

ALABAMA WORKFORCE INVESTMENT SYSTEM

Department of Commerce
Workforce Development Division
401 Adams Avenue
Post Office 304103
Montgomery, Alabama 36130-4103

September 20, 2017

GOVERNOR'S WORKFORCE INNOVATION DIRECTIVE NO. PY2016-08, Change 02

SUBJECT: *Alabama Career Center System Guide to Customer Services*

1. **Purpose.** This Directive transmits revised and new attachments for the *Alabama Career Center System Guide to Customer Services*.
2. **Discussion.** The above-referenced *Guide* was issued as a statewide WIOA policy on March 3, 2017. Subsequent to the issuance, the participant forms have been revised in an effort to streamline all the required forms. These updated forms necessitate issuing a replacement to Attachment C, D, E, G of the *Guide* and issuing new Attachments O, P, Q, R, S, T, U.
3. **Action.** Please replace the attachments listed above with the revised and insert the new attachments included in this Directive. All staff and subrecipients with participant eligibility determination-related responsibilities should be provided with this information.

These guidelines went into effect on the day they were published, May 23, 2017.

4. **Contact.** Any questions regarding this Directive should be referred to Tammy Wilkinson, Workforce Development Division at (334) 242-5154 or tammy.wilkinson@commerce.alabama.gov.


Steve Walkley, Division Director
Workforce Development Division
Alabama Department of Commerce


Date

Attachment – Revised Pages Attachment C, D, E, G
New Attachments O, P, Q, R, S, T, U

ATTACHMENTS

Attachment A	Examples of Basic and Individualized Services
Attachment B	Adult/DLW Eligibility
Attachment C	Customer Information Form
Attachment D	Individual Employment Plan
Attachment E	Income Chart
Attachment F	Eligibility for Youth ISY & OSY
Attachment G	Individual Service Strategy
Attachment H	Customer Agreement Form Alabama Career Center System Drug Policy and WIOA Post-Employment/Post- Program Follow-Up Services
Attachment I	Participant Information Release Form
Attachment J	WIOA Grievance and Complaint Procedures
Attachment K	WIOA Performance Measurable Skill Gains
Attachment L	ABE/ASE Functioning Level
Attachment M	Adult Ed Referral Form
Attachment N	Common Performance Measures
Attachment O	Document Checklist
Attachment P	Selective Service Waiver
Attachment Q	Telephone/Documentation Verification
Attachment R	Verification of Employment/Income
Attachment S	Verification of Termination or Layoff
Attachment T	Self Certification / Applicant Statement
Attachment U	Customer Exit

Attachment C

Customer Information



ALABAMA WORKFORCE DEVELOPMENT

CUSTOMER INFORMATION



TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

Application Date		Agency Name		Employment Representative Name	
Social Security Number		Name: First, Middle Initial, Last			
Address		City		State	
Zip Code	County of Residence	Area Code	Telephone Number		
Message Telephone Number		Cellular Telephone Number		E-mail Address	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen		Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ethnicity/Race <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Does not declare a race					
(Circle) Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Certificate w/ a disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification or Degree <input type="checkbox"/> Some College <input type="checkbox"/> Tech. or Voc. Cert <input type="checkbox"/> AA/AS <input type="checkbox"/> BS/BA <input type="checkbox"/> MA	
Attending College <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of College		Curriculum	GPA	
Primary Language	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No	Declaration of Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Category of Disability <input type="checkbox"/> Physical/Chronic Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Vision related <input type="checkbox"/> Hearing related <input type="checkbox"/> Mental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Participant did not disclose type		
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Campaign Related <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Yes Sp. <input type="checkbox"/> No	Branch	Separation Date	Transitional Service <input type="checkbox"/> Yes <input type="checkbox"/> No
			Vet. Spouse/Widow <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent					
List all Household Members: <small>Use additional sheets if necessary</small>					
Relationship		Age	Gender	Amount	Income Source (last 6 months)
Self					
Total Dependents in Household: _____ Total Household Income: _____					
Do you receive:					
Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which: <input type="checkbox"/> TANF <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> SSI			Unemployment Compensation <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> None	
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant or Parenting <input type="checkbox"/> Yes <input type="checkbox"/> No		
Justice System: Have you been subject to juvenile or adult justice system (as defined by USDOL) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Both					

Work History (List Last Three) Employer Name:	Start Date	End Date	Reason Job Ended	Job Title and Job Duties Performed	Wage per hour	Hours per Week

When are you available for work? _____ What salary do you require? _____

Work tasks do you enjoy? _____

What tools/equipment can you operate? _____

What is your Employment Goal? _____

How can we help you reach this goal? _____

YOUTH ONLY

Out of School Youth Barriers (16-24) Check all that apply

☐ School Dropout ☐ Within age of compulsory school attendance ☐ H.S Grad/GED/Low Income & BSD or Eng. Learner ☐ Offender
☐ Homeless or Runaway ☐ Foster Care ☐ Pregnant/Parenting ☐ Disability ☐ Low-income who needs additional assistance

In-School Youth Barriers (14-21) Check all that apply

☐ Basic skills deficient ☐ English language learner ☐ Offender ☐ Homeless or Runaway
☐ Foster Care ☐ Pregnant/Parenting ☐ Disability ☐ Low-income who needs additional assistance

Do you need information on the following: ☐ Day Care ☐ Housing ☐ Clothing ☐ Transportation ☐ Food ☐ Other: _____

Pell Grant/Student Loan/FASFA ☐ Applied for a PELL GRANT ☐ Not eligible for a PELL GRANT ☐ Currently receiving a PELL GRANT

