many people have the same name....
 - Smith, Jones, Thompson, etc...



SSN is a unique identifier

- IWDS is a state-wide system, so you do want to know if your client is getting or has received services somewhere before

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Search Customers

SSN #:

Last Name:

First Name:

SSN # (Last 4 Digits):

Filter List of Case Managers by LWA:

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Informational Message:
No data meets your criteria.

List Customers

→

0 found Page 1 of 1

Name	SSN	Address	Applications
There is nothing to display.			

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Creating a Customer in IWDS

- If you search for a customer by Social Security Number and there are no matches, you will “Add Customer”

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Create Customer

*** First Name:**

Middle Initial:

*** Last Name:**

*** Home Zip Code:**

Mother's Maiden Name:

*** Social Security Number:** **OR** **Mother's Maiden Name** Prefer Not To Answer

*** Birth Date:** **OR** Prefer Not To Answer

*** Labor Force Status:**

*** Hispanic or Latino?:**

*** Race/Ethnicity:**

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian or Pacific Island
<input type="checkbox"/> Prefer Not To Answer	<input type="checkbox"/> White

*** Gender:**

*** Disability?**

Category of Disability:

*** Veteran?:**

Cancel

Next >

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Notice the * items?

- Each * item requires that the question has a response
- For some questions, you can choose, "Prefer Not to Answer"
- However, if the client moves further along in the application process, eventually they will be required to provide complete responses to questions

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Create Customer

* **First Name:**

Middle Initial:

* **Last Name:**

* **Home Zip Code:**

Mother's Maiden Name:

* **Social Security Number:** OR Prefer Not To Answer

* **Birth Date:** OR Prefer Not To Answer

* **Labor Force Status:**

* **Hispanic or Latino?:**

* **Race/Ethnicity:**

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian or Pacific Island
<input type="checkbox"/> Prefer Not To Answer	<input checked="" type="checkbox"/> White

* **Gender:**

* **Disability?:**

Category of Disability:

* **Veteran?:**

Cancel

Next >

IWDS Illinois Workforce Development System

UserName and Password

Your User Name is: **swiataa1**

Your Password is: **7862823**

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Should I?

- Do you need to write down or screen print the User Name and Password screen?



Should I?

- Do you need to write down or screen print the User Name and Password screen?
- No, this information will not be required at any other time.
 - This is the internal name and tracking ID the system uses to track the customers services
 - You will never need this information

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List Application

- This next part is when you will actually begin to build a complete application on your customer
- It is best if you have all your customers information prior to building an application
 - You can then go through the application rather quickly if you have everything


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List Applications[Sarah WIA-TAA](#)

Add Application

Return

0 found

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Name	SSN	App Date	Program	Status	Case Manager
There is nothing to display.					

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Add Application

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Application Definition

[Sarah WIA-TAA](#)

*** Statutory Program:** WIA
WIA
WTW
TAA/NAFTA
WIA-TAA
WIA Pro
YES
VJT

TAA Petition Number: - [TAA Petition Number](#)

NAFTA Petition Number: - [NAFTA Petition Number](#)

LWA: 20 - Land of Lincoln Consortium

*** Illinois workNet(TM) Center:** WIA Pro

*** Contact Date:**

Partner: 20 - Land of Lincoln Consortium

*** Social Security Number:**

Case Manager: Potts, James

Show on My Applications:



Adding an Application in IWDS

- This is where it is important to add a “WIA-TAA” Application if you are wanting to co-enroll your client

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Application Definition

[Sarah WIA-TAA](#)

*** Statutory Program:**

TAA Petition Number: - [Verify TAA Petition Number](#)

NAFTA Petition Number: - [Verify NAFTA Petition Number](#)

LWA: 20 - Land of Lincoln Consortium

*** Illinois workNet(TM) Center:**

*** Contact Date:**

Partner: 20 - Land of Lincoln Consortium

*** Social Security Number:**

Case Manager: Potts, James

Show on My Applications:

Illinois Workforce Development System **Case Management**

Please click on one of the following:

