

# P2E CalJOBS<sup>SM</sup> Participant Training Webinar Series

## Part 2A: Title I Application and Participation

# Housekeeping



**Sign In – Name and Organization**



**Adobe Connect 'Questions' Pod**



**Adobe Connect 'Resources' Pod**



**PDF Slide Decks**

# Agenda

**Day 1 – Monday, Sept 23**

**9:30AM – 11:30AM**

- Introduction to CalJOBS and system navigation
- Customization and navigation tips and tricks
- Completing Individual Registration

# Agenda

**Day 2 – Tuesday, Sept 24**

**9:30AM – 11:30AM**

- Completing the WIOA Title I Program Application
- Creating Participation

***LUNCH BREAK***

***11:30AM-1:00PM***

**Day 2 – Tuesday, Sept 24**

**1:00PM – 2:30PM**

- Completing the Individual Employment Plan (IEP)
- Adding Activity Codes and Case Notes
- Case Assignment and System Alerts
- Participant Reports

# Agenda

**Day 3 – Thursday, Sept 26**

**9:30AM – Noon**

- Tracking Credential Attainment and Measureable Skill Gains
- Closing activities and using the Closure Form
- Program Exit and Follow Ups
- Participant Reports

# **Data Directive and Reporting Requirements Webinar**

State funding requirements, capturing and reporting data, P2E activity codes, new data fields, quarterly reports

**Friday, September 27, 2019  
10:00-11:30 am (PST)**

**Contact Angela Mendibles to register at  
[angela.mendibles@cwdb.ca.gov](mailto:angela.mendibles@cwdb.ca.gov)**

# Part 2A Objectives

- Discuss the WIOA Title I Application
- Demonstrate how to complete the Title I Application for P2E
- Discuss Participation/Enrollment
- Demonstrate how to create Participation

# **WIOA Title I Application**

# What is the Title I Application?

Completing the WIOA Title I Application gives individuals access to a wide range of services available through Title I Workforce Development programs as well as DOL partner programs and special grant programs.

Staff complete the application form with required data fields that collect information on the user and **establish eligibility for programs**.

A Title I Application is required for **all** participants in your program and is **separate** from Individual Registration and the Title III Wagner-Peyser Application in CalJOBS.

# What Data is Collected in the Title I Application?



Fill out the information below to complete this section of the application.

## Title I - Workforce Development (WIOA)

1 / 11



Intro

Contact

Demographic



✓ Intro

✓ [Veteran](#)

✓ [Public Assistance](#)

✓ [Miscellaneous](#)

✓ [Contact](#)

✓ [Employment](#)

✓ [Barriers](#)

✓ [Eligibility Summary](#)

✓ [Demographic](#)

✓ [Education](#)

✓ [Household and Income](#)

# CalJOBS Business Rules

## 30-Day Lock-Down

### Application Date

- Cannot be backdated beyond 30 days
- Cannot be greater than today's date

### Eligibility Date

- Cannot precede the application date
- Cannot be greater than today's date



# CalJOBS Business Rules

## Partial save = Not enrolled

*Check the box to indicate this is a partial application. This will allow navigation to any page to fill out any information that is available. Eligibility will not be fully determined nor will the application be marked complete until the partial flag is removed and any missing information is provided.*

- Incomplete application can be completed at a later date
- Considered **not complete** and **not enrolled**
- We **do not** recommend using the partial save; simply exit the Wizard and an incomplete application will be saved for you to go back and complete.

# CaJOBS Business Rules

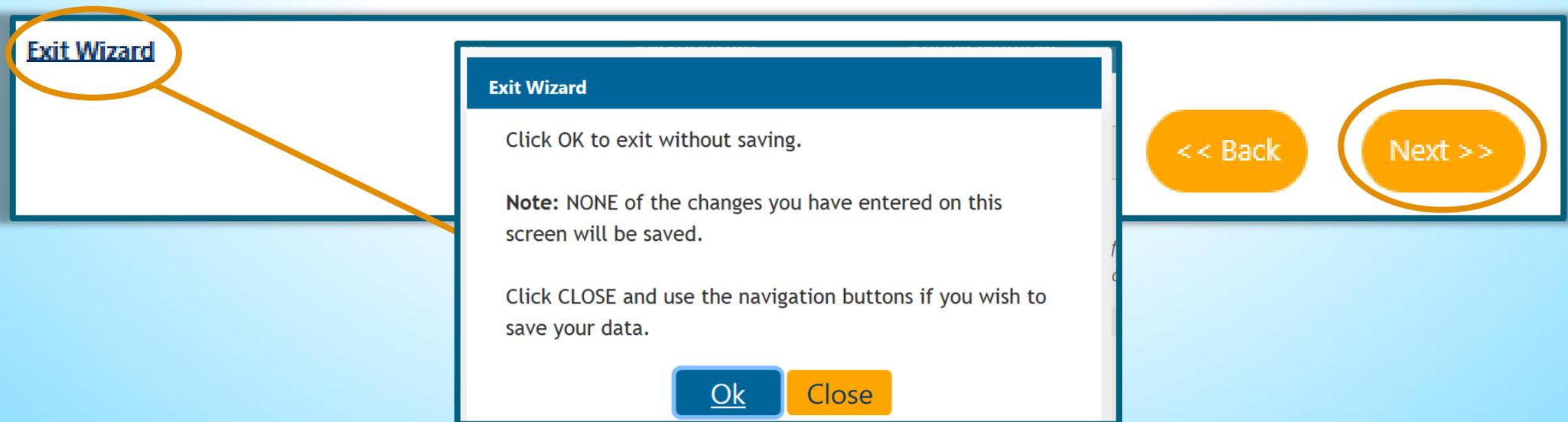
## Exit Wizard vs. “Next”

### Exit Wizard

Data entry on current screen will not be saved

### “Next” Button

Saves application up to current screen



# P2E Program Eligibility

- Youth
  - 14 – 24
  - Justice-involved
- Adult
  - 18+
  - Justice-involved

# **Completing a WIOA Title I Application**

# Assisting an Individual

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers

Quick Search  
Enter Search...