☐ Need information on applying for FASFA ☐ Receiving Student Loan ☐ Repaying Student Loan ☐ Student Loan in Default: _____

☐ I have been enrolled in a Federal or State Employment Program (i.e. WIA, WIOA, AIDT, etc) When: _____
 Explain: _____

Eligibility (For Staff Use Only)

200% of poverty line <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker Category: Dislocation date: _____ <input type="checkbox"/> Terminated or laid off, eligible for UI & unlikely to return to industry <input type="checkbox"/> Self-employed <input type="checkbox"/> Terminated or laid off from permanent or substantial closing <input type="checkbox"/> Self-Displaced Homemaker <input type="checkbox"/> Spouse of Armed Forces who lost employment due to duty station or un/under employment	National Emergency Grant <input type="checkbox"/> Dislocation due to disaster <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Dislocated Worker
--	---	---

Reviewed by Signature: _____ Date: _____

For Skills Assessment/Review: www.careerinfo.net.org/skills
www.myskillsmyfuture.org
www.mynextmove.org

CERTIFICATION: I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Attachment D

Individual Employment Plan

(IEP)



ALABAMA WORKFORCE DEVELOPMENT INDIVIDUAL EMPLOYMENT PLAN (IEP)



Name: First, Middle Initial, Last		Social Security #	
Employment Status at Program Entry (Check one) <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination or Military Separation <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unemployed	School Status at Program Entry (Check one) <input type="checkbox"/> In School, Secondary or less <input type="checkbox"/> In School, Alternative School <input type="checkbox"/> In School, Postsecondary <input type="checkbox"/> Not Attending School, Secondary School Dropout <input type="checkbox"/> Not Attending School, Graduate or has equivalent <input type="checkbox"/> Not Attending School, within age of compulsory attendance	UC Eligible Status (Check one) <input type="checkbox"/> Claimant Referred by RESEA <input type="checkbox"/> Claimant Referred by WPRS <input type="checkbox"/> Claimant NOT Referred by RESEA or WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Claimant Exempt from work search <input type="checkbox"/> Neither Claimant nor Exhaustee	Pre-Vocational Activities Date ____/____/____ Received Needs Related Payment <input type="checkbox"/> Yes <input type="checkbox"/> No Received TAA <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT INFORMATION			
TABE SCALE SCORES / Achievement Grade Level results: Reading: Math:			
Interest / Aptitude Assessment Tool Used:			
Interest Inventory Results			
Aptitude Inventory Results			
Career Path Identified:			
Existing Occupational Skills:			
Tools/Equipment Skills:			
Employment Goal/Training Justification:			
O-Net Code:			

ACTION PLAN

Supportive Services (List those services needed for employment goal attainment)

Supportive Service	Referred To:	Date	Comments
Day Care			
Housing			
Clothing			
Transportation			
Food			
Training/Education Needs			
Other			

BASIC SKILLS EVALUATION

TABE	Functional Area	Date	Score	Educational Functioning Level
Pre-Test	Reading			
	Math			
POST-Test	Reading			
	Math			
POST-Test	Reading			
	Math			

ESSENTIAL SKILLS for WORK MATURITY and EMPLOYABILITY

Activity	Start Date		CompletionDate		Provider
	Planned	Actual	Planned	Actual	

CAREER PATHWAY EXPLORATION and PRE-TRAINING ACTIVITIES

Activity	Start Date		CompletionDate		Provider
	Planned	Actual	Planned	Actual	

TRAINING ACTIVITY MEASURABLE SKILLS GAINS

Activity	Start Date		CompletionDate		Provider
	Planned	Actual	Planned	Actual	

INDIVIDUAL SERVICE STRATEGY REASSESSMENT AND MODIFICATION

Appointment Date	Discussion Points and Modifications Made	Start Date	Comments

PLAN GAP INFORMATION

Date Set	Reason for Gap	End Date		Comments
		Planned	Actual	

FOLLOW-UP PRE-EMPLOYMENT

Activity	Start Date		Completion Date	
	Planned	Actual	Planned	Actual

FOLLOW-UP POST-EMPLOYMENT

Activity	Start Date		Completion Date	
	Planned	Actual	Planned	Actual

CASE MANAGEMENT - SKILLS TRAINING ACTIVITY TRACKING

Activity	Start Date		Completion Date		Provider	Project/Petition #
	Planned	Actual	Planned	Actual		

This Employment Plan was developed with my full knowledge and cooperation. I fully understand this is a planning document and do not hold the enrolling agency responsible for activities that may not occur. I understand i am responsible for maintaining contact with my case manager no less than once per month.

Signature: _____ Date: _____

Career Center Case Manager: _____ Date: _____

Attachment E

Income Level Charts



ALABAMA WORKFORCE DEVELOPMENT

Attachment A INCOME LEVEL CHARTS

WIOA Self Sufficiency Income Level Chart

Governor's Workforce Innovation Directive No. PY2014-12, Change 06

A. METROPOLITAN AREAS (Last Recorded update by ADOL 01/01/15)

Autauga, Baldwin, Bibb, Blount, Calhoun, Chilton, Colbert, Elmore, Etowah, Geneva, Hale, Henry, Houston, Jefferson, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Madison, Mobile, Montgomery, Morgan, Pickens, Russell, Shelby, St. Clair, Tuscaloosa, and Walker

Family Size	100% LLSIL	150% LLSIL	200% LLSIL
1	\$13,166	\$19,749	\$26,332
2	\$21,573	\$32,359	\$43,146
3	\$29,609	\$44,413	\$59,218
4	\$36,555	\$54,832	\$73,110
5	\$43,144	\$64,716	\$86,288
6	\$56,459	\$75,688	\$100,918
For Each Additional Family Member above 6, add	\$7,315	\$10,972	\$14,630

