

Atlantic County Office of Workforce Development
PY 18 Youth Services Manual



Atlantic County One Stop Career Center
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Visit us on the web: www.learntrainworkac.com

Atlantic County Workforce Development Board

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SECTION 1: WELCOME TO THE ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT!

Let me start by thanking you for embarking on this journey with the Atlantic County Office of Workforce Development. (ACOWD) takes great pride in assisting area youth in securing meaningful and sustainable employment. Collectively, it is our goal to provide relevant academic, work readiness and job training programs and services that directly impact the employment status of low income youth of Atlantic County.

We do this through a variety of programming overseen by the Atlantic County Workforce Development Board (WDB) and funded by the Workforce Investment and Opportunity Act (WIOA), Work First New Jersey (WFNJ) and other federal, state and local funding.

Recently, the federal government has implemented significant changes to the One Stop system and how we conduct our business. The focus has shifted to one of transparency and accountability, in which we are required to demonstrate how funding is expended and how that translates into successful performance outcomes. To achieve these goals, we will rely on you, our contracted service providers to provide quality programs and services that are centered on industry-recognized credential attainment and job placement. We all have a stake in this process! Our failure to meet or exceed these mandated benchmarks may result in a reduction of funding in years to come. In today's environment, our coordination of services and partnerships is critical.

To this end, ACOWD developed a Youth Services Manual to serve as a resource to direct the flow of information between this office and contracted service providers. We expect that the following policies, procedures and forms will be implemented and shared with your staff to improve operations and accountability. This guide was developed by the Fiscal, Monitoring, MIS and Youth Units to help you navigate the system.

Together we have won national and state awards, been looked upon as a leader in the area of "best practices" and most importantly helped thousands of youth achieve self-sufficiency over the years. We look forward to working in partnership with you and continuing this legacy for many years to come!

Sincerely,

Rhonda Lowery
Executive Director
Atlantic County WDB

SECTION 2: PROGRAM OVERVIEW

Atlantic County Government has been designated as the administrative entity and grant recipient of Workforce Innovation and Opportunities Act (WIOA) funds to subcontract the operation of In-School and Out-of-School Youth Programs under WIOA, Public Law 113-128 and in Regulations (Part 681). WIOA programs shall provide comprehensive educational and employment preparation services to eligible low income youth ages fourteen (14) to twenty-one (21) for In-School Youth and eligible youth ages sixteen (16) to twenty-four (24) for Out-of-School Youth.

Youth programs should be integrated into a comprehensive strategy to address each youth's educational and employment needs. This comprehensive strategy should be based on developing the skills that each youth needs to become employable. It should be the intent of the training program to enhance the job prospects and educational level of eligible youth residents of Atlantic County.

SECTION 3: TARGET POPULATION

The Workforce Innovation and Opportunity Act (WIOA) defines the **In-School Youth** population that is eligible for services as being an individual who is:

1. Attending school (as defined by State law), including secondary and post-secondary school;
2. Not younger than age 14 or older than age 21 at time of enrollment (unless an individual with a disability who is attending school under State Law). Because age eligibility is based on age at enrollment, participants may continue to receive services beyond the age of 21 once they are enrolled in the program.
3. **A low-income individual;** and
4. **One** or more of the following:
 - i. Basic skills deficient;
 - ii. An English language learner;
 - iii. A youth involved with the criminal justice system;
 - iv. A homeless individual (as defined in sec. 41403(6) of the Violence Against Women Act of 1994, a homeless child or youth (as defined in sec. 725 (2) of the McKinney-Vento Homeless Assistance Act, or a runaway;
 - v. An individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677), or in an out-of-home placement;
 - vi. An individual who is pregnant or parenting;
 - vii. An individual with a disability;
 - viii. An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. (20 CFR 681.230)

The Workforce Innovation and Opportunity Act (WIOA) defines the **Out-of-School Youth** population that is eligible for services as being an individual who is:

- i. Not attending any school (as defined under State law)
- ii. Not younger than 16 or older than age 24 at time of enrollment
- iii. One or more of the following:
 - a) A school dropout;
 - b) A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. School year calendar is based on how a local school district defines its school year quarters;;
 - c) A recipient of a secondary school diploma or its recognized equivalent who is a low income individual and is either basic skills deficient or an English Language Learner;
 - d) An individual who is subject to the juvenile or adult justice system;
 - e) A homeless individual, a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under the Social Security Act, or in an out-of-home placement;
 - f) An individual who is pregnant or parenting;
 - g) An individual with a disability;
 - h) A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.

SECTION 4: PERFORMANCE MEASURES

All performance standards may be modified and are subject to the negotiated levels of performance between the NJLWD and the Atlantic County WDB. The local area, and subsequently recipients that accept grant funds, shall be expected to meet or exceed each measure for that particular program year.

WIOA Youth Common Measures:

For those participants who do not have a high school diploma:

1. To earn a high school diploma or equivalency credential and either enroll **and** participate in-postsecondary education or an occupational training program; or obtain unsubsidized employment. (... "A participant who has attained a secondary school diploma, or its recognized equivalent is included in the percentage of participants who have attained a secondary diploma or its recognized equivalent only if the participant also is employed or is enrolled in an education or training program leading to a recognized postsecondary credential within one year after exit from the program;") TEGL 10-16, August 23, 2017

For those participants who have received a high school diploma:

1. Enroll and participate in a postsecondary education program;
2. Enroll and participate in an occupational training program in an **in-demand** industry sector;
3. Obtain unsubsidized, gainful employment.

Measurable Skill Gains-All WIOA youth must be assessed in basic reading, language and math, testing prior to the beginning of the service activity and following the completion of the service activity,

Skill gains include increase of one EFL (documented through pre and post-testing in literacy), achievement of high school equivalency diploma, attainment of industry-valued occupational training credential, and skill-based testing that demonstrates progress toward an industry-valued credential.

SECTION 5: SCOPE OF SERVICES/SERVICE STRATEGY

a) Youth Recruitment:

Both In-School Youth and Out-of-School Youth contracted service providers are responsible for the recruitment of participants. As part of the acceptance and enrollment process for candidates under consideration, the contracted service provider will have the youth complete the required intake assessment form and review and copy the required documentation that is necessary for acceptance into the program. Once all documents on the pre-screening checklist are received, ***including a birth certificate for the youth and any dependent children, Social Security Card, valid government issued/high school photo ID, (applicants under the age of 18 yr. must submit ID for their parent/guardian), Work First New Jersey referrals, (if applicable) proof of income for the past 6 months, proof of current address.*** The contracted service provider will create a packet that contains the Pre-Screening Checklist followed by the Application for Enrollment and all required documents from the Pre-Screening checklist. Once the intake assessment, pre-screening forms and required documents are received, the contracted service provider will submit said packet to the Youthworks Supervisor on or before noon on each Tuesday, for the Thursday eligibility and testing session. If the packets are incomplete, the Youthworks Supervisor will notify the contracted service provider of the missing documents by Wednesday noon. The contracted service provider will be instructed to obtain the missing documents and the youth's Thursday eligibility session will be postponed until the packet contains all documents. **ALL PACKETS MUST BE COMPLETE FOR ELIGIBILITY AND TESTING TO OCCUR.**

b) Eligibility Approval:

For **In-School Youth**, all eligibility will be conducted in association with the In-School Youth Provider. The school will notify the Youthworks Supervisor when they have completed a student eligibility packet and are prepared to enroll the youth. A representative of workforce development will schedule an appointment to meet with the In-School Youth program representative to review documentation for approved eligibility and enrollment.