My Staff Workspace

- My Staff Dashboard
- My Staff Resources
- My Staff Account
- Directory of Services

Services for Workforce Staff

- Manage Individuals
- Manage Employers
- Manage Resumés
- Manage Job Orders

CalJOBS<sup>SM</sup> Welcome to My Staff Workspace Rianna Rose.  
This page allows you to customize the content you are interested in. Click on a work item, or select another function from the menu on the left hand side.

My Staff Dashboard My Staff Resources My Staff Account Directory of Services

Saved Lists

Individuals Assisted: [Joplin, Janis \(PEARL2017\)](#), [LaTroll, Poppy \(PINKFLOWER\)](#), [Wayne, Bruce \(BRUCE WAYNE89\)](#), [Richmond, Lyndsey \(RICHMONDL16\)](#)

Employers Assisted: [Santa's Toy Shop \(SANTAHelper\)](#), [CalSTRS \(C8032926\)](#), [CALIFORNIA \(SU1\)](#)

Create an Individual

One Case Note to Multiple Individuals

Assist an Individual

My Calendar

January 2017

| S  | M  | T  | W  | T  | F  | S  |
|----|----|----|----|----|----|----|
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 1  | 2  | 3  | 4  | 5  | 6  | 7  |
| 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | 1  | 2  | 3  | 4  |

0 New Appointments  
31 Upcoming Events

Enter the Appointment Center

## Quick Assist

You have 1 saved Individual item(s) in [My Search Lists](#).

Here are the 10 most recent individuals you assisted:

Poppy, Olivia (OLIVIAPOPPY) ▾

[Assist](#)

Individuals assigned in your case load:

Leaf, November (NOVEMBERLEAVES) ▾

[Assist](#)

[ [Top](#) | [Search](#) | [Bottom](#) ]

## General Criteria

Individual Username:

Individual User ID:

- Starts with these #s  
 Matches exactly

State ID Number:

First Name:

Last Name:

SSN (last 4 digits):

SSN (full number):

Example: 999999999

Quick Search 🔍

Quick Search ⓘ

wayne,bruce



### WAYNE, BRUCE

Username: BRUCE\_WAYNE89  
User ID: 30092496  
SSN: \*\*\*-\*\*-9666  
State ID: 1001008370  
Location: HERCULES CA 94547

### WAYNE, BRUCE

Username: BWAYNE6300  
User ID: 30577740  
SSN: \*\*\*-\*\*-6300  
State ID: 1001474286  
Location: DUBLIN CA 94568

Results View: **Summary** | [Detailed](#)

To sort on any column, click a column title.

| <u>User Name</u>   | <u>First Name</u> | <u>Last Name</u> | <u>SSN</u> | <u>Vet</u> | <u>State ID</u> | <u>Last Login Date</u> | <u>RTW</u> | <u>Last Exited</u> | <u>Created</u> | <u>Action</u>  | <u>Select</u><br><input type="checkbox"/> |
|--|-------------------|------------------|------------|------------|-----------------|------------------------|------------|--------------------|----------------|--|---|
| <a href="#">BRUCE WAYNE89</a><br> SBE VETERAN | Bruce             | Wayne            | 9666       |            | 1001008370      | 02/09/2015             | N          |                    | 02/09/2015     | <a href="#">Summary Tab</a><br><a href="#">Notes Tab</a><br><a href="#">Activities Tab</a><br><a href="#">Programs Tab</a> | <input type="checkbox"/>                  |
| <a href="#">BWAYNE6300</a>   | Bruce             | Wayne            | 6300       |            | 1001474286      | 04/27/2016             | N          |                    | 02/02/2016     | <a href="#">Summary Tab</a><br><a href="#">Notes Tab</a><br><a href="#">Activities Tab</a><br><a href="#">Programs Tab</a> | <input type="checkbox"/>                  |

[Save New List](#)  
[Update Existing List](#)

**2 Records found**

Please enter any details to validate the Right to Work.

## Right to Work Verification

Documentation to Right to Work must be provided to assist this individual. Please complete the following information.

**Individual:** BRUCE WAYNE

**Current  
Citizenship:**

**USCIS (Alien  
Registration)  
Number:**

**USCIS (Alien  
Registration)  
Expiration  
Date:**   [Today](#)

Select one from each column. All documents must be unexpired.

### Documents that Establish Identity

U.S. Passport or U.S. Passport Card

### Documents that Establish Employment Authorization

U.S. Passport or U.S. Passport Card

Save

Cancel

[Remind me later](#)

# Creating a Title I Application

- Staff Profiles
  - General Profile
  - Case Management Profile
    - Case Summary
    - Programs
    - Plan
    - Assessments
  - Report Profile

[Case Summary](#)

**Programs**

[Plan](#)

[Assessments](#)

Show Summary Tabs

Poppy, Olivia

## Filter Applications:

All Applications

## Filter Activities:

Open

Closed

Voided

## Filter Programs

× Title I - Workforce Development (WIOA)

Only My Staff LWDB

Title I - Workforce Development (WIOA)

Apps: 0

[Create Title I - Workforce Development \(WIOA\) Application](#)

[Convert WIOA Pre-Application](#)



Intro

Contact

Demographic

- Intro
- Veteran
- Miscellaneous

## Workforce Innovation and Opportunity Act (WIOA)



Use the Information Icon for help in answering application questions

Application is Closed Never Enrolled

Case Application ID: 2243488

WIA Converted Application ID: Not Applicable

\* Application Date:  [Today](#)

Adult Eligibility Date:  [Today](#)

Dislocated Worker Eligibility Date:  [Today](#)

Youth Eligibility Date:  [Today](#)

Incumbent Worker Eligibility Date:

# Title I - Workforce Development (WIOA)

1 / 8

Intro

Contact

Demographic

- Intro
- Veteran
- Miscellaneous

\* **LWDB:** Golden Sierra Job Training Agency

\* **Office Location:** 16028 El Dorado County

\* **Office Location of Responsibility:** 16028 El Dorado County

**Agency Code:** - [Select Agency Code](#)

**Create Date:** 8/19/2019 4:18 PM

**Created By:** Bridges, Lyndsey

**Edit Date:** 8/19/2019 4:18 PM

**Last Edited By:** Bridges, Lyndsey

Check the box to indicate this is a partial application. This will allow navigation to any page to fill out any information that is available. Eligibility will not be fully determined nor will the application be marked complete until the partial flag is removed and any missing information is provided.