B. NON-METROPOLITAN AREAS (Last Recorded update by ADOL 01/01/15)

Other 38 Counties

Family Size	100% LLSIL	150% LLSIL	200% LLSIL
1	\$12,968	\$19,452	\$25,936
2	\$21,245	\$31,867	\$42,490
3	\$29,159	\$43,738	\$58,318
4	\$35,995	\$53,992	\$71,990
5	\$42,478	\$63,717	\$84,956
6	\$49,676	\$74,514	\$99,352
For Each Additional Family Member above 6, add	\$7,315	\$10,972	\$14,630

70% Lower Living Standard Income Level Combined with Federal Poverty Level

Governor's Workforce Innovation Directive No. PY2014-12, Change 07

METROPOLITAN AREAS

(Same as listed above)

Family Size	Income
1	\$12,060*
2	\$16,240*
3	\$20,727
4	\$25,588
5	\$30,201
6	\$35,321
For Each Additional Family Member above 6, add	\$5,120

NON-METROPOLITAN AREAS

(Same as listed above)

Family Size	Income
1	\$12,060*
2	\$16,240*
3	\$20,420*
4	\$25,197
5	\$29,734
6	\$34,773
For Each Additional Family Member above 6, add	\$5,039

*HHS Federal Poverty Level Guidelines used per instructions

Revisions effective 05/23/17 per Federal Register - Vol.82, No.98 (LLSIL) and Federal Register - CVol. 82, No. 19 (HHS Poverty Guidelines 01/13/17).

Attachment G
Individual Service Strategy
(ISS) For Youth



ALABAMA WORKFORCE DEVELOPMENT INDIVIDUAL SERVICE STRATEGY (ISS) FOR YOUTH



Name: First, Middle Initial, Last		Last 4 digits of Social Security #									
Employment Status at Program Entry (Check one) <input type="checkbox"/> Employed <input type="checkbox"/> Employed, but received notice of termination or Military Separation <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unemployed	School Status at Program Entry (Check one) <input type="checkbox"/> In School, Secondary or less <input type="checkbox"/> In School, Alternative School <input type="checkbox"/> In School, Postsecondary <input type="checkbox"/> Not Attending School, Secondary School Dropout <input type="checkbox"/> Not Attending School, Graduate or has equivalent <input type="checkbox"/> Not Attending School, within age of compulsory attendance	UC Eligible Status (Check one) <input type="checkbox"/> Claimant Referred by RESEA <input type="checkbox"/> Claimant Referred by WPRS <input type="checkbox"/> Claimant NOT Referred by RESEA or WPRS <input type="checkbox"/> Exhaustee <input type="checkbox"/> Claimant Exempt from work search <input type="checkbox"/> Neither Claimant nor Exhaustee	Pre-Vocational Activities Date <div style="text-align: center; border-top: 1px solid black; margin: 5px 0;"> ____/____/____ </div> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"> Received Needs Related Payment <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="background-color: #f2f2f2; padding: 5px; text-align: center;"> TAA <input type="checkbox"/> Yes <input type="checkbox"/> No </div>								
ASSESSMENT INFORMATION											
TABE SCALE SCORES / Achievement Grade Level results: Date: _____ Reading: _____ Math: _____ BSD <input type="checkbox"/> Yes <input type="checkbox"/> No											
Interest / Aptitude Assessment Tool Used: _____											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">Interest Inventory Results</td> <td style="width:30%;"></td> <td style="width:30%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="padding: 5px;">Aptitude Inventory Results</td> <td></td> <td></td> <td></td> </tr> </table>				Interest Inventory Results				Aptitude Inventory Results			
Interest Inventory Results											
Aptitude Inventory Results											
Job Matches _____											
Existing Occupational Skills: _____											
Tools/Equipment Skills: _____											
Short-term Goal: _____											
Justification for Youth Placement: _____											
Long-term Goal _____											
Justification for Training Placement _____											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">Expected Employment Goal</td> <td style="width:40%; padding: 5px;"> <div style="background-color: #f2f2f2; padding: 5px;">ONET Code</div> </td> </tr> </table>				Expected Employment Goal	<div style="background-color: #f2f2f2; padding: 5px;">ONET Code</div>						
Expected Employment Goal	<div style="background-color: #f2f2f2; padding: 5px;">ONET Code</div>										
Services Available to Assist with Meeting Goals: _____											
Comments: _____											

SUPPORTIVE SERVICES

Supportive Service	Referred To:	Date	Comments
Day Care			
Housing			
Clothing			
Transportation			
Food			
Other			

YOUTH BARRIERS TO GOAL ACHIEVEMENT - Education, Training and Employment *(check all that apply)*

ALL BARRIERS MUST BE ADDRESSED IN THIS ISS:

Only available to 5% of In-School Youth Served

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Basic skills deficient | <input type="checkbox"/> Offender/ Ex-offender | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Not attending school in last 6 mos. |
| <input type="checkbox"/> School Drop Out | <input type="checkbox"/> Disability | <input type="checkbox"/> Homeless/Runaway/Foster Child | <input type="checkbox"/> High Poverty Area |
| <input type="checkbox"/> H.S. Grad/GED | <input type="checkbox"/> Age of Compulsory Attendance | <input type="checkbox"/> Below Grade level for age | <input type="checkbox"/> English language learner |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Low levels of literacy | <input type="checkbox"/> Cultural Barriers | <input type="checkbox"/> UI Covered Employer |
| <input type="checkbox"/> Pregnant or Parenting | <input type="checkbox"/> Receives/Eligible for Free Lunch | <input type="checkbox"/> SNAP | <input type="checkbox"/> Requires assistance achieving education or employment goals |