[Sarah WIA-TAA](#) [Application Summary](#)
SSN: ****-**- 2319 App LWA:20

Guided Application

Assessment

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Guided Application in IWDS

- Following the guided application will lead you to each question that needs to be answered for both a WIA and a TAA file in IWDS

- Dislocated Worker Intensive Services
- Dislocated Worker Training Services
- Dislocated Worker Core Registered - UI Profilee
- ▶ **1N**
 - Clean Air Employment Transition Assistance
 - Defense Diversification Program
 - National Emergency Grants
- ▶ **1YS**
- ▶ **1AS**
 - Youth-ARRA
- Adult Core Registered-ARRA
- Adult Intensive-ARRA
- Adult Training-ARRA
- ▶ **1DS - 1NS - 1ES**
 - Dislocated Worker Core Registered - Unlikely to Return-ARRA
 - Dislocated Worker Core Registered - Plant Closure or Substantial Layoff-ARRA
 - Dislocated Worker Core Registered - Self Employed-ARRA
 - Dislocated Worker Core Registered - Displaced Homemaker-ARRA
 - Dislocated Worker Intensive Services-ARRA
 - Dislocated Worker Training Services-ARRA
 - Dislocated Worker Core Registered - UI Profilee-ARRA
- ▶ **1NS**
 - Clean Air Employment Transition Assistance-ARRA
 - Defense Diversification Program-ARRA
 - National Emergency Grants-ARRA
- ▶ **TAA**
 - Trade Adjustment Assistance (TAA)

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TAA Training Criteria

[Sarah WIA-TAA](#) [Application Summary](#)

SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

- *There is no suitable employment (which may include technical and professional employment) available for any adversely affected worker?
- *The worker would benefit from appropriate training?
- *There is a reasonable expectation of employment following completion of such training?
- *Training approved by the Secretary is reasonably available to the worker from either governmental agencies or private sources (which may include area vocational education schools, as defined in Section 195(2) of the Vocational Education Act of 1963 and employers)?
- *The worker is qualified to undertake and complete such training?
- *Such training is suitable for the worker and available at a reasonable cost?
- *Is participating in RTAA?

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TAA Training Criteria

[Sarah WIA-TAA](#) [Application Summary](#)

SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

*There is no suitable employment (which may include technical and professional employment) available for any adversely affected worker?

No

*The worker would benefit from appropriate training?

No

*There is a reasonable expectation of employment following completion of such training?

No

*Training approved by the Secretary is reasonably available to the worker from either governmental agencies or private sources (which may include area vocational education schools, as defined in Section 195(2) of the Vocational Education Act of 1963 and employers)?

No

*The worker is qualified to undertake and complete such training?

No

*Such training is suitable for the worker and available at a reasonable cost?

No

*Is participating in RTAA?

No

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TAA Additional Info

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*Certification/Decision Date:

*Petition Impact Date:

*Was Rapid Response Provided:

*Petition Expiration Date:

*Date BRO was signed:

*Separation Date:

*Meets TRA 26/26 Requirement:

*State Funding TAA Training:

*Is Illinois responsible for payment of UI/TRA benefits?

*Trade Event from Another State?

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Contact Information[Sarah WIA-TAA](#) [Application Summary](#)

SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

* First Name: Middle Initial: * Last Name: * Street Address: Apt: * City: * State: * Zip Code: * County: Home Phone: Work Phone: Ext: Cell Phone: Email Address:

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SSN: ***-**-2319 App LWA:20

Name	Relationship	Work Phone	Home Phone
There is nothing to display.			

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http://dceot.cmf.state.il.us/mhds05x/CIS2147

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Maintain Contact

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SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

* First Name:

Middle Initial:

* Last Name:

Relationship:

Street Address: Apt:

City:

State:

Zip Code:

* Phone Number:

Work Phone Number: Ext:

Comment:

Save, Add Another

Save and Return

Cancel



Contact information benefits...

- The more contact information you have for your client, the easier it will be for you to reach them
- E-mail or texting is a great way to stay in contact with your youth customer

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SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

* First Name: Middle Initial: * Last Name: Relationship: Street Address: Apt: City: State: Zip Code: * Phone Number: Work Phone Number: Ext: Comment:



Most agencies require.....