[Exit Wizard](#)



<< Back

Next >>

**Exit Wizard**  
will save  
application  
through  
current step

## Contact Information

\* First Name:

Middle Initial:

\* Last Name (including suffix e.g. Jr., Sr., PhD, etc.):

\* Social Security Number:

\* SSN Verify: [\[ Verify \]](#) [\[ Scan \]](#) [\[ Upload \]](#) [\[ Link \]](#)

2 / 11



Contact

## Residential Address

\* Address 1:

Address 2:

\* Zip/Postal Code:

\* City:

\* State:

\* County/Parish:

\* Country:

\* Address Verify: [\[ Verify \]](#)

## Mailing Address

Check here to use the residential address information

\* Mailing Address 1:

Mailing Address 2:

\* Mailing Zip/Postal Code:

\* Mailing City:

Mailing State:

\* Mailing Country:

# Verify Links

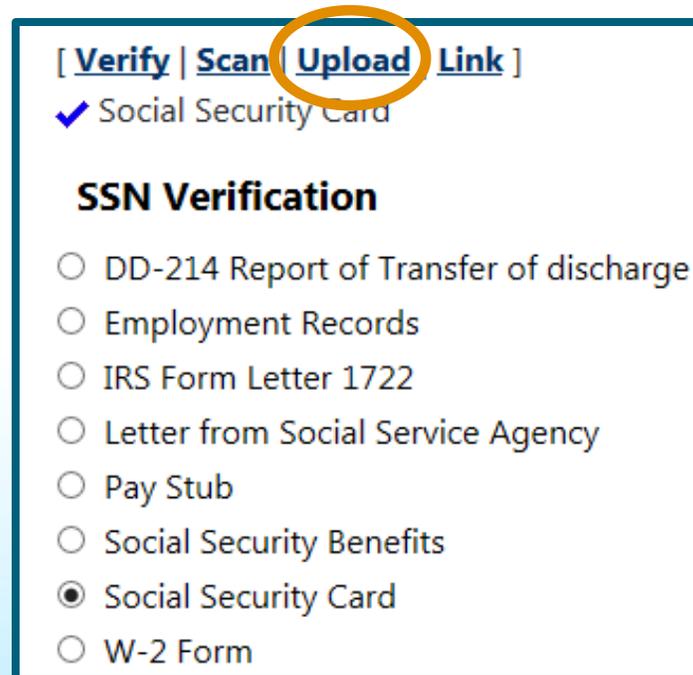
- Allow you to verify documents
- Check your organization's business rules
- System may default to "Documentation in Case File"

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Documentation in Case File

# Scan/Upload Links

- Allow you to scan or upload documents to store documentation electronically in CalJOBS
- Check your organization's business rules



[ [Verify](#) | [Scan](#) | **Upload** | [Link](#) ]

✓ Social Security Card

**SSN Verification**

- DD-214 Report of Transfer of discharge
- Employment Records
- IRS Form Letter 1722
- Letter from Social Service Agency
- Pay Stub
- Social Security Benefits
- Social Security Card
- W-2 Form

# Scan/Upload Links

California Workforce Services Network - Add a Document - Internet Explorer  
https://trainingsc2.geosolinc.com/vos06000000/vosnet/Documents/DocumentAdd.aspx?enc=gVDOMSSKuUgKPn/WX5h3x12yGusdB43TnSMnibvVSIJxLyU.

Please follow the instructions listed below to add a document into the system.

\* Indicates required fields. [For help click the question mark icon.](#)

**Document Association**

Program: Title I - Workforce Development (WIOA)  
Application: WIOA Application #2242242; Application Date 12/3/2018  
Verification Item: WIOA - SSN Verification  
Verification Type: Social Security Card

**Document Information**

\* Document Tags:   
Keywords that will be indexed with this attachment.

User Accessible:  Yes  No

**Attach Document**

Location:   [Supported File Format](#)

# Scan/Upload Links

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Social Security Card

📄 [Social Security Card \(application/vnd.openxmlformats-officedocument.wordprocessingml.document\)](#)

## SSN Verification

- DD-214 Report of Transfer of discharge
- Employment Records
- IRS Form Letter 1722
- Letter from Social Service Agency
- Pay Stub
- Social Security Benefits
- Social Security Card
- W-2 Form
- Letter/Printout from Social Security Office

# Participant Documents

The screenshot shows a web application interface for managing participant documents. At the top, there are tabs for 'Summary' and 'Case Notes'. A 'Documents Available' section contains a text block and a 'Show Filter Options' link. Below this is a table with columns for Document Name, Document Tags, Category, Modify Date, and Action. The table contains one row for 'SS\_Card.docx'. At the bottom, there are three buttons: 'Add a Document', 'Scan a Document', and 'Link a Document'. A floating menu is visible over the table, listing various document categories and sub-items.