Barriers as defined by LWIB

Perceived Cultural Barriers

PLAN TO ADDRESS BARRIERS

Activities & Referrals	Date	Results	Comments

BASIC SKILLS EVALUATION

TABE	Functional Area	Date	Score	Educational Functioning Level
Pre-Test	Reading			
	Math			
POST-Test	Reading			
	Math			
POST-Test	Reading			
	Math			
POST-Test	Reading			
	Math			

GED PREPARATION AND TESTING

Activity	Achievement Benchmark	Date Set	Achievement Date		Comments
			Planned	Actual	
Reasoning through language arts					
Mathematics					
Science					
Social Studies					
Total Score					

EMPLOYABILITY / WORK MATURITY SKILLS PLAN

Activity	Achievement Benchmark	Date Set	Achievement Date		Comments
			Planned	Actual	

CAREER EXPLORATION PLAN

Activity	Achievement Benchmark	Date Set	Achievement Date		Comments
			Planned	Actual	

OCCUPATIONAL SKILLS TRAINING & WORK EXPERIENCE PLAN

Activity	Achievement Benchmark	Date Set	Achievement Date		Comments
			Planned	Actual	
	For Measurable Skills Gain				

MEASURABLE SKILLS GAINS ACHIEVED

Activity	Achievement Benchmark Date		Achievement Date		Comments
	Planned	Actual	Planned	Actual	

INDIVIDUAL SERVICE STRATEGY REASSESSMENT AND MODIFICATION

Appointment Date	Discussion Points and Modifications Made	Start Date	Comments

PLAN GAP INFORMATION

Date Set	Reason for Gap	End Date		Comments
		Planned	Actual	

FOLLOW-UP SERVICES

Contact & Appointment Date	Information or Services Provided	Comments

CASE MANAGEMENT/SKILLS TRAINING ACTIVITY - Tracking

Activity	Start Date		Completion Date		Provider	Project/Petition #
	Planned	Actual	Planned	Actual		

This Service Strategy was developed with my full knowledge and cooperation. I fully understand this is a planning document and do not hold the enrolling agency responsible for activities that may not occur. I understand I am responsible for maintaining contact with my case manager no less than once per month.

Signature: _____ Date: _____

Career Center Case Manager: _____ Date: _____

Youth Provider: _____ Date: _____

Attachment O

Document Checklist



ALABAMA WORKFORCE DEVELOPMENT

DOCUMENT CHECKLIST Eligibility - Service - Outcomes Youth, Adult, and Dislocated Worker

Applicant Name: First, Middle Initial, Last	Last 4 Digits of Social Security Number
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- ☐ The Applicant has submitted a completed application form or entered required information into the electronic data collection system and affixed appropriate documentation.

Eligibility Determination for Youth, Adult, and Dislocated Workers

- ☐ The applicant has provided documents to verify **Date of Birth.** *(Check all that apply)*
- ☐ Birth Certificate
 - ☐ Passport
 - ☐ DD-214, Report of Transfer or Discharge
 - ☐ Employment Record
 - ☐ State issued I.D. or Driver's License
 - ☐ School Record or I.D. *(Showing Age or Birth date)*
 - ☐ Public Assistance or Social Service Records
 - ☐ Other *(Please Describe)* _____
- ☐ The applicant has provided documents to verify **Citizenship/Right to Work** *(Check all that apply)*
- ☐ Photo I.D. & U.S. Birth Certificate **or** Photo I.D. & Social Security Card *(Photo I.D. includes state-issued driver's license or I.D. card, School I.D. with Photo I.D., Voter Registration Card)*
 - ☐ U.S. Passport or Permanent Resident Card, INS Form I-766 with Unexpired Employment Authorization
 - ☐ Unexpired Foreign Passport with I-551 Stamp or Form I-94 or I-94A
Consult Federal I-9 Form for Additional Acceptable Documents for all individuals including applicants under age 18)
- ☐ For males 18 years or older, **Selective Service Registration**
- ☐ Online verification of registration printout at www.sss.gov
 - ☐ Selective Service Registration Card
 - ☐ Waiver Form

Additional Reporting Requirements - ALL PARTICIPANT GROUPS

- ☐ The applicant has a verified **Social Security number** *(Check all that apply)*
- ☐ Social Security Card
 - ☐ Social Security Benefits
 - ☐ DD-214, Report of Transfer or Discharge
 - ☐ Employment Record
 - ☐ W-2 Form
 - ☐ Pay Stub
 - ☐ Letter from Social Service Agency
 - ☐ Telephone Verification *(form completed and placed in case file)*
 - ☐ Other *(Please Describe)* _____
- ☐ **Veteran's Status**
- ☐ DD-214
 - ☐ Letter/Documentation from VA

DOCUMENT CHECKLIST
Eligibility - Service - Outcomes
Youth, Adult, and Dislocated Worker

Last 4 Digits of Social Security Number

OUT-OF SCHOOL YOUTH

☐ **School Dropout or Age of Compulsory Attendance But has not attended for the Most Recent Complete School Year Calendar Quarter (defined as 9 weeks in Alabama)**

- ☐ N/A
- ☐ Applicant Statement *(form completed and in the file)*
- ☐ Attendance Record
- ☐ Dropout Letter
- ☐ Self-Certification Form
- ☐ Telephone Verification *(form completed and in the file)*
- ☐ Other *(Please Describe)* _____

☐ **Low Income* High School Diploma/GED & Basic Skills Deficient or English Language Learner**