For **Out-of-School Youth**, a representative of workforce development will hold group eligibility sessions each Thursday at 11 am for youth candidates with completed packets. During eligibility, all required forms will be completed and signed. Once all eligibility forms are completed, the youth candidates will be placed in the testing room to complete the pre-assessment literacy test. Youth who complete the eligibility portion must stay for the testing as well. Testing will begin at 1:00 pm. Once eligibility and testing have been completed, the Youthworks Supervisor will review the scoring results from the test. If the youth achieves scores below 9th grade level on the pre-test, Basic Skills Deficiency will be noted on the letter of authorization. Once eligibility has been approved by the Youthworks Supervisor, the supervisor will send a letter of service authorization that will include confirmation of income eligibility and acknowledgement of the completed literacy assessment. In addition, the barriers that are used to verify OSY eligibility will also be noted in the check boxes within the letter. The letter will instruct the contracted service provider to begin the assessment process and initiate the Individual Service Strategy (ISS). The Youthworks Supervisor will provide this letter to

the contracted service provider 24-48 hours after the completion of eligibility, if all documents have been received and the literacy assessment has been completed. If the youth's documentation is incomplete or the literacy assessment was not taken, the contracted service provider will be notified that the youth is unable to begin enrollment (ISS) activities until the requirements are met.

Final verification of income and authorization of enrollment will be made by the supervisor of the Youthworks Unit. Youth may not begin the program without documented authorization and a start date. Should a youth begin prior to this authorization, the Atlantic County Office of Workforce Development reserves the right to deny reimbursement to the contracted service provider for services rendered

c) Time and Attendance:

Contracted Provider Staff are responsible for monitoring daily attendance through the customer's time and attendance sheet. All youth must sign in at the beginning of the day, document the time they leave for lunch, document the time they return from lunch and sign out at the end of the day. All signatures must also be counter-signed each day by a contracted service provider representative or worksite supervisor. A regular youth services day is from 8:30 am to 3:00 pm.

d) WIOA Youth Program Elements and the ISS:

The preliminary Individual Service Strategy (ISS) will be created through interaction with the youth during the initial assessment process. Contracted program staff shall engage recruited and authorized youth in a dialogue to assess academic levels, skill levels and supportive service needs. This information will be used to create the youth's career pathway for the initial ISS. (Because the ISS is a 'living' document, modifications to the plan may be considered at the time of the monthly review.) The ISS is the youth's map to his/her career pathway and successful employment, so the youth must be engaged and intensely involved in the plan development. **Also, the original, signed ISS must be sent to the Youth Services Counselors upon completion. The contracted service provider shall keep a copy of the ISS for their files.**

Each ISS must include the following:

A. Objective Assessments that include the following:

1. Education Status
2. Basic Skills Assessment- (literacy assessment for reading and math levels)
3. Vocational Interest and Aptitudes
4. Work History
5. Career Pathway-including education and employment goals
6. Supportive Services
7. Summary of the Objective Assessment
8. Referral to Other Services

Any referrals to other services/ programs; all youth should receive career and academic counseling. Other counseling should be provided as necessary depending on the needs of the individual youth as determined through the intake process and recorded in the ISS.

B. Program Elements:

The Atlantic County Office of Workforce Development must either provide these service elements directly or through the use of the contracted service providers. The services listed below are now required by the Workforce Innovation and Opportunities Act, Section 129 (c) (2):

- Tutoring, Study Skills Training
- Alternative Secondary School Services/ Dropout Prevention and Recovery Services
- Paid and unpaid work experience (must be used when stipends are identified in the ISS)
- Occupational Education
- Contextualized education and training for a specific occupation
- Leadership Development
- Supportive Services
- Adult mentoring (for 12 months both during and after program participation)
- Follow up services
- Guidance and counseling
- Financial literacy education
- Entrepreneurial skills training
- Services that provide labor market information for in-demand industry sectors
- Preparatory activities for transition to post-secondary education and training.

Current contract language allows for 10 of the 14 program elements to be included in the ISS. Countable elements include the following: *Tutoring, alternative secondary school services, paid and unpaid work experience, occupational education, contextualized education and training, leadership development, adult mentoring, financial literacy, entrepreneurial skills training and preparatory activities for transition to post-secondary education and training.* Contracted providers can include the remaining elements in the ISS, however, in order to be counted as an **enrolled youth**, the three (3) program elements must include those listed above. All contracted service provider staff will have access to the New Jersey Workforce Innovation Notice 8-15, which provides detailed instruction on how to create an Individual Service Strategy. Program elements should be selected in response to the results of the Objective Assessment. (If incentives are offered for specific achievements, the related program element and activity must be clearly documented in the ISS. For example, the program element of tutoring is addressed through the use of academic remediation which results in the achievement of a high school equivalency diploma. The incentive for obtaining a high school equivalency diploma is \$-----.) [See WIOA Youth Incentive and Stipend Policy (DRAFT), pages 33-35]

C. Program Objectives:

Identified program elements will be addressed through the use of program services/activities that respond to the youth's identified need. Documented **program elements** will dictate the required **activities** necessary to achieve the planned **program objective**. The program objectives include a description of the service activity, the duration of the activity and the planned objective of the activity. *This area should also document the incentive that is offered for goal achievement, if one is being offered.*

Each Program Objective page must have both the youth participant signature and the contracted program staff's signature and date.

D. Signature of the participant; (Prior to the youth signing the ISS, provider staff will ensure that the youth understands and is in agreement with all aspects of the ISS.)

E. Signature of the Contracted Program Staff;

F. On a monthly basis, Contracted Program Staff and the Youthworks counselors will conduct a joint review of each youth's current ISS. The review will include a discussion regarding the progress made in each program element identified as well as the determination that a planned outcome within the youth's service strategy has been achieved. The plan review should also document any changes in circumstances or events that affect the youth's ability to participate in the WIOA program.