Documents Available

Listed below are the documents available on the selected Individual. Click the *View* link on the selected Individual for linking. If you see a document that matches your specified criteria

[Show Filter Options \(Showing all records\)](#)

Results View: **Summary** | [Detailed](#)

Click a column title to sort.

| Document Name | Document Tags        | Category     | Modify Date      | Action  |
|---------------|----------------------|--------------|------------------|---|
| SS_Card.docx  | social security card | Verification | 12/03/2018 04:57 | <a href="#">View</a> <a href="#">Delete</a><br><a href="#">Edit</a> <a href="#">Download</a><br><a href="#">Meta Data</a> |

Page 1 of 1 Rows 100

Uploaded and scanned documents with spaces in the document name may be incompatible with some browsers. These spaces will be replaced with \_ when saving the document in our system.

[Add a Document](#) [Scan a Document](#) [Link a Document](#)

- Staff Profiles
  - General Profile
    - Summary
    - Case Notes
    - Activities
    - Documents (Staff)
  - Case Management Profile
    - Case Summary
    - Programs
    - Plan
    - Assessments
    - Report Profile

### Phone Information

\* Primary Phone Number:  Ext.

\* Primary Phone Type:

Alternate Phone Number:  Ext.

Alternate Phone Type:

Fax:



### Email Information

Primary Email:

### Alternate Contacts

| Contact Name   | Relationship | Phone Number | Date Inactive | Action |
|--|--------------|--------------|---------------|--------|
| There are currently no alternate contacts for this user. |              |              |               |        |
| <a href="#">Add New Contact</a>                          |              |              |               |        |

<< Back **Next >>**



## Demographic Information

\* Date of Birth:

07/24/1990



[Edit Date Of Birth](#)

\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Today's Age:

29

WIOA Eligibility Age (at earliest eligibility):

29

\* Gender:



Female



Male



Did not self-identify

\* U.S. Citizenship Status:

Citizen of U.S. or U.S. Territory



\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]



Demographic

Selective Service Website

Registered for the Selective Service: Not Applicable

Verify: ✓ Not Applicable

Selective Service Registration Number:

Selective Service Registration Date:

\* Hispanic/Latino Heritage:  Yes  No  Did not self-identify

\* Race (Ethnicity) check all that apply:

- African American/Black
- American Indian/Alaskan Native
- Asian
- Hawaiian/Other Pacific Islander
- White
- I do not wish to answer.

\* Considered to have a disability:  Yes  No  Did not self-identify

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

If "Yes" is selected for the Considered to have a disability question, additional required fields will populate below.

<< Back    Next >>

Veteran

### Transitioning Service Members

**\* Transitioning Service Member:**  Yes  No

Please indicate your transitioning type and transitioning service member discharge date.

**Transitioning Service Member Type:**

**Projected Discharge Date:**  [Today](#)

**\* Transitioning Service Member Type:**

**\* Projected Discharge Date:**

- None Selected
- Not Applicable
- Within 24 Months of Retirement
- Within 12 Months of Discharge

# General Veteran Information

Veteran

Please enter the information below regarding the individual's military service.

\* Are you the spouse of a member of the armed forces who is on active duty?  Yes  No

\* Eligible Veteran Status (WIOA specific)

- Yes <= 180 days
- Yes, Eligible Veteran
- Yes Other Eligible Person
- No

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* Did you serve more than 1 tour of duty?  Yes  No

First Military Service Begin Date:  [Today](#)

First Military Service End Date:  [Today](#)

Disabled Veteran:

Homeless Veteran:  Yes  No

\* Enrolled in Homeless Veterans' Reintegration Program:  Yes  No

Received Services from Veterans Voc. Rehab. (Chapter 31):  Yes  No  Unknown

[Obtain DD214](#)

\* Did you serve more than 1 tour of duty?  Yes  No

\* First Military Service Begin Date:  [Today](#)

\* First Military Service End Date:  [Today](#)

\* Disabled Veteran:

[<< Back](#) [Next >>](#)

# Employment Information

5 / 11

Employment

Information entered on this screen is related to the specific individual only.



\* Employment Status:

\* Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* If Employed, Individual is Under-Employed:  Yes  No  Not Applicable

In a Registered Apprenticeship Program?  Yes  No  Did Not Disclose

\* UC Eligibility Status:

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Claimant was referred by:

Claimant has been exempted from work search:  Yes  No  Unknown

Date Claimant was exempted from work search:  Today

\* UC Eligibility Status:

\* Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* Claimant was referred by:

\* Claimant has been exempted from work search:  Yes  No  Unknown

Date Claimant was exempted from work search:  Today

- None Selected
- WPRS
- REA
- RESEA
- Not Applicable

Must enter value greater than "0" if Not Employed

Number of weeks unemployed:



\* Long Term unemployed (27 or more consecutive weeks):  Yes  No

Please enter the Wage and Onet Code for all applicants with current/previous employment.

Current or Most Recent Hourly Rate of Pay:

Occupational Code of most recent employment:

[Find Occupational Code](#)

### Individual Employment History

| Company Name | Location | Job Title (Occupation) | Start/End Dates | Action |
|--------------|----------|------------------------|-----------------|--------|
|--------------|----------|------------------------|-----------------|--------|

No individual employment history records were found.