- ☐ N/A
- ☐ Assessed by Generally Accepted Standardized Test
- ☐ School Records
- ☐ Telephone Verification *(form completed and in the file)*
- ☐ Other *(Please Describe)* _____

☐ **Offender - Juvenile or Adult System**

- ☐ N/A
- ☐ Applicant Statement *(form completed and in the file)*
- ☐ Court Documents
- ☐ Halfway House Resident
- ☐ Letter from Parole Officer
- ☐ Letter from Probation Officer
- ☐ Police Records
- ☐ Self-Certification *(form completed and placed in case file)*
- ☐ Telephone Verification *(form completed and placed in case file)*
- ☐ Other *(Please Describe)* _____

☐ **Homeless or Runaway Youth**

- ☐ N/A
- ☐ Applicant Statement *(form completed and in the file)*
- ☐ Written Statement from an Individual Providing Temporary Shelter
- ☐ Written Statement from Shelter
- ☐ Written Statement from Social Service Agency
- ☐ Self-Certification *(form completed and placed in case file)*
- ☐ Telephone Verification *(form completed and placed in case file)*
- ☐ Other *(Please Describe)* _____

☐ **Supported Foster Child**

- ☐ N/A
- ☐ Court Contact
- ☐ Court Documents
- ☐ Verification of Payment made on Behalf of the Child
- ☐ Written Statement from State/Local Agency
- ☐ Telephone Verification *(form completed and placed in case file)*
- ☐ Other *(Please Describe)* _____

DOCUMENT CHECKLIST
Eligibility - Service - Outcomes
Youth, Adult, and Dislocated Worker

Last 4 Digits of Social Security Number

OUT-OF SCHOOL YOUTH (continued)

☐ **Pregnant or Parenting**

- ☐ N/A
- ☐ Applicant Statement (*form completed and in the file*)
- ☐ Birth Certificate of Child
- ☐ Hospital Record of Birth
- ☐ Medical Card
- ☐ Physician's Note
- ☐ Referrals from Official Agencies
- ☐ School Program for Pregnant Teens
- ☐ School Records
- ☐ Statement from Social Service Agency
- ☐ Self-Certification (*form completed and placed in case file*)
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

☐ **For Youth with a Disability**

- ☐ N/A
- ☐ Verified in Individual with a disability

☐ **Low Income* Who requires Additional Assistance to Enter Educational Program or Secure or Hold Employment (*Low Incomer eligibility/documentation established in Low Income Section) Check One and document**

- ☐ Enter/Complete Educational Program

Documentation: _____

- ☐ Secure or Hold Employment

Documentation: _____

INDIVIDUAL WITH A DISABILITY

- ☐ N/A
- ☐ Letter from Drug or Alcohol Rehabilitation Agency
- ☐ Letter from Transition Team Stating Specific Disability
- ☐ Medical Records
- ☐ Observable Condition (*Applicant Statement Needed*)
- ☐ Physician's Statement
- ☐ Psychologist/Psychiatrist Diagnosis
- ☐ Rehabilitation Evaluation
- ☐ School Records (504 Plan or IEP)
- ☐ Records/Referral from Social Service Agency
- ☐ Social Security Administration Disability Records
- ☐ Veteran's Administration Letter/Records
- ☐ Vocational Rehabilitation Letter/Records
- ☐ Children's Rehabilitation Letter/Records
- ☐ Self-Certification (*form completed and placed in case file*)
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

DOCUMENT CHECKLIST
Eligibility - Service - Outcomes
Youth, Adult, and Dislocated Worker

Last 4 Digits of Social Security Number

LOW INCOME ELIGIBLE -If Applicable, Check One

☐ N/A

☐ **Supplemental Nutrition Assistance Program (SNAP)**

- ☐ N/A
- ☐ Authorization to Obtain SNAP within the last 6 months prior to application
- ☐ Current SNAP Award Letter
- ☐ SNAP/EBT Card Activity/Balance
- ☐ Letter from SNAP disbursing Agency
- ☐ Postmarked SNAP Mailer with Applicable Name and Address
- ☐ SNAP Records/Printout
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

☐ **Temporary Assistance to Needy Families (TANF) or State/Local Income Based Assistance**

- ☐ N/A
- ☐ Authorization to Obtain TANF or Cash Public Assistance within the last 6 months prior to application
- ☐ Copy of TANF or Public Assistance Check
- ☐ TANF or Public Assistance Records/Printout
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

☐ **Supplemental Security Income (SSI)**

- ☐ N/A
- ☐ Award Letter from Social Security Administration
- ☐ Copy of SSI Check
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

☐ **Individual Family Income**

- ☐ N/A, if using TANF, SNAP, SSI, Homeless, Foster Child, national School Lunch Act (free/reduced price), Disability or High-Poverty Area to Determine Low Income Individual
- ☐ Alimony Agreement
- ☐ Applicant Statement
- ☐ Award Letter from Veteran's Administration
- ☐ Bank Statement (Direct Deposit)
- ☐ Compensation Award Letter
- ☐ Court Award Letter
- ☐ Employer Statement/Contact
- ☐ Farm or Business Financial Records
- ☐ Housing Authority Verification
- ☐ Pay Stubs
- ☐ Pension Statement
- ☐ Public Assistance Records
- ☐ Quarterly Estimated Tax for Self-Employed Persons (Schedule C)
- ☐ Social Security Benefits
- ☐ UI Document or Printout
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

DOCUMENT CHECKLIST
Eligibility - Service - Outcomes
Youth, Adult, and Dislocated Worker