- At least two contacts
- Have heard some agencies that require as many as five contacts
- An idea I have heard to assist in getting quality contacts for your clients.



Way to get really good contacts...

- Periodically we get additional funds and I might need to reach you in order to get you some extra \$\$\$'s
- I need some good contact information to include phone numbers and e-mail addresses in case I need to reach you in case I need to get you extra \$\$\$'s....
 - Think you will get good contacts?

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Additional Contacts

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SSN: ****-**-2319 | App LWA:20 | App Date:02/03/2011

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Add Contact

	Name	Relationship	Work Phone	Home Phone
View	Henderson, Molly	Neighbor		(217)389-2391
View	Wilson, Connie	Friend		(217)787-2301

Add Contact

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Private Information

[Sarah WIA-TAA](#) [Application Summary](#)

SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

* Social Security Number:

* Hispanic or Latino?

* Race/Ethnicity:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian or Pacific Island
<input type="checkbox"/> Prefer Not To Answer	<input type="checkbox"/> White

* Gender:

* Birth Date:

Mother's Maiden Name:

* Alien Verification/Immigration Status: [Verify Authorization](#)

Expiration Date for Authorization:

Reverification Date for Authorization:

* Selective Service Compliance: [Verify Compliance](#)

Selective Service Number:

* Disability?:

Category of Disability:

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Private Information in IWDS

- For race and ethnicity – whatever the client claims is what you put

IWDS Illinois Workforce Development System Case Management

Private Information

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SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

* Social Security Number:

* Hispanic or Latino?

* Race/Ethnicity:

American Indian or Alaskan Native

Asian

Black

Hawaiian or Pacific Island

Prefer Not To Answer

White

* Gender:

* Birth Date:

Mother's Maiden Name:

* Alien Verification/Immigration Status: [Verify](#)

[Authorization](#)

Expiration Date for Authorization:

Reverification Date for Authorization:

* Selective Service Compliance: [Verify Compliance](#)

Selective Service Number:

* Disability?

Category of Disability:

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Alien Verification/Immigration Status

- This section is actually misleading, as really this question is used to verify if the client is “Authorized to Work in U.S.”



Alien Verification/Immigration Status

- This section is actually misleading, as really this question is used to verify if the client is “Authorized to Work in U.S.”
- This block must be populated with either “Yes, Citizen” or “Yes, Verified with immigration system” for the client to be eligible for WIA

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Private Information

[Sarah WIA-TAA](#) [Application Summary](#)

SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

 * Social Security Number:

 * Hispanic or Latino?

* Race/Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian or Pacific Island |
| <input type="checkbox"/> Prefer Not To Answer | <input checked="" type="checkbox"/> White |

 * Gender:

 * Birth Date:

 Mother's Maiden Name:

 * Alien Verification/Immigration Status: [Verify](#)

 Expiration Date for Authorization:

 Reverification Date for Authorization:

 * Selective Service Compliance: [Verify Compliance](#)

 Selective Service Number:

 * Disability?

 Category of Disability:

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 * Social Security Number:

 * Hispanic or Latino?

* Race/Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hawaiian or Pacific Island |
| <input type="checkbox"/> Prefer Not To Answer | <input checked="" type="checkbox"/> White |

 * Gender:

 * Birth Date:

 Mother's Maiden Name:

 * Alien Verification/Immigration Status: [Verify Authorization](#)

 Expiration Date for Authorization:

 Reverification Date for Authorization:

 * Selective Service Compliance: [Verify Compliance](#)

 Selective Service Number:

 * Disability?

 Category of Disability:



Private Information in IWDS

- Does it matter if we capture the gender of a client for WIA or TAA eligibility?



Private Information in IWDS

- Does it matter if we capture the gender of a client for WIA or TAA eligibility?
 - Yes, why?



Private Information in IWDS

- Does it matter if we capture the gender of a client for WIA or TAA eligibility?
 - Yes, why?
- Selective Service Compliant



Selective Service info for guys

- All males born after 12/31/1959 must be registered with Selective Service
- If the customer doesn't know their selective service number, they can go to <http://www.sss.gov> to obtain their #
- If they are a female, you select "Not Applicable" from the drop down menu



----- KEY INFORMATION -----

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Selective Service Online Registration Verification

This service allows you to look up a man's Selective Service number, as well as the date he registered. Enter a last name, social security number, and date of birth for the registered man, and click on "Submit."