[Add Employment History](#)

<< Back    Next >>

# Entering Employer History

## Employer

---

\* Employer Name:

Address:

Zip Code:

\* City:

\* State / Province:

\* Country:

## Job Title

---

Please enter a job title below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

\* Job title:

## Occupation

---

[ [Search for an occupation](#) ]

\* Occupation  
title:

# Entering Employer History

## Position

\* Type of employment:

None Selected ▼

\* Full or part-time:

None Selected ▼

Gross Salary:

Salary is based upon:

None Selected ▼

\* Date you began work:



(MM/DD/YYYY)

Currently Employed

\* Reason for Separation:

None Selected ▼

Additional information on reason for separation:

(120 characters max)

\* Last day worked:



(MM/DD/YYYY)

Duration of Job:

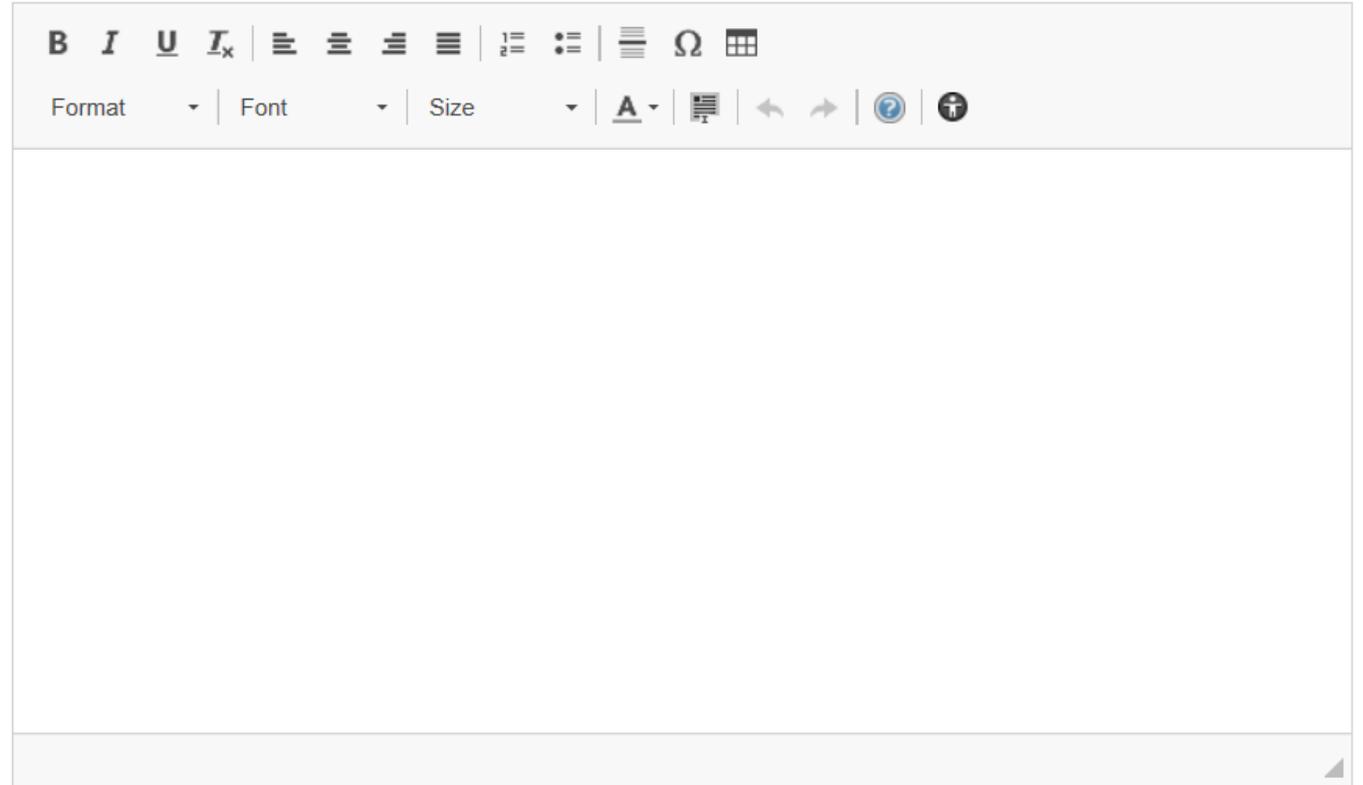
0 Year(s) 0 Month(s) 0 Day(s)

# Entering Employer History

## \* Job duties:

Use this section to describe your job duties in detail. Limit your experiences to your major accomplishments so that employers can easily scan your resume.

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.



A rich text editor interface with a toolbar at the top and a large text area below. The toolbar includes icons for bold (B), italic (I), underline (U), strikethrough (I<sub>x</sub>), bulleted list, numbered list, decrease indent, increase indent, link, unlink, table, and table border. Below the icons are dropdown menus for 'Format', 'Font', and 'Size', followed by a color selection icon (A), a list icon, and navigation icons (undo, redo, help, and a plus sign). The text area is currently empty.

[ [Insert Occupational Description](#) | [Insert Action Words](#) | [Clear Text](#) | [Remove All Formatting](#) ]

Save

Cancel

# Added Employment Information

## Individual Employment History

| Company Name | Location                             | Job Title (Occupation)  | Start/End Dates            | Action   |
|--------------|--------------------------------------|---|----------------------------|--|
| Target       | 101 S Euclid St Anaheim, CA<br>92802 | Retail Manager (First-Line Supervisors of Retail Sales Workers) | 07/15/2013 -<br>08/15/2017 | <a href="#">Edit</a><br><a href="#">Delete</a> |

[Add Employment History](#)



## Education Information

Information entered on this screen is related to the specific individual only.

\* Highest school grade completed:

12th Grade Completed ▼

\* High school diploma or equivalent received:

Yes  No

\* Highest education level completed:

Attained secondary school diploma ▼

\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

The School Status prompt below may be system-set or selections may be limited based on responses to questions above.

\* School Status:

Not attending school; secondary school graduate or has a recognized equivalent ▼

\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

# Education Partner Services



## Education

\* Receiving services from Adult Education (WIOA Title II):  Yes  No  Did not self-identify

\* Receiving services from YouthBuild:  Yes  No  Did not self-identify

YouthBuild Grant Number (If unknown, enter all 9s.):

Format: AA-99999-99-99-A-99

\* Receiving services from Job Corps:  Yes  No  Did not self-identify

\* Receiving services from Vocational Education (Carl Perkins):  Yes  No  Did not self-identify

Individualized Education Program Participant: Not Applicable

These Education Partner Services questions default to “Did not self-identify”. Be sure to answer appropriately.