Each youth must be involved in the development of the Individual Service Strategy as well as any review of the ISS

e) Occupational Training:

This activity is designed to prepare youth for Industry-valued, in-demand occupations in Atlantic County and nearby areas where jobs are accessible. Training should help participants transition to employment within a career pathway designed to create a life of economic self-sufficiency. The training must include the acquisition of industry-valued workplace skills that lead to an industry-valued credential. The primary goal of this service is to prepare a foundation for youth to be 'job ready' for referral to job development/job placement as a qualified candidate for unsubsidized employment. Youth should receive relevant, short term job training that does not exceed twelve (12) months in duration. ***This training may be provided directly by the contracted service provider. For those training services that are included as a planned internal component of the contracted provider's program, a three-school search is not necessary. If, however, the youth is pursuing occupational training through the WIOA ITA grant, a three-school search is required. Selected training providers must be certified and listed on the New Jersey Labor and Workforce Development's Eligible Training Provider List. (ETPL) All ITA grant awards will occur through the One Stop YouthWorks Unit.***

f) Referral to Job Development/Job Placement:

When Contracted Service Providers identify a Youth who is job-ready, the Contracted Service Provider will complete the Job Development Referral form (page 32 of the manual) with a copy of the youth's resume and submit the referral packet to the designated Job Development/Job Placement contractor. Once the referral is received, the Job Development/Job Placement service will schedule an appointment with the youth to create a job-matching profile and conduct any additional assessments they deem necessary. **The youth will continue in the other services identified in the ISS, but will attend the job placement activity as part of his/her service hours.** The Job Development/Job Placement contracted service provider will document the youth's attendance with sign-in sign-out sheets and will provide those to the youth's contracted service provider. Job Development/Job Placement staff will notify the youth's contracted service provider when he/she is successfully placed for employment.

Youth who are pursuing an ITA grant are not required to complete a 4-week job search with Job Development/Job Placement. They will be referred to Job Development/ Job Placement upon successful completion of the occupational training program.

g) Exiting /Terminations:

Within 48 hours of a youth participant being terminated from a program, the contracted service provider must notify the Youthworks Supervisor by e-mail of the action taken and the reason for ending the youth's services. The contracted service provider will send all of the youth's timesheets, credentials, and certifications to the Youthworks Supervisor within five days of the termination.

h) Stipend Payment:

Contracted service providers shall issue payment for youth participant stipends. All stipend disbursement shall be properly documented in the youth's record for invoicing and monitoring purposes. *As stated earlier, all stipends must be documented in the ISS.* [See WIOA Youth Incentive and Stipend Policy (draft), pages 33-35.]

SECTION 6: CONTRACTED SERVICE PROVIDER RESPONSIBILITIES

A. Administrative Services: Contracted service providers shall issue payment for youth participant stipends. In addition, the contracted service provider is responsible for the development and maintenance of files.

At a minimum this file shall consist of:

- Copy of the eligibility referral packet
- Copy of initial and updated Individual Service Strategy:
- Copies of Pre-assessments and Post-assessments;
- Copies of the One Stop issued letter of "Eligibility and Service Authorization".
- Copies of Timesheets with youth and authorized contracted service provider representative signatures;
- Copies of contracted service provider performance measures and measurable skill gains which should include: issued certificates, including participant name, hours completed, date of completion/graduation and signature of designating authority and increase in EFL.
- Copy of Diploma/Recognized Equivalent/Certificate/Credential;
- Copy of incentive checks
- Copies of Job Development/Job Placement Referral Forms w/ youth signature;
- List of Supportive Services Provided (on ISS); and
- Referrals to other service agencies
- Worksite Agreements
- Copies of stipend checks
- Verification of Placement documents (post-secondary, occupational training and employment)

- B. Reporting Requirements: Bi-weekly participant timesheets with youth signatures shall be submitted to the assigned Youthworks staff no later than five (5) days after the end of the service period.
- C. Monitoring of Worksites: All work experience worksites must be approved via a Worksite Agreement. This document is attached to this guide and should be signed by the participating entity and placed in the participant file. That agreement will form the basis for the delivery of services by all involved parties. Both the worksite supervisor and participant will be expected to sign the agreement. Contracted service providers shall complete a minimum of three (3) evaluations of the worksite per contract period to remediate immediate issues and prevent termination from the work experience and/or the program.
- D. Follow-Up Post Tracking Services: Follow-up post tracking services must be conducted upon exiting program activities. The youth services counselor will look to the contracted service provider for assistance in contacting youth participants for follow-up, if needed.

SECTION 7: MONITORING OF YOUR SITE

A requirement of the Atlantic County Office of Workforce Development is monitoring all aspects of contracts/programs. This will include monthly site visits, to assess progress toward LOS enrollment, troubleshoot programmatic areas and offer additional technical assistance.

At any time during normal business hours and as often as the Atlantic County Office of Workforce Development, Internal Monitor, the United States Comptroller General, Auditor General of the State of New Jersey or the New Jersey State Department of Labor and Workforce Development may deem necessary to request that the contracted service provider make available for examination, all of its records pertinent to programs funded by the Atlantic County Office of Workforce Development. As such, the Monitoring Unit shall have access to all staff, and the right to copy any books, accounts, records (including computer records), correspondence, or other documents that pertain to current or prior participants. The One Stop also has the authority to dispatch auditors of its choosing to any site where any phase of the program is being conducted, controlled or advanced in any way tangible or intangible.

Contracted service providers are expected to create and maintain a file for a minimum of three (3) years for each participant that is enrolled in a funded program. This file shall be monitored at a minimum of once during a program year and shall consist of the following:

- a) Copy of initial and updated Individual Service Strategy;
- b) Copy of Comprehensive Assessment;
- c) Copies of Pre-assessments and Post-assessments;
- d) Copies of the Youthworks Supervisor issued "Letter of Eligibility and Service Authorization".
- e) Copies of Timesheets with youth and authorized contracted service provider representative signatures;
- f) Copy of Diploma/Recognized Equivalent/Certificate/Credential/Documents that support measurable skill gain.
- g) Copies of Job Referral Forms w/ youth signature;
- h) List of Supportive Services Provided (on ISS); and

i) Referrals to other service agencies

In order to complete reviews in a timely manner, we ask that the following be available on the day of the review:

- Appropriate staff attendance at the entrance and exit interview;
- Accessibility to customer records and copier, if needed, as well as
- Workspace for your assigned Program Monitor(s)

During this review, at a minimum, your assigned Program Monitor shall:

- Examine records and interview participants enrolled during the current Program Year 2018. These files will be randomly selected and 10% of the caseload reviewed; contracted-service providers wherein there are less than twenty (20) participants, may have up to 20% of the files reviewed.
- Interview current instructor(s);
- Conduct a facility review;
- Attend onsite classes/workshops/seminars;
- Visit work and activity sites associated with the grant; and

Contracted service providers are required to complete questionnaires in advance of the site visit. Contracted service providers are also responsible to make arrangements for the students to meet with the Program Monitor to complete questionnaires in person on the day of the scheduled visit. The monitor may request copies of resumes to verify qualification of instructor(s).

Whenever, as a result of financial and compliance audits, monitoring or procurement reviews, the One Stop determines there is a violation of a specific provision of the contracted service provider agreement, state regulation or federal statute, the contracted service provider will be notified by the Program Monitor through mail/email and asked to rectify identified citations immediately. This may consist of a monitoring report with a Corrective Action outline, a letter or other form of communication. The contracted service provider will be asked to submit a written plan to correct the violation(s). The program monitor will schedule a follow-up site visit to determine whether or not the corrective steps have been taken and the program is in compliance. Should the contracted service provider fail to respond or implement corrective action, the One Stop may choose to terminate any or all applicable existing or future agreements. If the contracted service provider has not corrected the violation(s), outstanding and future payment(s) to the contracted service provider will cease until such a time as the contracted service provider remediates the violation and provides any requested materials/documents to the Program Monitor.