Only registrations of men born on or after January 1, 1960, can be verified through this system. To obtain Selective Service information about men born earlier, [CLICK HERE](#) and follow the instructions on our "Records" page.

This service is operational seven days a week. It is not available when system maintenance is scheduled from 2 a.m. to 4 a.m., U.S. Central Time, Tuesday through Saturday.

Selective Service Online Registration Search

Last Name:

Social Security Number:

(No dashes or spaces)

Date of Birth:

(mmdyyyy)

Submit

Reset



Selective Service Compliance

- If a male who was born after December 31st, 1959 is not compliant with the selective service requirement, please refer to DCEO Policy 00-12, Change 2, (Eligibility Policy Manual) Appendix "H"

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* Social Security Number:

* Hispanic or Latino?

* Race/Ethnicity:
 American Indian or Alaskan Native Asian
 Black Hawaiian or Pacific Island
 Prefer Not To Answer White

* Gender:

* Birth Date:

Mother's Maiden Name:

* Alien Verification/Immigration Status: [Verify Authorization](#)

Expiration Date for Authorization:

Reverification Date for Authorization:

* Selective Service Compliance: [Verify Compliance](#)

Selective Service Number:

* Disability?

Category of Disability:

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If you select “Yes” for disability?

- You need to ensure you are capturing the documentation supporting the disability

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* Hispanic or Latino?

* Race/Ethnicity:

American Indian or Alaskan Native Asian

Black Hawaiian or Pacific Island

Prefer Not To Answer White

* Gender:

* Birth Date:

Mother's Maiden Name:

* Alien Verification/Immigration Status: [Verify Authorization](#)

Expiration Date for Authorization:

Reverification Date for Authorization:

* Selective Service Compliance: [Verify Compliance](#)

Selective Service Number:

* Disability?

Category of Disability:

- No
- Yes
- Disability Affecting Employment
- Developmental Disability
- Learning Disability

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Veterans Information

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*Veteran or Qualified Spouse of a Veteran or
 Transitioning Service Member?

If **any** of the following apply to you, then you are a **U.S. Armed Forces Veteran**.

1. You have served in the United States military on active duty for 180 days or more other than training.
2. You were released from active duty because of a disability prior to serving 180 days.
3. You served less than 180 days of active duty, but have an Armed Forces Campaign or Expeditionary medal(s).

You are a **Qualified Spouse**, if you are the spouse of a veteran who has a 100% service-connected disability, who died from a service-connected disability or has been missing in action, has been captured or has been detained by a foreign power for more than 90 days.

You are a **Transitioning Service Member**, if you are an individual who is on active U. S. military status (including separation leave) and is within 24 months of retirement or 12 months of separation from military service.

Answer questions below as determined by the veterans or qualified spouse eligibility documentation.

 Branch:

 Dates of Service: to

 Nature of Military Discharge:

 Armed Forces Campaign or Expeditionary Medal? [What is an Expeditionary Medal?](#)

 Service connected disability?

A **Disabled Veteran** has a service connected disability of 29% or less

A **Special Disabled Veteran** has a service connected disability of 30% or greater

 U.S. Citizen?



If you check "Yes" to Veteran

- You need to be capturing a copy of D.D. 214 which is the document a veteran is given when they are discharged from the Armed Forces

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If **any** of the following apply to you, then you are a **U.S. Armed Forces Veteran**.

1. You have served in the United States military on active duty for 180 days or more other than training.
2. You were released from active duty because of a disability prior to serving 180 days.
3. You served less than 180 days of active duty, but have an Armed Forces Campaign or Expeditionary medal(s).

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You are a **Transitioning Service Member**, if you are an individual who is on active U. S. military status (including separation leave) and is within 24 months of retirement or 12 months of separation from military service.

Answer questions below as determined by the veterans or qualified spouse eligibility documentation.