<< Back

Next >>

## Public Assistance Information

7 / 11

## Public Assistance

Individual or member of a family that is receiving, or in the past 6 months has received, the following:

\* Temporary Assistance for Needy Families (TANF) recipient:

Yes  No

TANF Recipient Type:

Applicant  Family Member  Not Applicable/Unknown

Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* Supplemental Security Income (SSI) recipient:

Yes  No

SSI Recipient Type:

Applicant  Family Member  Not Applicable/Unknown

Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* General Assistance (GA) recipient:

Yes  No

\* GA Recipient Type:

Applicant  Family Member  Not Applicable/Unknown

\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* Supplemental Nutrition Assistance Program (SNAP) recipient:

Yes  No

Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Refugee Cash Assistance (RCA) recipient:

Yes  No

RCA Recipient Type:

Applicant  Family Member  Not Applicable/Unknown

Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

If answer "Yes" to questions in this section, must select who the recipient is, Applicant or Family Member

Public Assistance

**Individual receives, or in the last 6 months, received:**

**Social Security Disability Insurance (SSDI) recipient:**  Yes  No

**Verify:** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

**Individual currently meets the following:**

\* **Receiving Services under SNAP Employment and Training Program:**  Yes  No  Unknown

\* **Receiving, or has been notified will receive, Pell Grant:**  Yes  No

\* **Ticket-to-Work Holder issued by Social Security Administration:**  Yes  No  Unknown

## Individual Barriers

8 / 11



### Barriers

Information entered on this screen is related to the specific individual only.

\* English Language Learner:  Yes  No

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* Basic Skills Deficient/Low Levels of Literacy:  Yes  No

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

[Add/View Basic Skills Scores](#)

\* Homeless:  Yes  No

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* Ex-Offender (individual has been arrested/convicted of a crime):  Yes  No  Did not self-identify

Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

## Barriers To Employment



- Disabled: No
- \* Displaced Homemaker:  Yes  No
- Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]
- Long Term unemployed (27 or more consecutive weeks): No
- \* Within 2 years of exhausting TANF lifetime eligibility:  Yes  No  Not Provided
- Verify: [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]
- Older Individual: No
- \* Hawaiian Native:  Yes  No  Not Provided
- American Indian/Alaskan Native: No

All Barriers to Employment questions default to "No". Be sure to answer the questions appropriately.

8 / 11

Barriers

- \* Single Parent (including single pregnant women):  Yes  No  Did not self-identify
- \* Cultural Barriers:  Yes  No  Did not self-identify
- \* Is the individual participating in the National Farmworker Jobs Program (WIOA Sec. 167)?  Yes  No
- \* Meets Governor's special barriers to employment:  Yes  No  Not Provided

Household and Income

## Income Information



Due to the individuals disability, they qualify as a Family of 1:

Yes  No

Low income has already been established based upon previous entries. Family size and income are optional.

Family Size:

None Selected ▾

Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Documentation in Case File

Annualized Family Income (last 6 months X2):

Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Documentation in Case File

[Income Table](#)

If Low Income has already been established based on previous questions in the application, income information is optional



Household and Income

## Income Information



Due to the individuals disability, they qualify as a Family of 1:

Yes  No

Low income has not been established based on previous entries. Therefore, low income will be based on family size and income. Family size and income are required entries.

\* Family Size:

None Selected ▾

\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Documentation in Case File

\* Annualized Family Income (last 6 months X2):

\* Verify:

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

✓ Documentation in Case File

[Income Table](#)

If Low Income has NOT already been established based on previous questions in the application, income information is required.

<< Back

Next >>

### Miscellaneous Barriers

\* **Gang Status:**

\* **Youth of Incarcerated Parent:**  Yes  No

**Parole Number:**

\* **Substance Abuse:**  Yes  No

# P2E Specific Questions

## Miscellaneous Employment

\* Prison to Employment participant:

Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

None Selected ▼

None Selected

Federal facility

State Facility

County Facility

Not Applicable

\* Post Release Classification:

None Selected ▼

\* Year released from custody:

\* Total time incarcerated:

Years (0-60)

Months (0-11)

\* Total number of offenses:

## Miscellaneous Employment

\* Prison to Employment participant:

Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

Federal facility ▼



\* Type of Federal Facility:

None Selected ▼  
None Selected  
Penitentiary  
Tribal  
Military  
Immigration determination  
Home detention

\* Post Release Classification:

▼

\* Year released from custody:

\* Total time incarcerated:

Years (0-60)  Months (0-11)

\* Total number of offenses:

## Miscellaneous Employment

\* Prison to Employment participant:  Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

State Facility ▼



\* Type of State Facility:

None Selected ▼  
None Selected  
State prison  
Male Community Reentry Program (MCRP)  
Custody to Community Transition Reentry Program (CCTRP)  
Alternative Custody Program (ACP)  
Community Prisoner Mother Program (CPMP)  
Division of Juvenile Justice (DJJ)

\* Post Release Classification:

\* Year released from custody:

\* Total time incarcerated:

\_\_\_\_ Years (0-99) \_\_\_\_ Months (0-11)

\* Total number of offenses:

\_\_\_\_

## Miscellaneous Employment

\* Prison to Employment participant:  Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

County Facility ▼



\* Type of County Facility:

None Selected ▼

None Selected

\* Post Release Classification:

County jail

Alternative Custody Program (ACP), includes home detention and work release

Local prison (LP), or felony prison term served in counties under Penal Code 1170(h)(5)

\* Year released from custody:

County Juvenile Halls or Other Local Juvenile Facilities (JH)

\* Total time incarcerated:

Years (0-60)

Months (0-11)

\* Total number of offenses:

## Miscellaneous Employment

\* Prison to Employment participant:  Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

Not Applicable ▼

\* Post Release Classification:

None Selected ▼

\* Justice Involved/Active County Supervision:

None Selected

State Parole

County Informal Probation

County Probation, not PRCS

County Deferred Entry of Judgment

County Mandatory Supervision

County Other Diversion Program

County Post Release Community Supervision (PRCS)

Other

\* Year released from custody:

\* Total time incarcerated:

\* Total number of offenses:

## Miscellaneous Employment

\* Prison to Employment participant:  Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

State Facility

\* Type of State Facility:

State prison

\* Post Release Classification:

None Selected

None Selected

Federal Supervision

State Parole

County Probation, include Post Release Community Supervision (PRCS)

\* Year released from custody:

\* Total time incarcerated:

Years (0-60)

0

Months (0-11)

\* Total number of offenses:

## Miscellaneous Employment

\* Prison to Employment participant:  Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

State Facility ▼

\* Type of State Facility:

State prison ▼

\* Post Release Classification:

State Parole ▼

\* Type of State Supervision:

None Selected ▼

## Miscellaneous Employment

\* Prison to Employment participant:  Yes  No

\* If formerly incarcerated, what type of facility was the sentence served?:

State Facility ▼

\* Type of State Facility:

State prison ▼

\* Post Release Classification:

State Parole ▼

\* Type of State Supervision:

Residential Programs ▼

\* Year released from custody:

2018

\* Total time incarcerated:

0

Years (0-60)

6

Months (0-11)

\* Total number of offenses:

1

<< Back

Next >>

## Applicant Eligibility



**Applicant meets the definition for low income:** Yes

**Income Table:** [Income Table](#)

**Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch:** no

| Program           | Eligible           | Priority | Calculated Exception/Limitation | Reason(s) Not Eligible  | Action                            |
|-------------------|--------------------|----------|---------------------------------|-------------------------|-----------------------------------|
| Adult             | Yes                | PA, LI   |                                 |                         | <input type="checkbox"/> Inactive |
| Dislocated Worker | Undetermined       |          |                                 | No DW Eligibility Date. | <input type="checkbox"/> Inactive |
| Youth             | Yes, Out-of-school |          |                                 |                         | <input type="checkbox"/> Inactive |

VET = Veteran, BSD = Basic Skills Deficient, PA = Public Assistance, LI = Low Income, SLP = Additional Priorities

## WIOA Grant Eligibility

Changes in this section will create immediate updates to the record.

Incumbent Worker Eligibility:  Yes  No  Not Applicable  Inactive

Applicant does not meet the requirements for Incumbent Worker eligibility.

National Dislocated Worker Grant NDWG:  Yes  No  Not Applicable  Inactive

Applicant does not meet the requirements for NDWG eligibility.

Statewide Adult Eligibility:  Yes  No  Not Applicable  Inactive

Statewide Dislocated Worker Eligibility:  Yes  No  Not Applicable  Inactive

Applicant does not meet the requirements for Statewide Dislocated Worker eligibility.

You must select "Yes" for Eligibility for P2E

11 / 11



Eligibility Summary

## Non-WIOA Grants

Non-WIOA Special Grants:  Yes  No  Not Applicable  Inactive

Local Funded Grants:  Yes  No  Not Applicable  Inactive

## Grants

## Grants



No grants have been added.

Select from the list of available grants.

| Grant Type            | Grant ID | Grant Name          | Local Grant Code | Date Added | Action              |
|-----------------------|----------|---------------------|------------------|------------|---------------------|
| NonWIOA Special Grant | 414      | P2E Direct Services | 2287             |            | <a href="#">Add</a> |



**Current Case Manager:**

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

**Previous Case Manager:**

## Individual Signature

---

Create PDF

Include Staff Signature

[Applicant Signature](#)

---

[Exit Wizard](#)

<< Back

Finish

Print



### Finish Application

The application has successfully been saved. Please select below where you want to go next.

#### **Return to Programs Tab**

Return to the Programs Tab screen where you can manage all of your applications and their associated data.

#### **WIOA #2243488 - Participation**

App Date: 08/19/2019

LWDB: 07 - Golden Sierra Job Training Agency | Office: 187 -  
16028 El Dorado County

ferences ? Assistance

Protect Yourself | About

acy Stater

# Completed Title I Application

[Case Summary](#) | **Programs** | [Plan](#) | [Assessments](#)

⊕ Show Summary Tabs

**Poppy, Olivia**

Title I - Workforce Development (WIOA)

Apps: 1

[Create Title I - Workforce Development \(WIOA\) Application](#)

[Convert WIOA Pre-Application](#)

[WIOA #2243488 - Complete](#)

Click the WIOA link to see the app in view only

Pencil icon to edit the application

Verification Summary



LWDB: **07 - Golden Sierra Job Training Agency**

Onestop: **187 - 16028 El Dorado County**

Open/Total Activities: **0 / 0**

Application Date: **08/19/2019**

Participation Date: **N/A**

Closure Date: **N/A**

Exit Date: **N/A**

When the application is expanded, multiple sections, or ribbons, populate below. These ribbons are used to enter important participant data, like activity codes, credentials, follow-up information, etc.

|   |     |
|---|-----|
| <b>+ Eligibility Summary</b>                                      |     |
| <b>+ Participation</b>  | N/A |
| <b>+ Activities / Enrollments / Services</b>                      | 0   |
| <b>+ Measurable Skills Gain</b>                                   | 0   |
| <b>+ Educational Functioning Level for Measurable Skills Gain</b> | 0   |
| <b>+ Credentials</b>  | 0   |
| <b>+ Youth Goals</b>  | 0   |
| <b>+ Partner Programs</b>   | 0   |
| <b>+ Closure</b>  | N/A |
| <b>+ Exit / Outcome</b>   | N/A |
| <b>+ Follow-ups</b>   | 0   |

# **Creating Participation**

# What is Participation?

Completing a WIOA Title I Application does not automatically enroll an individual into a Title I program.