In any case, each visit and the subsequent findings will be documented in the contracted service provider file and submitted to the designated authority.

SECTION 8: REIMBURSEMENT

Funding is contingent upon the availability of funds allocated to the Atlantic County Workforce Development Board under Title I of WIOA. Grant awardees will receive reimbursement for all operating costs identified in the line item budget. The maximum allowable cost is \$6,000 per participant inclusive of administrative, personnel, operating costs, miscellaneous reimbursements. **Grant awardees must enroll a sufficient number of youth in**

the program to cover monthly operating cost reimbursement based on the timeline established in the competitive bid. (60% of enrolled LOS within 180 days (6 months) of contract award and 80% of enrolled LOS within 240 days (8 months) of contract award)

Invoices are to be submitted on a Workforce Development Grant (WDG) voucher (Attachment K). This voucher shall include the: contracted service provider name, program name, contract number, month of services rendered and requested reimbursement amount and shall be attached to the required documentation, which includes, but is not limited to:

- A self-generated contracted service provider invoice
- Copies of payroll register for reimbursement of salary and fringe benefits
- Copies of purchase orders/receipts for reimbursement of operating/miscellaneous expenses
- Spreadsheet that includes: participant name, last four (4) digits of social security number and costs/payments that the youth has received from you, the contracted service provider.
- Optional Incentive Reimbursement Criteria: Receipt of purchase of gift card or copy of check provided to youth attached to the invoice with documentation to support incentive payment. (Example: youth receives
- Grant Funded Supportive Services Reimbursement Criteria: Receipt of supportive service provided.
- Invoices marked “paid” from subcontracted training contracted service providers that indicate the training title, participant name, service and cost.

Final payment will not be made until all required documentation has been received by the Atlantic County Office of Workforce Development. Awarded contracted service provider(s) are expected to invoice in 30 day intervals. Atlantic County Government/Atlantic County WDB reserves the right to review and de-obligate funds quarterly, based on an analysis of year-to-date expenditures on any given quarter.

| | | | | | |
|--|--|---|--------------|---|---------------|
| NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM <small>and partner of the American Job Center network</small> | | | | Today's Date ____/____/____ | |
| <u>UNDERLINED</u> SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED.. | | | | | |
| SSN# ____ - ____ - ____ ____ | | Date of Birth ____/____/____ MM/DD/YYYY | | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Last Name | | First Name | | Middle Initial | |
| Street | | City | State | ZIP Code | County |
| Phone #: () _____ Alt. Phone # () _____ | | Email: | | Contact Preference <input type="checkbox"/> Postal <input type="checkbox"/> E-mail <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alt. Phone | |

Invoices shall be mailed to the Monitoring Unit, Atlantic County One Stop Career Center, 2 South Main Street, 2nd Floor, Pleasantville, NJ 08232.

| | |
|--|---|
| <p>Ethnic Heritage <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to disclose</p> <p>Race <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> I choose not to disclose</p> | <p>Marital and Family Status (choose all that apply) <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> unmarried</p> <p>Household <input type="checkbox"/> one-parent <input type="checkbox"/> two-parent <input type="checkbox"/> not a family member(single) <input type="checkbox"/> other (dependent, child) <input type="checkbox"/> optional: pregnant</p> |
| <p>School Status In-school: <input type="checkbox"/> HS/secondary or Less <input type="checkbox"/> alternative <input type="checkbox"/> HS/Post-secondary Not attending school: <input type="checkbox"/> HS dropout <input type="checkbox"/> HS grad/equivalent <input type="checkbox"/> 16 or younger and did not attend last school year quarter</p> | <p>Employment Status (choose one) <input type="checkbox"/> employed <input type="checkbox"/> not employed <input type="checkbox"/> employed but received notice of termination <input type="checkbox"/> not employed and not seeking work If employed are you working (choose one) <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> seasonal/temporary <input type="checkbox"/> self-employed If not employed and homemaker: <input type="checkbox"/> Receiving support from spouse/former spouse <input type="checkbox"/> Not receiving support from spouse/former spouse</p> |
| <p>Education Level (Choose highest level only) <input type="checkbox"/> no grade <input type="checkbox"/> ____ Yrs completed, (1-11) no diploma <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> 12th grade, HS grad <input type="checkbox"/> HS equivalency <input type="checkbox"/> disabled w/ Cert. IEP</p> | <p>US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident or Exp.Date: _____ Alien Reg.# (if applicable): _____</p> |
| <p>Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and specify your type of disability: hearing; vision; mental; mobility; cognitive//DD; learning; chronic health]</p> | |
| <p>Migrant Seasonal Farmworker <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, choose one: <input type="checkbox"/> migrant seasonal farmworker <input type="checkbox"/> migrant farmworker <input type="checkbox"/> migrant food process worker <input type="checkbox"/> dependent of migrant seasonal farmworker <i>Farmwork Type:</i> <input type="checkbox"/> food processing <input type="checkbox"/> production and services</p> | |
| <p>Selective Service (<i>Males born on or after 1/1/1960 only</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Selective Service # _____</p> | <p>Native Language <input type="checkbox"/> English <input type="checkbox"/> other - specify: _____</p> |
| <p>Housing (choose one) <input type="checkbox"/> foster child <input type="checkbox"/> aged out of foster care <input type="checkbox"/> homeless <input type="checkbox"/> runaway <input type="checkbox"/> own home <input type="checkbox"/> rent <input type="checkbox"/> choose not to disclose <input type="checkbox"/> none of the above apply</p> | <p>Military Service <input type="checkbox"/> Yes - branch: _____ <input type="checkbox"/> No If Yes, use DVOP Checklist <input type="checkbox"/> campaign veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> active duty <input type="checkbox"/> transitioning vet <input type="checkbox"/> discharged <input type="checkbox"/> retirement <input type="checkbox"/> other eligible <input type="checkbox"/> active service - from _____ to _____ <i>Service Disability</i> <input type="checkbox"/> disabled <input type="checkbox"/> not disabled <input type="checkbox"/> special disabled</p> |

Certificate/Special Licenses

Certificate/License _____ Issued by _____
 Date issued ____/____/____ State _____ Country _____
Education/course of study _____ Degree _____
 School _____ State _____ Country _____

Driver License

License No Yes State _____
Type CDL-A CDL-B CDL-C Auto
 Moped **Transportation** I own a vehicle
 I have insurance _____
 I have access to: vehicle motorcycle bus/ rail none
 other _____

Endorsements
 passenger transport motorcycle
 hazardous materials tank vehicle school
 bus doubles/triples tank hazards
 air brakes

*I attest that the information provided is true and accurate. Any misrepresentation may be grounds for termination from program(s).
 I also understand that being eligible for services and/or training does not necessarily entitle me to service/training.*