Branch:

Dates of Service: to

Nature of Military Discharge:

Armed Forces Campaign or Expeditionary Medal? [What is an Expeditionary Medal?](#)

Service connected disability?

A **Disabled Veteran** has a service connected disability of 29% or less

A **Special Disabled Veteran** has a service connected disability of 30% or greater

U.S. Citizen?

Documentation Certification?

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Veterans Documentation

- If the client is a Veteran, you must populate the block of “Veterans Documentation?” with “YES” and have the appropriate documentation supporting Veteran Status in the file or client will not be eligible for WIA



Additional Veterans Info

- If a client claims veterans status they are eligible for priority of service under the Jobs for Veterans Act
 - This entitles qualified client service before any other non-covered person

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- Adult Education:
- Job Corps:
- Farmworker Program:
- Native American Program:
- Veteran's Workforce Investment Pgms:
- Trade Adjustment Act:
- NAFTA-TAA:
- Vocational Education:
- Vocational Rehabilitation:
- Wagner-Peyser:
- Title V Activities (OAA):
- Comm Srvc Blk Grant Program:
- HUD Program:
- Other non-WIA program:
- Veteran's DVOP/LVER:

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For “Concurrent Programs”

- This block is the Department of Labors (DOL) way of checking what other types of programs a client is enrolled in.
- You do not have to collect documentation to prove any of these, so if a client states they are in any of these, just check “Yes”
- Do not hold up an application waiting for proof of enrollment in one of these

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Education Status - Application

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*Highest Grade Completed: Associate Degree

Pursuing GED/Diploma/Certificate?

Attending Alternative School?

*Pell Grant Recipient? No

Pell Grant Amount:

*Attending School? No

*Full Time Attending School? No

*High School Dropout? No

Basic Skills Deficient? No

Youth In/Out School? N/A

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Education Status

- This is at the time of their application

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Employment Characteristics

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*Labor Force Status: Unemployed

*UI Status: Receiving Benefits

*Primarily Employed in Farm Work: No

*Minimum Threshold of Farm Work Performed: No

Migrant Status:

Type of Qualifying Farm Work:

Under-Employed:

UI Profilee: No

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Underemployed

- Definition for underemployed – An individual who is working part-time but desires full-time employment, or who is working in employment not commensurate with the individual's demonstrated level of educational attainment.

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Dislocated Worker Characteristics

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Requires additional assistance:

Unemployed at least six months prior to application:

Completed one month of job search:

Displaced Homemaker:

Received Disaster Relief Assistance:



Dislocated Worker Characteristics

- These are characteristics that count towards the clients eligibility for services as a 1D or 1DS
- “Requires additional assistance” should only be checked under certain circumstances that we will cover during training

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SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

Requires additional assistance:

Unemployed at least six months prior to application:

Completed one month of job search:

Displaced Homemaker:

Received Disaster Relief Assistance:

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Dislocated Worker Characteristics

- These are characteristics that count towards the clients eligibility for services as a 1D or 1DS who are Unlikely to Return to Previous Industry or Occupation
- “Unemployed at least six months prior to application” and “Completed one month of job search” will require documentation to support each and are only relevant for long term unemployed



Dislocated Worker Characteristics

- These are characteristics that count towards the clients eligibility for services as a 1D or 1DS
- Received Disaster Relief Assistance” is for National Emergency Grant Programs and not traditional Dislocated Worker Programs

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 *Employer Name: *Employment Status: *Start Date: End Date: Job Title: Street Address: City: State: Zip Code: Contact Name: Contact Phone: Extension: Wages: Per: *Hours Per Week: Job Duties: Primary Occupation: Dislocation: Self Employed: Family Member/Farmhand: Layoff Reason: Received Severance Pay: Date Notified of Layoff:

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Search DETS

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DETS ID:


Company Name:

Type:

Status:

LWA:

Date From: Date To:


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	Event ID	Company	State RRU Contact	LWA	Type	Status	Report Date	Notice
<input type="button" value="Pick"/>	20110203L01	Wells Manufacturing 2100 West Lake Shore Dr. Woodstock, IL	Perez, Michael	16	Trade Local	Active	03/02/2009	No