Last 4 Digits of Social Security Number

☐ **Number in Family**

- ☐ N/A, if using TANF, SNAP, SSI, Homeless, Foster Child, national School Lunch Act (free/reduced price), Disability or High-Poverty Area to Determine Low Income Individual --NOTE--Family Size must be determined if Family Income is used for Low Income determination.. Family Size does not need to be documented but the family for the individual needs to be established.
- ☐ Applicant Statement/Self Certification Statement of Family Status
- ☐ Decree of Court
- ☐ Disabled (*see Individual with a Disability*)
- ☐ Landlord Statement
- ☐ Marriage Certificate
- ☐ Medical Card
- ☐ Most recent tax return supported by IRS Document
- ☐ Public Assistance / Social Service Agency Records
- ☐ Public Housing Authority Verification (*if resident or on waiting list*)
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

☐ **Homeless or Runaway Youth**

- ☐ N/A
- ☐ Verified in Out of School Youth Criteria

☐ **Free/Reduced Lunch under National School Lunch Act**

- ☐ Letter from School
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

☐ **Supported Foster Child**

- ☐ N/A
- ☐ Verified in Out of School Youth Criteria

☐ **For Youth with a Disability**

- ☐ N/A
- ☐ Verified in Individual with a disability

☐ **Youth Living in High-Poverty Area**

- ☐ N/A
- ☐ State Issued Driver's License or I.D.
- ☐ School I.D.
- ☐ Housing Authority Verification
- ☐ Statement from Landlord
- ☐ Mail with Current Address
- ☐ Telephone Verification (*form completed and placed in case file*)
- ☐ Other (*Please Describe*) _____

DOCUMENT CHECKLIST
Eligibility - Service - Outcomes
Youth, Adult, and Dislocated Worker

Last 4 Digits of Social Security Number

DISLOCATED WORKER -If Applicable, Check One

Date of Dislocation

☐ N/A

☐ **Category A - Termination or laid off, or Received notice of termination or layoff, Is eligible for US or has exhausted US, AND is unlikely to return to previous industry or occupation**

- ☐ N/A
- ☐ Certification of Expected Separation
- ☐ Local Workforce Development Board Determination
- ☐ Letter from Employer
- ☐ Documentation from Employment Agency
- ☐ UC Screens
- ☐ Self Certification Forms
- ☐ DD214
- ☐ Telephone Verification (form completed and placed in case file)
- ☐ Other (Please Describe) _____

☐ **Category B - Terminated or laid off, or Received notice of termination or layoff As the result of a permanent closure or substantial layoff**

- ☐ Certification of Expected Separation
- ☐ Letter from Employer
- ☐ Media Announcement with Employment Verification
- ☐ Self-Certification Form
- ☐ Telephone Verification (form completed and placed in case file)
- ☐ Other (Please Describe) _____

☐ **Category C - Formerly Self-Employed (including employment as a farmer, a rancher, or a fisherman) and presently unemployed due to : General Economic Conditions in residing community or Permanently relocated due to Natural Disaster**

- ☐ Business License or Permit
- ☐ IRS Documentation
- ☐ Unemployment Rate
- ☐ Failure of Business Supplier
- ☐ Failure of Business Customer
- ☐ Depressed Markets or Prices
- ☐ Federal or State Declaration of Disaster
- ☐ Self-Certification Form
- ☐ Telephone Verification (form completed and placed in case file)
- ☐ Other (Please Describe) _____

☐ **Category D - Displaced Homemaker who was previously providing unpaid services, and has been dependent on the income of another family member; OR Is the dependent spouse of an Active Duty Armed Forces member and whose family income is significantly reduced because of deployment, a call or order to active duty, a permanent change of station, or the service-death or disability of the member; AND is unemployed or underemployed and is having difficulty finding or upgrading employment.**

- ☐ Applicant Statement
- ☐ IRS Documentation
- AND**
- ☐ Court Records
- ☐ Public Assistance Records
- ☐ Medical Records
- ☐ Bank Records
- AND**
- ☐ Employer Verification
- ☐ Public Assistance Records
- ☐ Self-Certification
- ☐ Telephone Verification
- ☐ Military Orders

DOCUMENT CHECKLIST
Eligibility - Service - Outcomes
Youth, Adult, and Dislocated Worker

Last 4 Digits of Social Security Number

SERVICE AND OUTCOME INFORMATION

☐ **Employment Status at Participation**

- ☐ Pay Stub
- ☐ Self-attestation
- ☐ Case Notes
- ☐ Other (Please Describe) _____

☐ **School Status at Participation / School Status at Exit**

- ☐ School Records
- ☐ Case Notes
- ☐ Other (Please Describe) _____

☐ **Date of Exit**

- ☐ Self-attestation
- ☐ Case Notes
- ☐ Other (Please Describe) _____

☐ **Date Entered Training**

- ☐ Training Vendor Documentation
- ☐ Case Notes
- ☐ Other (Please Describe) _____

☐ **Date Completed or Withdrew from Training**

- ☐ Training Vendor Documentation
- ☐ Case Notes
- ☐ Other (Please Describe) _____

☐ **Type of Recognized Credential, Diploma, GED or Certification**

- ☐ Transcripts
- ☐ Certificates
- ☐ Diplomas
- ☐ Letter or other Documentation from School System
- ☐ Case Notes
- ☐ Other (Please Describe) _____

☐ **Youth Placement / Retention Information**

- ☐ Apprenticeship Verification
- ☐ Documentation of Military Service
- ☐ Documentation of advanced Training or Post-Secondary Education
- ☐ Transcripts
- ☐ Employer Contact
- ☐ Case Notes
- ☐ Other (Please Describe) _____

Counselor / Clarification Notes:

Staff Certifier:

Date:

Reviewer:

Date:

Attachment P

Selective Service Waiver



ALABAMA WORKFORCE DEVELOPMENT SELECTIVE SERVICE WAIVER



Applicant Name: First, Middle Initial, Last	Date of Birth	Application Date

The above named Applicant meets all other requirements for the Workforce Innovation and Opportunity Act and is otherwise eligible. Eligibility is based on the following selective service registration waiver:

☐ Institutionalized for the entire period between the ages 18-26.

