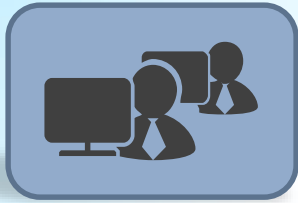


P2E CalJOBSSM Participant Training Webinar Series

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**

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)

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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.

CalJOBS Business Rules

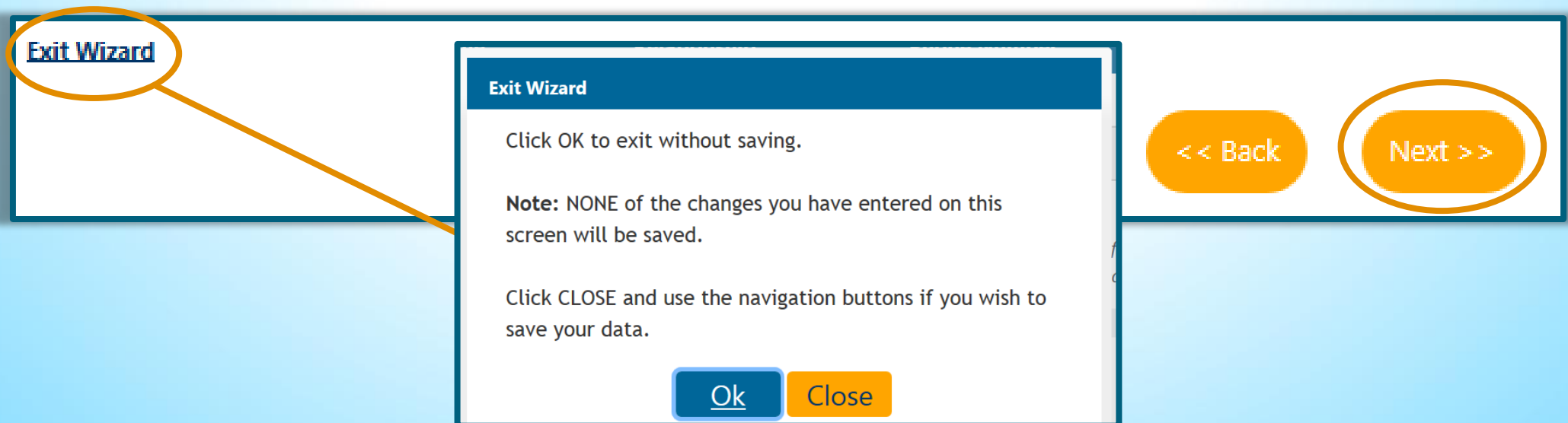
Exit Wizard vs. “Next”

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

CalJOBSSM

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

Create Date

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>	Action	Select <input type="checkbox"/>
BRUCE WAYNE89  SBE VETERAN	Bruce	Wayne	9666		1001008370	02/09/2015	N		02/09/2015	Summary Tab Notes Tab Activities Tab Programs Tab	<input type="checkbox"/>
BWAYNE6300	Bruce	Wayne	6300		1001474286	04/27/2016	N		02/02/2016	Summary Tab Notes Tab Activities Tab Programs Tab	<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:**

Citizen of U.S. or U.S. Territory ▼

**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](#)

Title I Wizard keeps track of application progress

Title I - Workforce Development (WIOA)

Intro

Contact

Demographic

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✓ Intro

✓ Veteran

✓ Miscellaneous

✓ Contact

✓ Employment

✓ Eligibility Summary

✓ Demographic

✓ Education

▲ Hide All Steps

✓ WIOA

+ Add Program(s)

Poppy, Olivia

Individual Detail

Case Notes

Comments

↓ To Bottom

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:

08/19/2019

Today

Adult Eligibility Date:

08/19/2019

Today

Dislocated Worker Eligibility Date:

Today

Youth Eligibility Date:

Today

Incumbent Worker Eligibility Date:

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

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:

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Contact

Verify Links

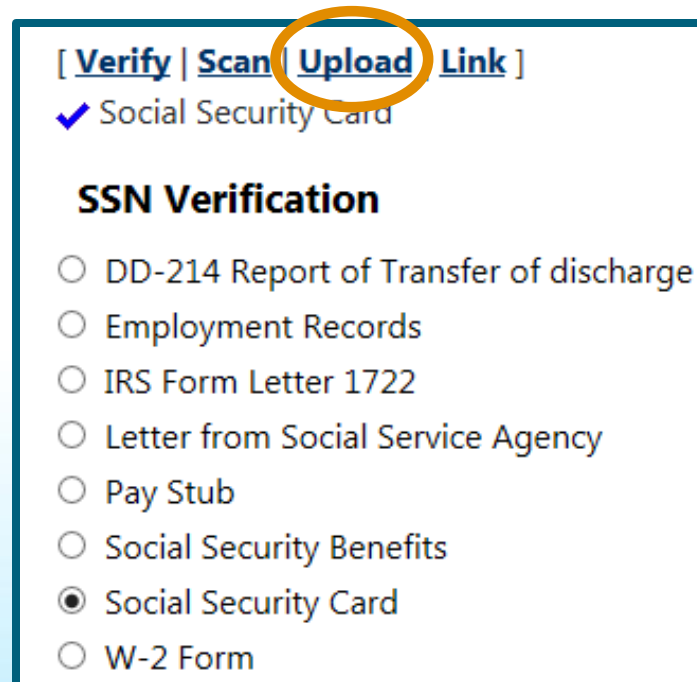
- Allow you to verify documents
- Check your organization's business rules
- System may default to "Documentation in Case File"

[[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: social security card

Keywords that will be indexed with this attachment.