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Hours Per Week:** 40.0**Job Duties:** Running the office**Primary Occupation:** Yes **Dislocation:** Yes **Self Employed:** No **Family Member/Farmhand:** No **Layoff Reason:** Substantial Layoff **Received Severance Pay:** Yes **Date Notified of Layoff:** 07/30/2010**DETS ID:** 20110203L01 **Received Rapid Response Services:** Yes **Last Date Received Rapid Response Services:** 11/15/2010**TAA Petition:** 72534 - [Verify TAA Petition Number](#)**Nafta Petition:** - [Verify NAFTA Petition Number](#)**ATAA/RTAA Employment?:** No ***NAICS Code:** 5614 **Description:** Business Support Services**Declining:** YO*Net(SOC):** 514011 **Description:** Computer-Controlled Machine Tool Operators, Metal and Plastic**Low Growth?:** Y



Dislocation Job

- For Unlikely to Return to Previous Industry or Occupation the following categories are very important:
 - NAICS Code – Indicates Declining
 - O*Net (SOC) – Indicates Low Growth



Dislocation Job

- Either NAICS Code or O*Net (SOC) must show the client's dislocation job from a declining industry or the job must be low growth in order for the client to be considered Unlikely to Return to Previous Industry or Occupation

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Employer Name	Employment Dates	Dislocation Job?
Wells Manufacturing	05/05/1997 - 11/30/2010	Y

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http://dceot.cmf.state.il.us/mhds05x/CIS2043?command=Other+Characteristics&ISM_JSP_TS_RQST=21

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Characteristics and Barriers

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- * Drug/Alcohol Dependency:
- * Limited English Proficiency:
- * Offender, Felon:
- * Offender, Misdemeanor:
- * Homeless:

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Public Assistance

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*Transitional Assistance:

*Refugee Help:

*SSI:

*SSDI:

*On Food Stamp:

*TANF:

DHS Case #?:

*Months Received TANF in Prior 60 months?

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Public Assistance Screen

- If you populate any of the Public Assistance items with “YES,” in your file you are required to have the documentation to support the “YES”
- None of the items on the “Public Assistance Screen” are relevant to WIA Dislocated Worker Eligibility

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Family Characteristics

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Family Type:

Family Size:

Dependant Less than 18:

Family of 1 due to Disability: No

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Family is from the WIA definition

- Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, **and are** included in one or more of the following categories:
 - husband, wife and dependent children
 - parent or guardian and dependent children
 - husband and wife

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WIA Additional Criteria

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► **Intensive Services**

Unable to Obtain or Retain Self-Sufficient Employment with Core Services:

In Need of Intensive Services:

► **Training Services**

Unable to Obtain or Retain Self-Sufficient Employment with Intensive Services:

In Need of Training Services:

Meets Qualifications for Selected Training Program:

Selected Training Program is in Demand:

Other Grant Sources are Unavailable:



WIA Additional Criteria

- These screens are required if the client is going to be certified for WIA Intensive Services

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Custom Eligibility Data

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Comment:

*Displaced by Hurricane Katrina:

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Eligibility Determination

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Certify	Title / Program	Eligibility Date	Certification Date
No Title/Programs were found.			

* Application Date:

* Eligibility Determination Date:

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Eligibility Determination

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Certify	Title / Program	Eligibility Date	Certification Date
No Title/Programs were found.			

* Application Date:

* Eligibility Determination Date:

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Eligibility Determination

- This client will be qualified for different WIA programs depending on the questions that were answered


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[Sarah WJA-TAA](#) [Application Summary](#)

SSN: ***-**-2319 App LWA:20

		Certify	Title / Program	Eligibility Date	Certification Date
Documentation	Criteria	<input type="checkbox"/>	1A - Adult Core Registered	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1A - Adult Intensive	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1D - 1N - 1S - 1E - Dislocated Worker Core Registered - Unlikely to Return	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1D - 1N - 1S - 1E - Dislocated Worker Core Registered - Plant Closure or Substantial Layoff	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1AS - Adult Core Registered-ARRA	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1AS - Adult Intensive-ARRA	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1DS - 1NS - 1ES - Dislocated Worker Core Registered - Unlikely to Return-ARRA	02/03/2011	
Documentation	Criteria	<input type="checkbox"/>	1DS - 1NS - 1ES - Dislocated Worker Core Registered - Plant Closure or Substantial Layoff-ARRA	02/03/2011	
		<input type="checkbox"/>	Trade Adjustment Assistance (TAA)	02/03/2011	