Name of Institution: _____ Date Entered: _____ Date Released: _____

Verification Contact Name/Title: _____ Telephone #: _____

☐ Visible disability that would permanently disqualify him from military service.

Describe disability observed: _____

☐ Appeal made to the Selective Service and a Registered Status Information Letter was received, indicating that according to their record the applicant was not required to register.

☐ Entered U.S. after 26th birthday (Please attach a copy of immigration documentation showing U.S. entry date.

☐ Failure to register was not knowing and willful (Attach documentation)

For Office Use Only

CERTIFICATION

I certify that the information provided above is true and that all documentation is, to the best of my knowledge, authentic.

Signature: _____ Date: _____

Attachment Q

Telephone/Documentation Verification



ALABAMA WORKFORCE DEVELOPMENT TELEPHONE/DOCUMENTATION VERIFICATION



Applicant Name: First, Middle Initial, Last		Application Date
--	--	-------------------------

WIOA eligibility criteria may be verified by telephone contacts with cognizant governmental or social service agencies, or by document inspection. **The information obtained must be documented; when documentation is accomplished via telephone or document inspection, staff are required to use a standardized form for monitoring and audit purposes.**

Information recorded must be adequate to enable a monitor or auditor to trace back to the cognizant agency or the document used.

Telephone verification must include the name of the agency representative providing the verification information. *In some cases, the information provided by an agency through telephone contact may be sufficient to satisfy multiple WIOA criteria. For example, verification that an applicant has been determined eligible to receive TANF can satisfy the requirements for Youth and Adult low income.*

Documentation through **document inspection** is appropriate when documents cannot or may not be machine copied.

Agencies that may assist in verifying via telephone:

Local Schools

Social Security Administration
Veterans Administration
Medical and Health facilities
Vocational Rehabilitation facilities
Drug & Alcohol Rehabilitation facilities
Homeless Shelters
Judicial Agencies
State and Local Government Agencies

<input type="checkbox"/> Telephone Verification of WIOA Eligibility	Name of Document Verified _____
Eligibility Item to be Verified: _____	
Information Verified: _____	
Agency Providing Verification: _____	
Agency Contact Name: _____	Verified Date _____ and Time _____
Agency Contact Telephone # _____	

<input type="checkbox"/> Documentation Inspection Verification of WIOA Eligibility	Name of Document Verified _____
Eligibility Item to be Verified: _____	
Document to be inspected: _____	
Original Source of Document: _____	
Reason for Document Inspection: _____	
<input type="checkbox"/> Remote site eligibility - No Copier Available	<input type="checkbox"/> On-site eligibility - No Copier Available

CERTIFICATION

I attest that the information recorded on this document verification form was obtained through telephone contact or document inspection on the above date. As indicated by the agent, all information was obtained from data previously determined and recorded in the applicant's records at the agency providing the eligibility verification.

OR

I attest that the document inspection, verified the primary/secondary items required to determine eligibility for the WIOA program.

Signature: _____ Date: _____

Attachment R

Verification of Employment /Income



ALABAMA WORKFORCE DEVELOPMENT

Verification of Employment/Income



WIOA Applicant Name: First, Middle Initial, Last	Application Date
Employee Requesting Verification: First, Middle Initial, Last	Relationship to Applicant

TO WHOM IT MAY CONCERN:

This form is authorization to release information concerning my employment/income as required for Workforce Innovation and Opportunity Act (WIOA). In order to establish eligibility for training and employment services under WIOA, for myself or a family member, verification of income received during the period ___/___/___ to ___/___/___ is required. Please complete this form as soon as possible and return to the address below.

Thank you for your cooperation and prompt return of this information.

Employee Signature: _____ Emp. SSN#: _____

TO BE COMPLETED BY EMPLOYER

Please provide the information requested below for the employee listed above; this information will be used to assist in establishing eligibility for the Workforce Innovation and Opportunity Act.

EMPLOYER INFORMATION

Employer's Name	Employer's Contact Name/Title	Telephone Number	
Address	City	State	Zip Code

EMPLOYEE INFORMATION

Occupation/Position Title	Employment Date	Income Determination Date
 	From: To:	From: To:
Total Gross Wages/Salary (Includes all pay received (before deductions) inclusive of income determination date listed above)		
\$ _____		

Signature of Employer Representative: _____

Title: _____ Date: _____

For Office Use Only

CERTIFICATION

The information above may be completed by the contractor if verified by telephone contact; staff must indicate who supplied the information and the date the telephone contact was made.

Signature: _____ Date: _____

Attachment S

Verification of Termination or Layoff



ALABAMA WORKFORCE DEVELOPMENT DISLOCATED WORKER PROGRAM



Verification of Termination or Layoff

Name: First, Middle Initial, Last	Application Date
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TO BE COMPLETED BY EMPLOYER

Please provide the information requested below for the employee listed above; this information will be used to assist in establishing eligibility for the Workforce Innovation and Opportunity Act.