Applicant Signature _____
 Date _____ Parent/Guardian* _____ Date _____
 Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18
 only

Staff use only

| | | | |
|--|--|---|---|
| <input type="checkbox"/> WIOA Adult Worker <input type="checkbox"/> WIOA Dislocated Worker <input type="checkbox"/> WDP Grant (Specify: _____) | <input type="checkbox"/> TAN <input type="checkbox"/> F | Assistance start date _____ Case # _____ | Income Status <input type="checkbox"/> 100% LLSIL <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Local Priority (Specify): _____ |
|--|--|---|---|

| | |
|--|----------------------------|
| Barriers to Employment <input type="checkbox"/> Youth In/Aged out of Foster Care <input type="checkbox"/> Indian/Alaska native/Native Hawaiian <input type="checkbox"/> Within 2yrs of TANF exhaustion Individual <input type="checkbox"/> ELL/Lower Level Literacy <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Eligible MSFW <input type="checkbox"/> Substantial Cultural Barriers <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Long-Term Unemployed <input type="checkbox"/> Single Parent <input type="checkbox"/> Disability <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Older | WDB (County) Code _____ |
|--|----------------------------|

| | | |
|--|---|----------------------------|
| <input type="checkbox"/> WIOA Youth ISY <input type="checkbox"/> WIOA Youth OSY <input type="checkbox"/> Low-Income <input type="checkbox"/> High Poverty Area <input type="checkbox"/> 5% Limitation | Additional Info <input type="checkbox"/> Underemployed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Interested in Nontraditional Employment | AOSOS ID#: _____ |
|--|---|----------------------------|

| | |
|---|---|
| OSY <input type="checkbox"/> Foster Youth <input type="checkbox"/> Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Not Attended Last Q <input type="checkbox"/> Offender <input type="checkbox"/> Low Income AND Basic Skills Deficient Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Low Income AND youth who Requires Add'l Assistance ISY <input type="checkbox"/> Low-Income AND <input type="checkbox"/> BSD <input type="checkbox"/> English Language Learner <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Youth <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> Disability <input type="checkbox"/> Youth who Requires Add'l Assistance | Referral Source <input type="checkbox"/> DVRS <input type="checkbox"/> LWD <input type="checkbox"/> UI <input type="checkbox"/> Public Assistance Agency <input type="checkbox"/> CBO/FBO <input type="checkbox"/> Self <input type="checkbox"/> Other Local Area <input type="checkbox"/> CSBG <input type="checkbox"/> Employer <input type="checkbox"/> HUD <input type="checkbox"/> Adult Education <input type="checkbox"/> Library <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Public Education <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Re-entry/Second Chance Program <input type="checkbox"/> Displaced Homemaker Program <input type="checkbox"/> Family Success Center <input type="checkbox"/> MSFW Grantee |
|---|---|

ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT

2 South Main Street, 2nd Floor, Pleasantville, NJ 08232

Telephone: (609) 485-0052 Fax: (609) 485-0067

'a proud partner of the American Job Center network'

**WIOA Youth Programs
(Workforce Innovation & Opportunity Act)
Program Eligibility Pre-Screening Form**

Contracted service provider Name _____ Youth Participant Name _____

The purpose of this form is to assist with expediting the program eligibility process. The form should be completed by the contracted service provider and the youth applicant and submitted to the ACOWD case-manager.

WIOA Regulations state a youth must be one or more of the following (please check all that apply):

- A youth who is a high school drop-out who is either basic skills deficient or an English language learner
- A youth who has earned their high school diploma or its recognized equivalent who is a low income individual and is either basic skills deficient or an English language learner
- A youth who is subject to the juvenile or adult justice system or is a past offender
- A youth who is homeless
- A youth who is a runaway
- A youth in foster care or has aged out of the foster care system
- A youth eligible for assistance under sec. 477 of the Social Security Act or in an out-of-home placement
- A youth Is pregnant or parenting
- A youth with a disability
- A low income youth who requires additional assistance to enter or complete an educational program or to secure or hold employment

WIOA Regulations require youth to submit the following eligibility documents. Failure and/or delay to submit the documents will result in a delay of the eligibility process (please check all documents that have been submitted):

- Birth Certificate for Applicant and any Dependent Children
- Social Security Card (applicants under the age of 18 yr. must submit a SSC for their parent /guardian)
- Valid Government Issued / High School Photo ID (applicants under the age of 18 yr. must submit ID for their parent /guardian)
- If applicable, Work First New Jersey Referrals
- Proof of Income for the past 6 months - Pay stub, W-2, Welfare, Unemployment, Social Security printout, etc. (applicants under the age of 18 yr. must submit income for their parent /guardian)
- Proof of Current Address (copy of lease, utility bill, letter from homeowner)

Note: The following documents have not been submitted. Your eligibility process is placed on hold until we receive:

Contracted service provider Signature

Youth Participant Signature

Date

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Letter of Youth Income Eligibility and Service Authorization

(Contracted Youth Service Provider Name)

(Date)

(Assigned YouthWorks Staff Person)

(NJ #)

Dear Sir or Madam:

_____ attended the In-School/Out-of-School Youth Eligibility session scheduled for _____.
(Youth's Name) (Circle One) (Session Date)

All required eligibility documentation is accounted for. All eligibility forms are completed.

_____ successfully completed the literacy assessment held on this date.
(Youth's Name)

Literacy Assessment Score: _____

The resulting scores for the academic assessment find that this youth is or is not Basic Skills Deficient.
(check one)

Youth Eligibility Barrier

- School Dropout No Attendance most recent school year calendar quarter
- High School Diploma, low income, Basic Skills Deficient or English language learner An offender
- Homeless individual Individual in foster care or who has aged out of foster care Pregnant or Parenting
- Individual with a disability Low income individual who requires additional assistance.

This letter confirms that _____ is income eligible on receipt of eligibility forms, literacy forms and intake forms. This youth may begin the enrollment process into the (In-School/ Out of School) youth program upon receipt of completed, signed and approved ISS.
(Circle One)

Time sheets should only be submitted after the contracted provider receives a completed, signed and approved ISS.