In order to enroll an individual in a Title I program, including a special grant program, staff must create Participation.

Participation is created by entering a Participation date and adding their first activity code.

Once Participation is created, additional activities can be added to the individual's Title I Application.



|                        |   |                     |                   |
|------------------------|---|---------------------|-------------------|
| LWDB:                  | <b>07 - Golden Sierra Job Training Agency</b> | Application Date    | <b>06/24/2019</b> |
| Onestop:               | <b>187 - 16028 El Dorado County</b>           | Participation Date: | <b>N/A</b>        |
| Open/Total Activities: | <b>0 / 0</b>                                  | Closure Date:       | <b>N/A</b>        |
|                        |   | Exit Date:          | <b>N/A</b>        |

**Create Participation**

**Case Information**

|  |   |
|--|---|
| <b>ABC Eligibility Date:</b> N/A               | <b>Adult Eligibility Date:</b> 06/24/2019 |
| <b>Dislocated Worker Eligibility Date:</b> N/A | <b>Youth Eligibility Date:</b> N/A        |
| <b>Incumbent Worker Eligibility Date:</b> N/A  |   |

**Location and Staff**

|   |   |
|---|---|
| <b>LWDB:</b> 07 - Golden Sierra Job Training Agency         | <b>Onestop:</b> 187 - 16028 El Dorado County              |
| <b>Create Staff:</b> <a href="#">Steven Blevins (33633)</a> | <b>Edit Staff:</b> <a href="#">Steven Blevins (33633)</a> |
| <b>Case Manager:</b> N/A                                    | <b>Temporary Case Manager:</b> N/A                        |

**Eligibility Summary**

**Participation**

N/A

[Create Participation](#)



## General Information

State ID: 31650  
Name: Luke Cage  
Date of Birth: 06/01/1972  
Application Date: 06/24/2019  
Eligibility Date: 06/24/2019

**Create Participation**

## Participation Information

\* Participation Date:  (mm/dd/yyyy)  [Today](#)



Participation Age: 47

### General Information

**Create Participation**

**Participant User Name:** LUKECAGE

**Participant State ID:** 31650

**Last Name, First Name MI:** Cage, Luke

**Social Security Number:** 9999

**Address:** 3030 7th Ave  
Sacramento, CA 95817

**Application Summary:** Program: Title I - Workforce Development (WIOA)  
Application Date: 6/24/2019  
Earliest Eligibility Date: 06/24/2019

**Participation Date:** 06/24/2019

**\* Customer Program Group:**

97 - Non-WIOA Special Grant



**\* LWDB:**

Golden Sierra Job Training Agency

**\* Office Location:**

None Selected

# Create Participation

## Enrollment Information

Grant:

2287 - P2E Direct Services

WIOA or Non-WIOA Partner Program:

Yes, service is a WIOA or Non-WIOA Partner Program.

\* Activity Code:

[ Select Activity Code ]

Projected Begin Date:

 Today

Actual Begin Date:

 Actual begin date may not be modified on the first activity.

\* Projected End Date:

 Today

Any classes attended through Distance Learning:

Yes  No

Participant has been issued an ITA and the ITA will pay for this service:

None Selected

Select an Item - Internet Explorer  
https://trainingsc2.geosolinc.com/vos06000000/vosnet/programs/Enrollment/enrollfieldselect.aspx?enc=8fGWWtjxNe9NP+GV53oNd9tnMVhiNzK9uvXGdGUYy4GbGwmqf+pn

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

| Activity Code | Activity Title  | Provider Type        |
|---------------|---|----------------------|
| 101           | Orientation   | PS - Office Services |
| 102           | Initial Assessment  | PS - Office Services |
| 103           | Provision of Information on Training Providers/Performance Outcomes | PS - Office Services |
| 105           | Job Finding Club  | PS - Office Services |
| 106           | Follow-up Services after Employment (prior to Exit)                 | PS - Office Services |
| 107           | Provision of Labor Market Research                                  | PS - Office Services |
| 108           | Referred to WIOA Services (not training)                            | PS - Office Services |
| 109           | Referral to Career Center   | PS - Office Services |

General Information

[Service Provider](#)

### Staff Information

Staff ID: 31890

\* Position:

Staff

Current Case Manager:

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

Previous Case Manager:

Comments:

Case Notes:

[ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID

Create Date

Subject

[Edit](#)

# Create Participation

Next >>

# Create Participation

[Budget Planning](#)

Closure Information

## Closure Information

### Enrollment Summary:

Enrollment ID: 2812295  
Username Cage, Luke /  
WIOA Application ID: 2243488  
Activity Code: 101 - Orientation  
Activity Dates: 06/24/2019 06/24/2019

### Last Activity Date:

  
 [Today](#)

### Completion Code:



### Case Notes:

[ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

| ID             | Create Date | Subject | Action |
|----------------|-------------|---------|--------|
| No data found. |             |         |        |

<< Back

Finish

Delete

Participation

06/24/2019

[Edit Participation](#)

Participation Date: 06/24/2019

Activities / Enrollments / Services

1

[Create Activity / Enrollment / Service](#)



Search:

| Status | Activity / Provider   | Actions | Funding / Grant  | Projected Begin Date | Actual Begin Date | Projected End Date | Actual End Date       |
|--------|---|---------|--|----------------------|-------------------|--------------------|-----------------------|
|        | <a href="#">102 - Initial Assessment</a><br>No Provider Information |         | Non-WIOA<br>Special Grant<br>2287 - P2E<br>Direct Services | N/A                  | 06/24/2019        | 06/24/2019         | <a href="#">Close</a> |

# Part 2A Summary

- Discussed the WIOA Title I Application
- Demonstrated how to complete the Title I Application for P2E
- Discussed Participation/Enrollment
- Demonstrated how to create Participation

# Questions