Show All Subgroups

Application Date: 02/03/2011

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Eligibility Determination
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Documentation	Criteria	<input type="checkbox"/>	1AS - Adult Intensive-ARRA	02/03/2011	
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Documentation	Criteria	<input type="checkbox"/>	1DS - 1NS - 1ES - Dislocated Worker Core Registered - Plant Closure or Substantial Layoff-ARRA	02/03/2011	

Show All Subgroups

Application Date: 02/03/2011

Printable Application

Certify >



Understanding WIA Eligibility

- As you can see from the previous slide, this client was determined eligible for several different WIA programs



Understanding WIA Eligibility

- As you can see from the previous slide, this client was determined eligible for several different WIA programs
- However, we want to make things as simple as possible for the case manager



Understanding WIA Eligibility

- Clients who are being co-enrolled in WIA-TAA should typically be certified for which programs?



WIA-TAA Co-enrolled Clients

- Which are the best option?
 - a. Should certify client in TAA and WIA – Adult Core?
 - b. Should certify client in TAA and WIA – Adult Core and Intensive?
 - c. Should certify client in TAA and WIA – Unlikely to Return?
 - d. Should certify client in TAA and WIA – Plant Closure or Substantial Lay-off?
 - e. Should certify client in TAA and WIA – Unlikely to Return and in Plant Closure or Substantial Lay-off?



WIA-TAA Co-enrolled Clients

- Best option would be “d. certify client in TAA and WIA – Plant Closure or Substantial Lay-off”



Certifying a Customer

- You use drop down menu's and select the types of documentation that you have to support your application



Plant Closure/Substantial Lay-off Documentation

- Significantly less documentation required for the case manager to certify for Plant Closure/Substantial Lay-off as compared to Unlikely to Return



Plant Closure/Substantial Lay-off Documentation

- The next slide is the required documentation to certify the client for WIA under Plant Closure or Substantial Lay-off

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Criteria	Conjunction
(Authorized to Work in the U S <input type="text"/>	AND
Compliant With Selective Service <input type="text"/>	AND
(Terminated or Laid Off Prior to Registration <input type="text"/>	OR
Notified of Impending Layoff) AND
(Laid Off Due To Plant Closure	OR
Laid Off Due To Substantial Layoff <input type="text"/>)

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Criteria	Conjunction
(Authorized to Work in the U S	
Birth Certificate	AND
Compliant With Selective Service	
Not Applicable	AND
(Terminated or Laid Off Prior to Registration	
Work History	OR
Notified of Impending Layoff) AND
(Laid Off Due To Plant Closure	
	OR
Laid Off Due To Substantial Layoff	
Employer Information)

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Which screens matter most?

- In order for a client to be determined eligible as “Plant Closure or Substantial Lay-off” the case manager must choose one of those options for the lay-off reason on the dislocation job loaded in IWDS for employment history (see next slide from job loaded for this client)

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Edit Job

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*Employer Name: Wells Manufacturing

*Employment Status: Laid Off

*Start Date: 05/05/1997 End Date: 11/30/2010

Job Title: Office Manager

Street Address: 26 Industrial Way

City: Springfield

State: Illinois Zip Code: 62702

Contact Name: Larry Leonard

Contact Phone: (618) 789-0300 7821

Wages: Clean Air Act

*Hours Per Week: Defense Reductions

Job Duties:

- Flood or Other Natural Disaster
- General Economic Conditions
- In Process of Going out of Business
- Lack of Work at Employer
- Plant Closure
- Qualifying Federal Dislocation Event

Primary Occupation: Substantial Layoff

Self Employed: Trade Impacted Employment: No

Layoff Reason: Substantial Layoff

Received Severance Pay: Yes

Date Notified of Layoff: 07/30/2010



Dislocation Job – Lay-off Reason

- For TAA Clients, the “Lay-off Reason” should either be “Plant Closure” or “Substantial Lay-off”