(YouthWorks Supervisor)

(Date)

Atlantic County Office of Workforce Development
Individual Service Strategy

Participant Name: _____ AOSOS Registration No.: _____

Birth Date: _____ Residence/ Community: _____

Education Status:

In-School

Out-of-School Drop-out Date _____ High School Grad GED/HSE Recipient Last Grade Completed: __

YouthWorks Staff Assigned: _____

OBJECTIVE ASSESSMENT

Basic Skills:

Assessment Instrument: _____ Requires Remediation: Yes No

Pre-Test Scores: Math Grade Level: _____ Reading Grade Level: _____

Post Test Scores: Math Grade Level: _____ Reading Grade Level: _____

Vocational Interests and Aptitudes:

Assessment Instrument: _____ Date: _____

Results: _____

Work History:

Employer: _____ Dates: _____

Duties Performed: _____

Work History:

Employer: _____ Dates: _____

Duties Performed: _____

Atlantic County Office of Workforce Development
Individual Service Strategy

Career Pathway:

Education Goal(s):

Employment Goal(s):

Supportive Services Needed:

Objective Assessment Summary

(Summarize the information documented to present an overall picture of participant)

Referral to Other Services

Date _____ Agency _____

Reason: _____

Referral to Other Services

Date _____ Agency _____

Reason: _____

Referral to Other Services

Date _____ Agency _____

Reason: _____

Atlantic County Office of Workforce Development
Individual Service Strategy

Program Elements

Based on the objective assessment, documented on pages 1 and 2, please check which of the 14 required program elements will be provided to the participant. (*NOTE: not all elements are required for each participant. Follow-up services will be documented by YouthWorks Staff.*)

- Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized postsecondary credential.
- Alternative secondary school services, or dropout recovery services, as appropriate;
- Paid and unpaid work experiences that have as a component academic and occupational education, which may include:
 - a) Summer employment opportunities and other employment opportunities available throughout the school year;
 - b) Pre-apprenticeship programs;
 - c) Internships and job shadowing; and
 - d) On-the-job training opportunities;
- Occupational skill training, which may include priority consideration for training programs that lead to recognized postsecondary credentials that are aligned with in-demand industry sectors or occupations in the local area;
- Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;
- Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors as appropriate;
- Supportive services;
- Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months;
- Follow-up services for not less than 12 months after the completion of participation as appropriate;
- Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral as appropriate;
- Financial literacy education;
- Entrepreneurial skills training;
- Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling and career exploration services;
- Activities that help youth prepare for and transition to postsecondary education and training;

Atlantic County Office of Workforce Development
Individual Service Strategy

Program Objectives

Based on the program elements identified, state the ISS objectives in specific, time-framed, measurable and outcome-oriented terms. Include as appropriate academics, employment opportunities, career development, leadership development, supportive services and other services specific to the contractor’s program design. **Any planned incentives must be documented in this section.** (NOTE: The contracted provider or the YouthWorks Staff, depending on who has primary case management responsibility for the youth, is responsible for regularly reviewing and updating the ISS as changes occur and participant’s progress through the program. At a minimum, monthly ISS reviews must be provided to ensure participant goals are being achieved.)

Use a separate sheet for each program objective.

Program Service Activity: _____
Days and Hours Assigned: _____
Start Date: _____ Completion Date: _____

Contracted Service Provider or YouthWorks Staff Notes – Documentation to relate program objectives to program elements and Career Pathway Goals.

YOUTH UNDERSTANDING AND AGREEMENT

- 1) I have participated in the preparation of this Individual Service Strategy (ISS).
- 2) I understand and agree with the ISS program elements established for my participation in the program.
- 3) I agree to participate in program activities as assigned by my case manager to achieve program objectives.
- 4) I understand WIOA is not an entitlement program and this ISS does not guarantee receipt of any services.
- 5) I understand that this ISS and/or information in it may be released to appropriate WIOA and school personnel.
- 6) I understand that I have the right to obtain a copy of my ISS at any time.

Age at Program Participation: _____

Participant’s Signature: _____ Date: _____

Contracted Youth Counselor or YouthWorks Staff Person Signature: _____ Date: _____
(Circle One)

NOTE: THIS PAGE MUST CONTAIN BOTH SIGNATURES WITHIN ONE WEEK OF THE REPORTED PROGRAM PARTICIPATION DATE.

Atlantic County Office of Workforce Development
Individual Service Strategy

Monthly Review _____

(YouthWorks Staff Person must initial and date)

Atlantic County Office of Workforce Development
Individual Service Strategy

FOLLOW-UP NOTES

The YouthWorks staff is responsible for providing follow-up services for a minimum of 12 months after program participation. Contact must be provided and documented monthly for WIOA participants and in 6 month intervals for youth participants to ensure performance measures and participant goals are being achieved. Please include month/day/year for each entry.

1st Month After Exit Date _____

2nd Month After Exit Date _____

3rd Month After Exit Date _____

4th Month After Exit Date _____

5th Month After Exit Date _____

6th Month After Exit Date _____

Atlantic County Office of Workforce Development
Individual Service Strategy

7th Month After Exit Date _____

8th Month After Exit Date _____

9th Month After Exit Date _____

10th Month After Exit Date _____

11th Month After Exit Date _____

12th Month After Exit Date _____

ADDITIONAL NOTES:

Work Activity: _____

Bi-Weekly Sign In/Sign Out Sheet

Program Vendor: _____

Address: _____

Counselor: _____

Phone: _____

(Check one)

WFNJ

OSY

E&T

Adult

Dislocated

Work Site: _____

Address: _____

Supervisor: _____

Phone Number: _____

Fax Number: _____

Participant

SSN: (last four numbers) **XXX-XX-** _____

Case No.: _____

| Sign In Signature | Day | Date | Time In | Lunch Out | Lunch In | Time Out | Total Hours | Sign Out Signature | Supervisors Initials |
|-------------------|-----------|------|---------|-----------|-----------------|--------------------|-------------|--------------------|----------------------|
| | Sunday | | | | | | | | |
| | Monday | | | | | | | | |
| | Tuesday | | | | | | | | |
| | Wednesday | | | | | | | | |
| | Thursday | | | | | | | | |
| | Friday | | | | | | | | |
| | Saturday | | | | | | | | |
| | | | | | Week # 1 | Total Hours | | | |

| Sign In Signature | Day | Date | Time In | Lunch Out | Lunch In | Time Out | Total Hours | Sign Out Signature | Supervisors Initials |
|-------------------|-----------|------|---------|-----------|-----------------|--------------------|-------------|--------------------|----------------------|
| | Sunday | | | | | | | | |
| | Monday | | | | | | | | |
| | Tuesday | | | | | | | | |
| | Wednesday | | | | | | | | |
| | Thursday | | | | | | | | |
| | Friday | | | | | | | | |
| | Saturday | | | | | | | | |
| | | | | | Week # 2 | Total Hours | | | |

Start Date: _____ (REQUIRED)

Participant Signature

Date

WORKSITE DATA

FORM A—Required

Photocopy form as needed

Agency Name: _____

Agreement Number: _____ Date: _____

III. OFFICE OF THE STATE COMPTROLLER – FOURTEEN REQUIRED CONTRACTUAL ELEMENTS

The Employer shall agree that throughout the term of this Agreement it will comply with and remain in compliance with all of the required contractual elements as identified by the New Jersey Office of the State Comptroller and as presented in the summary below:

- 1) assurance of compliance with Federal and New Jersey Child Labor Laws and agreement to prominently display a Child Labor Law poster in its building;
- 2) assurance of compliance with Title VI and VII of Civil Rights Act of 194, as amended, and Executive Order 11246 - Equal Employment Opportunity. The Employer agrees not to discriminate based on race, creed, color, national origin, sex, age, political affiliation, belief, or disability/handicap.
- 3) assurance of compliance with applicable Federal and State minimum wage laws and the Fair Labor Standards Act of 1938;
- 4) assurance of compliance with health and safety standards established under Federal and New Jersey law otherwise applicable to working conditions of youth employees;
- 5) assurance of Employer compliance with workers compensation law (if workers compensation law does not apply, insurance coverage **must** be secured for potential injuries suffered by youth in the course of their work experience);
- 6) assurance that the youth **will not** displace (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits) of any currently employed employee;
- 7) assurance that the youth **will not** be employed in a job if any other individual is on a layoff from the same or any substantially equivalent job;
- 8) assurance that the youth **will not** be employed in a job if the Employer has terminated the employment of any regularly employee or reduced the workforce of the Employer with the intention of filling the vacancy so created with the participating youth;
- 9) assurance that the youth **will not** be employed in a job that will infringe in any way upon the promotional opportunities of currently employed individuals;
- 10) assurance that the employment of a youth **will not** impair an existing contract for services or collective bargaining agreement. Written concurrence of the labor organization and the Employer is needed for youth employment activities that are inconsistent with the terms of the collective bargaining agreement;
- 11) assurance that youth **will not** be employed in a job that includes the construction, operation, or maintenance of any part of any facility used or to be used for religious instruction or as place for religious worship;
- 12) assurance that no youth will be placed at a worksite if a member of that youth's immediate family is directly supervised by or directly supervises that individual;

- 13) assurance that no youth funded with resources derived from the American Recovery and Reinvestment Act will be placed at a casino or other gambling establishment, aquarium, zoo, golf course or swimming pool; and
- 14) assurance that a statement of purpose will be provided explaining the benefits that each participant should gain from their work experience.

Directions

- 1. Complete a separate form for each job title being requested
- 2. Sign & Date
- 3. File Form: Original at Local Office. Copy at Worksite.

| | |
|-----------------------|---|
| YOUTH JOB DATE | NOTE: Youth under the age of 18 must take a 30-minute period after 5 consecutive hours of work |
|-----------------------|---|

Job Title: _____ Number of Positions Requested: _____
 Hourly Wage: \$ _____ Hours per Week: _____ Daily Hours: From _____ To _____
 Days Scheduled to Work (mark all that apply) Monday Tuesday Wednesday Thursday Friday
 Direct Supervisor: _____ Phone: _____
 Alternate Supervisor: _____ Phone: _____

OCCUPATIONAL SKILLS & RESPONSIBILITIES

Job Duties:

Special Equipment Used on the Job

Work Principles that will be Learned

| | |
|--|---|
| Age Qualifications: (check all that apply) <input type="checkbox"/> Less than 16 <input type="checkbox"/> 16 to 17 <input type="checkbox"/> 18 or older | Position Qualifications: |
|--|---|

Required as a condition of hire: Drug Screening Background Check Fingerprinting Physical

Describe inclement weather provisions (if applicable)

AUTHORIZATION/CERTIFICATION

I certify that the above Worksite Data is accurate and complete.

 Provider Representative Signature Title Date

PROVIDER TERMS

FORM B—Sample
Photocopy Form as needed

Agency Name: _____

Agreement Number: _____

Date: _____

Directions:

1. Complete a separate form for each youth serving in a work experience
2. Sign & Date
3. File Form: Original at Local Office. Copy at Worksite.

... No Youth May Begin Work until an Authorizing Signature and Start Date are Entered Below ...

I have interviewed and will employ the below named youth who was referred to me by your office as participant of the youth work experience program.

Name of Youth: _____

Anticipated Start Date: _____ Anticipated End Date: _____ Hours per Week: _____

Job Title: _____ Wage Rate: \$ _____

Working Papers Required: Yes No, youth is over 18 years of age. (attach a copy if required)

As the Provider, I agree to provide the youth with an orientation to my workplace on or before their first day of work. The orientation will include, but will not necessarily be limited to, expected job duties and assignments; workplace safety rules/requirements; policies regarding attendance/lateness; disciplinary action policies; wage rates and paycheck distribution dates; procedures for reporting off from work; and other related personnel policies in your business/organization. I will obtain sign-off from the youth participant indicating they have received such an orientation and submit a **COPY** of that sign-off form to the Sponsor.

I understand that in order to receive reimbursement for the youth’s wage and fringe benefits that I must submit a W-9 Form; **and** either a New Jersey Business Registration Form or a Public Entity/Non-Profit Status Certification Form as appropriate to my business/organization.

AUTHORIZATION/CERTIFICATION

I certify that I have read the required contractual elements as identified by the New Jersey office of the State Comptroller and that my business /organization is in compliance with/will comply with the fourteen elements listed thereon.

As the authorized person in this agency, I have read and agree to the terms set forth in this worksite agreement and will submit/attach my W-9 and New Jersey Business Registration or Public Entity/Non-Profit Status Certification Form to the worksite agreement.

Provider Representative Signature

Title

Date

| | |
|---------------------------------|-------|
| FOR OFFICIAL USE ONLY | |
| Review & Approved By: | _____ |
| Youth Authorized to Start Work: | _____ |

YOUTH TERMS

FORM C—Sample

Agency Name: _____

Agreement Number: _____ Date: _____

Directions

1. Complete a separate form for each job title being requested
2. Sign & Date
3. File Form: Original at Local Office. Copy at Worksite.

YOUTH JOB DATE

NOTE: Youth under the age of 18 must take a 30-minute period after 5 consecutive hours of work

Job Title: _____ Number of Positions Requested: _____

Hourly Wage: \$ _____ Hours per Week: _____ Daily Hours: From _____ To _____

Days Scheduled to Work (mark all that apply) Monday Tuesday Wednesday Thursday Friday

Direct Supervisor: _____ Phone: _____

Alternate Supervisor: _____ Phone: _____

OCCUPATIONAL SKILLS & RESPONSIBILITIES

Job Duties:

Special Equipment Used on the Job

Work Principles that will be Learned

Required as a condition of hire: Drug Screening Background Check Fingerprinting Physical

Describe Inclement Weather Provisions (if applicable)

YOUTH AUTHORIZATION/ CERTIFICATION

I hereby acknowledge that I have read, understood, and agree to the terms of the above work experience.

Printed Name: Youth Participant

Signature: Youth Participant

Date

PARENT/GUARDIAN CONSENT

I am the parent/guardian of the above named youth and grant permission for program participation.

Printed Name: Parent/Guardian

Signature: Parent/Guardian

Date

PROVIDER AUTHORIZATION/CERTIFICATION

I hereby acknowledge that I have reviewed the terms of the work experience with the above named youth.

Printed Name: Provider Representative

Signature: Provider Representative

Date

JOB DEVELOPMENT REFERRAL

PART I.

Date Referred: _____ Customer Name: _____

Customer E-mail: _____ Customer Phone #: _____

From: Adult Dislocated Youth Other AOSOS ID Number: _____

SNAP TANF GA Case Number: _____

Referred By: _____ E-mail Address: _____

Referred to: _____ Stockton University Atlantic City Chamber

To be completed by the Atlantic County Office of Workforce Development

Incentive Eligibility: WFNJ OJT Yes No

PART II.