User Accessible: ☐ Yes ☒ No

Attach Document

Location: U:\SS Card.docx [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

Summary

Case Notes

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	View Delete Edit Download Meta Data

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

Documents (Staff)

Listed below are the documents available on the selected Individual. Click the [Link Document](#) button.

29



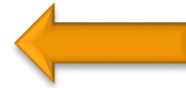
Phone Information

* Primary Phone Number:

(209) 655-6565



Ext.



* Primary Phone Type:

Cell/Mobile Phone ▾



Alternate Phone Number:

(555) 555-5555



Ext.

Alternate Phone Type:

None Selected ▾

Fax:

(555) 555-5555



Email Information

Primary Email:

Alternate Contacts



Contact Name

Relationship

Phone Number

Date Inactive

Action

There are currently no alternate contacts for this user.

[Add New Contact](#)

<< 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:

None Selected ▼

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

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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:

Not Employed

* 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:

Neither Claimant nor Exhaustee

Verify:

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

Claimant was referred by:

None Selected

Claimant has been exempted from work search:

☐ Yes ☐ No ☐ Unknown

Date Claimant was exempted from work search:

Today

* UC Eligibility Status:

Claimant
Exhaustee

* Verify:

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

* Claimant was referred by:

None Selected

* 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:

None Selected ▼

* Country:

United States ▼

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.

B *I* U ~~T_x~~ | | | |
Format ▼ | Font ▼ | Size ▼ | ▼ | | |

[[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 92802	Retail Manager (First-Line Supervisors of Retail Sales Workers)	07/15/2013 - 08/15/2017	Edit Delete

[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

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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-999999-99-99-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.

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Public Assistance Information

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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

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Next >>

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

<< Back

Next >>



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.

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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

* Post Release Classification:

Penitentiary

Tribal

Military

Immigration determination

Home detention

* Year released from custody:

* Total time incarcerated:

Years (0-60)

Months (0-11)

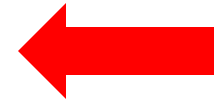
* Total number of offenses:

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

* Post Release Classification:

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)

* 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) 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

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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

Applicant does not meet the requirements for NDWG eligibility.

Statewide Adult Eligibility: ☐ Yes ☐ No ☒ Not Applicable

Statewide Dislocated Worker Eligibility: ☐ Yes ☐ No ☒ Not Applicable

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		Add



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](#)

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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

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**

Application Date **08/19/2019**

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

Participation Date: N/A

Closure Date: N/A

Open/Total Activities: 0 / 0

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.

+ Eligibility Summary	
+ Participation	N/A
+ Activities / Enrollments / Services	0
+ Measurable Skills Gain	0
+ Educational Functioning Level for Measurable Skills Gain	0
+ Credentials	0
+ Youth Goals	0
+ Partner Programs	0
+ Closure	N/A
+ Exit / Outcome	N/A
+ Follow-ups	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:	07 - Golden Sierra Job Training Agency	Application Date	06/24/2019
Onestop:	187 - 16028 El Dorado County	Participation Date:	N/A
Open/Total Activities:	0 / 0	Closure Date:	N/A
		Exit Date:	N/A

Create Participation

Case Information

ABC Eligibility Date: N/A	Adult Eligibility Date: 06/24/2019
Dislocated Worker Eligibility Date: N/A	Youth Eligibility Date: N/A
Incumbent Worker Eligibility Date: N/A	

Location and Staff

LWDB: 07 - Golden Sierra Job Training Agency	Onestop: 187 - 16028 El Dorado County
Create Staff: Steven Blevins (33633)	Edit Staff: Steven Blevins (33633)
Case Manager: N/A	Temporary Case Manager: N/A

Eligibility Summary

Participation

N/A

[Create Participation](#)



General Information

State ID: 31650

Name: Luke Cage

Date of Birth: 06/01/1972

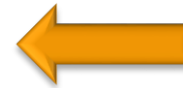
Application Date: 06/24/2019

Eligibility Date: 06/24/2019

Create Participation

Participation Information

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



Participation Age: 47

General Information

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

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:

 06/24/2019

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

* Projected End Date:

 TodayAny 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=8fGWVtjxNe9NP+GV53oNd9tnMVhiNzK9uvXGdGUy4GbGwmqf+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 Community Based Organizations	PS - Office Services

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

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
	102 - Initial Assessment No Provider Information		Non-WIOA Special Grant 2287 - P2E Direct Services	N/A	06/24/2019	06/24/2019	Close

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