Dislocation Job – Lay-off Reason

- For TAA Clients, the “Lay-off Reason” should either be “Plant Closure” or “Substantial Lay-off”
- If any “Lay-off Reason” other than “Plant Closure” or “Substantial Lay-off” is chosen, the client will not be eligible for WIA under “Plant Closure or Substantial Lay-off”



Dislocation Job – Lay-off Reason

- For TAA Clients the “Lay-off Reason” should either be “Plant Closure” or “Substantial Lay-off”
- If any “Lay-off Reason” other than “Plant Closure” or “Substantial Lay-off” is chosen, the client will not be eligible for WIA under “Plant Closure or Substantial Lay-off”
- Then you would be required to certify the client as “Unlikely to Return to Previous Industry or Occupation” which requires significantly more documentation – see next slide

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Criteria	Conjunction
Documentation and Subcriteria	
(Authorized to Work in the U S	
Birth Certificate	AND
Compliant With Selective Service	
Not Applicable	AND
(Terminated or Laid Off Prior to Registration	
Work History	OR
Notified of Impending Layoff) AND
(Eligible for UI Benefits	
IDES Records or other State's UI Records	OR
Tenure Requirement for WIA) AND
((Declining Industry	
Work History	OR
Low Growth Occupation	
Work History	OR
Customer Requires Additional Assistance to Obtain Employment) OR
(Unemployed At Least Six Months	AND
Completed at least one month of Job Search)))
Job Service Documents	

Save Cancel



WIA-TAA Certification

- As you should have noticed, certifying the client for WIA as “Plant Closure or Substantial Lay-off” is easier and requires significantly less documentation than certifying a client for WIA as “Unlikely to Return to Previous Industry or Occupation”


Illinois Workforce Development System Case Management

Eligibility Determination

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Documentation	Criteria	<input checked="" type="checkbox"/>	1D - 1N - 1S - 1E - Dislocated Worker Core Registered - Plant Closure or Substantial Layoff	02/03/2011	
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Documentation	Criteria	<input type="checkbox"/>	1DS - 1NS - 1ES - Dislocated Worker Core Registered - Plant Closure or Substantial Layoff-ARRA	02/03/2011	
		<input checked="" type="checkbox"/>	Trade Adjustment Assistance (TAA)	02/03/2011	

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Certification - Windows Internet Explorer

http://dceot.cmf.state.il.us/mhds05x/CIS2066

File Edit View Favorites Tools Help

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Certification

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Certification

[Sarah WIA-TAA](#) [Application Summary](#)
SSN: ***-**-2319 App LWA:20 App Date:02/03/2011

Title / Program(s): 1D - 1N - 1S - 1E - Dislocated Worker Core
Registered - Plant Closure or Substantial Layoff
Trade Adjustment Assistance (TAA)

I have reviewed the eligibility criteria for this Title or Program, along with any required documents, and certify that the above named customer is eligible.

Date:

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2 found

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	Name	SSN	App Date	Program	Status	Case Manager
<input type="button" value="View"/>	WIA-TAA, Sarah	***-**- 2319	02/03/2011	WIA	Applicant	James Potts
<input type="button" value="View"/>	WIA-TAA, Sarah	***-**- 2319	02/03/2011	TAA/NAFTA	Applicant	James Potts

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Now you have seen:

- A WIA-TAA application created in IWDS and certain key elements were highlighted



Now you have seen:

- A WIA-TAA application created in IWDS and certain key elements were highlighted
- An eligibility determination was completed and you were shown how to dual enroll a client in both WIA and TAA



Now you have seen:

- A WIA-TAA application created in IWDS
- An eligibility determination was completed and you were shown how to dual enroll a client in both WIA and TAA
- It was explained why certifying a client for WIA as Plant Closure or Substantial Lay-off is your best choice when co-enrolling WIA-TAA clients



WIA – TAA Co-enrolled

- After viewing and understanding this power point, it is my hope that each attendee can enroll each of their TAA clients in WIA with little or no problem



Questions?