The above named customer has been accepted or declined. Give reason if customer declined:

| | | | |
|--------------------|------|---------------------------------|------|
| Customer Signature | Date | Agency Representative Signature | Date |
|--------------------|------|---------------------------------|------|

PART III.

The above named customer has completed the required 4 week job search . The customer was unable to find suitable and sustainable employment during that time. Please give details that prevented customer from finding employment (i.e. Lacking skills or experience, in need of training, or not employable due to ...). Provide all documentation for customer's activity (i.e. work search records and/or interviews scheduled).

The above named customer is being exited from our program as of _____ because:

(employer) _____ whose address is _____ . The supervisor is _____ . The date of hire was _____ , with a starting salary of _____ hr. The job title is _____ and the total hours worked per week is _____ .

Vendor use only

| | Vendor Initials | Date of Contact | Name of Employer Representative Contacted |
|---------------------------------|-----------------|-----------------|---|
| <input type="checkbox"/> 30 Day | _____ | _____ | _____ |
| <input type="checkbox"/> 60 Day | _____ | _____ | _____ |
| <input type="checkbox"/> 90 Day | _____ | _____ | _____ |

ATLANTIC COUNTY OFFICE OF WORKFORCE DEVELOPMENT

2 South Main Street, 2nd Floor, Pleasantville, NJ 08232

Telephone: (609) 485-0052 Fax: (609) 485-0067

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WIOA Youth Incentive and Stipend Policy (DRAFT)

Purpose: The Workforce Innovation and Opportunity Act (WIOA) allows funding for eligible youth to be used as incentives to recognize achievement in identified workforce development programs. The Atlantic County Workforce Development Board and the Atlantic County Office of Workforce Development has developed this policy as required by WIOA Section 129 and 20 CFR 681.640, which states that “incentive payments to youth participants are permitted for recognition and achievement directly tied to training activities and work experiences. The local program must have policies and procedures in place governing the award of incentives and must ensure that such incentive payments are tied to the goals of the specific program; outlined in writing before the commencement of the program that may provide incentive payments; align with the local program’s organizational policies; and are in accordance with the requirements contained in 2 CFR 200.” (See also TEGL 21-16 and NJWIN 1-17)

[NOTE: USDOL makes the reference to Uniform Guidance at 2 CFR 200 to emphasize that while incentive payments are allowable under WIOA, the incentives must be in compliance with the Cost Principles in 2 CFR 200. For example, federal funds cannot be spent on the cost of entertainment. Therefore, incentives must not include entertainment, such as movie or sporting event tickets or gift cards to movie theaters or other venues whose sole purpose is entertainment. Additionally, there are requirements related to internal controls to safeguard cash, which also apply to safeguarding of gift cards, which are essentially cash.]

DEFINITIONS

Incentive: An incentive is a payment to an *enrolled youth participant* who is actively working toward the goals and objectives of his Individual Service Strategy (ISS). The incentive must be linked to an achievement and must be related to a training and/or education activity that specifically addresses at least one of the required Youth Program elements. Such achievements must be documented in the youth’s ISS as the basis for an incentive payment.

Incentives must be for recognition of achievement of milestones in the program tied to work experience, education, or training. Achievement of milestones could include improvements marked by attainment of a credential, increased EFL, or other successful outcomes defined in the ISS.

Use of incentives for recruitment, submitting eligibility documentation or general participation in the program is not allowed with WIOA funds.

The following is the list of achievements that qualify for incentive payment:

- 1) A youth participant who is Basic Skills Deficient who improves his/her EFL by one (1) or more levels.
[\$50 incentive for each area- Reading and Math]
Required documentation: Copy of youth's pre and post-test for math and reading from either TABE or CASAS.
- 2) A youth who passes the high school equivalency exam.
[\$100 for achievement of high school diploma]
Required documentation: Copy of youth's high school diploma and transcript.
- 3) A youth who receives an industry-valued credential as a result of occupational training while in the program or within 12 months of exit.
[\$100 for industry-valued credential]
Required documentation: Copy of industry-valued credential and validation that credential is on the Industry-Valued Credential List.
- 4) A youth who enrolls in postsecondary education and completes his/her first semester of classes.
[\$100 for enrollment and completion of one (1) semester of postsecondary education]
Required documentation: Transcript from postsecondary institution documenting the completion of one (1) semester.
- 5) A youth who obtains unsubsidized employment and retains that employment for six months.
[\$100 for continuing employment with the same employer for six (6) months]
Verification of start date of employment and continuing employment for six (6) months signed by youth's employer or his/her representative.
- 6) A youth who obtains unsubsidized employment and retains that employment for twelve months.
[\$200 for continuing employment with the same employer for twelve (12) months.]
Verification of start date of employment and continuing employment for twelve (12) months signed by youth's employer or his/her representative.

Receipt of youth incentives must also be documented by a signed form that the youth participant (ages 18-24) understands what activities are prohibited (entertainment), or the parent or guardian (ages 16-17) signs the same on behalf of the minor participant.

Fiscal Procedures for Incentives

Providers may provide financial incentives (gift cards or checks) in one of two ways:

- 1) Providers may award the incentive directly to the youth in the form of a gift card or check then request reimbursement from the Atlantic County Office of Workforce Development through the monthly invoicing process;
- 2) Providers may submit the required supportive documentation to the Atlantic County Office of Workforce Development and request incentive payment through the county's check-writing process.

If providers elect to award the incentive directly, the following process must be followed:

a) If using a gift card:

- Maintain a log which includes date purchased, type of gift card (bank/visa), amount, bar code ID number, issued to, issued by;
- Receipt of gift card signature form which will include- Participant's name, reason for giving gift card, date received, type of gift card, amount, the bar code number, written signature and printed name of received by and issued by;

- Copy front and back of gift card;
- Signed acknowledgement of prohibited activities
- Attach copy of the gift card to the receipt;
- Retain copy of record in participant's master file and in the provider's fiscal office file;

b) If writing a check:

- Provide a copy of the check that includes the name of the youth, amount of the check, reason for incentive payment, date of payment and signature of provider accompanied by a copy of the required documentation for that incentive.
- Signed acknowledgement of prohibited activities

2) Atlantic County Office of Workforce Development processing:

- Provide a completed copy of the invoicing form with attached required documentation to request an incentive check for youth achievement. Incentive form should include the date, name of the youth, the amount of the check and the reason for the incentive payment. A copy of the required documentation should be attached to the signed form.
- The provider should also provide a copy of the signed acknowledgement of prohibited activities

Stipend: A stipend, as defined in NJWIN 1-17, is a fixed, regular, small payment made to a youth to encourage participation in a WIOA Youth program. Reasonable stipends are allowable expenditures for *unpaid work experience* for youth when the provision of stipend is included in the participant's ISS and is a budgeted line item within the provider's current contract award.

Within the current RFP, the Atlantic County Office of Workforce Development has established the current stipend level at a minimum of \$8.00 per hour for unpaid work experience identified within the youth's ISS. Stipends must be supported by daily time sheets signed by both the youth and the provider's counselor or work site supervisor and the associated ISS.