EMPLOYER INFORMATION

Employer's Name	Employer's Contact Name/Title	Telephone Number
Address	City	State
		Zip Code

EMPLOYEE INFORMATION

Occupation/Position Title	Employment Date
	From: To:
Has the applicant been terminated or received notice of termination (i.e. separated from Employment due to reasons other than discharge for cause, voluntary departure or retirement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the termination a result of the permanent closure of the plant/facility/enterprise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the termination the result of a substantial layoff at the plant/facility/enterprise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the applicant's position/occupation covered by unemployment insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____ Title: _____ Date: _____	

For Workforce Development Office Use Only

CERTIFICATION

I certify that I have contacted the above named employer/representative and the information provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____

VERIFICATION OF PUBLIC ANNOUNCEMENT

Date of Telephone Verification: _____ Dislocated Worker Specialist Contacted: _____

Media Announcement Source: _____ Date of Closure/Layoff: _____

Documentation Information Specific to Closing/Layoff: _____

NOTE: The following criteria are required for meeting eligibility policy under the "Public Announcement"

- ☐ 1. Must employ 50 or more workers
- ☐ 2. Been declared through Media
- ☐ 3. Specific sites must be due to close by a specific date. List Sites: _____

I certify that the information provided above meets the requirements for Dislocated Worker Eligibility under a "Public Announcement".

Signature: _____ Date: _____

Attachment T

Self Certification / Applicant Statement



ALABAMA WORKFORCE DEVELOPMENT



Self Certification / Applicant Statement

Applicant Statement/Self Certification cannot be used to certify social security number, citizenship, birth date, or selective service

WIOA allows for Self-Certification/Applicant Statement to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. **A Self-Certification/Applicant Statement may be used after all practical attempts to secure documentation have failed.** In order to utilize the Self-Certification as documentation, this form must be utilized.

****Applicant Statements must be verified by a corroborating witness!**

I hereby certify under penalty of perjury, the following information is true:

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant Signature _____ Date: _____

Signature of Parent or Guardian (as needed): _____ Date: _____

****Corroborating Witness (as needed):** _____ **Telephone #:** _____

****Corroborating Witness Relationship to Applicant:** _____

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip Code _____

Applicant Telephone # _____

The above Applicant Statement/Self Certification is being utilized for documentation of the following eligibility criteria::

For Office Use Only

CERTIFICATION/VERIFICATION

I certify that the information recorded on this form was provided by the individual whose signature appears above under applicant signature. I also verify that the above named witness has been contacted, as need for an applicant statement, to corroborate the information of the applicant.

Signature: _____ Title: _____ Date: _____

Attachment U

Customer Exit



ALABAMA WORKFORCE DEVELOPMENT CUSTOMER EXIT



Name: First, Middle Initial, Last		Social Security #	
Exit Date	Other Reasons for Exit		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Institutionalized</div><div><input type="checkbox"/> Deceased</div><div><input type="checkbox"/> Ineligible</div><div><input type="checkbox"/> Criminal Offender</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Health/Medical</div><div><input type="checkbox"/> Foster Care</div><div><input type="checkbox"/> Reserve Forces- call to Active Duty</div></div>			
Most recent Date Referred to Employment:		Retained with the same employer in Q2 and Q4 (for all participants to be completed ONLY during 4th Quarter after Exit) <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT INFORMATION			
Employer's Name		Address	City
			State
			Zip Code
Employee Job Title		Hourly Wage	Employment Date
			O-Net Code
		Entered Non-Traditional Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entered Training-Related Employment (Leave blank if participant did not receive a training service)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recognized Education Type: (If attained credential by End of Q4 after Exit) Check and enter date			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Secondary School Diploma/GED ____/____/____</div><div><input type="checkbox"/> Occupational Licensure ____/____/____</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> AA or AS Diploma/Degree ____/____/____</div><div><input type="checkbox"/> Occupational Certificate ____/____/____</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> BA or BS Diploma/Degree ____/____/____</div><div><input type="checkbox"/> Occupational Certification ____/____/____</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Graduate/Post Graduate Degree ____/____/____</div><div><input type="checkbox"/> Other Recognized Diploma/Degree/Cert. ____/____/____</div></div>			
Youth ONLY			
School Status at Exit (select one)			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Secondary or less</div><div><input type="checkbox"/> Not Attending/Secondary School Dropout</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Alternative School</div><div><input type="checkbox"/> Not Attending/Secondary School Grad or GED</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Postsecondary School</div><div><input type="checkbox"/> Not Attending/within compulsory attendance age</div></div>			
Youth 2nd Quarter Placement <input type="checkbox"/> Yes <input type="checkbox"/> No			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Secondary or less</div><div><input type="checkbox"/> In School, Secondary or less</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Alternative School</div><div><input type="checkbox"/> In School, Alternative School</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Postsecondary School</div><div><input type="checkbox"/> In School, Postsecondary School</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Secondary or less</div><div><input type="checkbox"/> In School, Secondary or less</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Alternative School</div><div><input type="checkbox"/> In School, Alternative School</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Postsecondary School</div><div><input type="checkbox"/> In School, Postsecondary School</div></div>			
Youth 4th Quarter Placement <input type="checkbox"/> Yes <input type="checkbox"/> No			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Secondary or less</div><div><input type="checkbox"/> In School, Secondary or less</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Alternative School</div><div><input type="checkbox"/> In School, Alternative School</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Postsecondary School</div><div><input type="checkbox"/> In School, Postsecondary School</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Secondary or less</div><div><input type="checkbox"/> In School, Secondary or less</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Alternative School</div><div><input type="checkbox"/> In School, Alternative School</div></div>			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> In School, Postsecondary School</div><div><input type="checkbox"/> In School, Postsecondary School</div></div>			
Date Enrolled in Post Exit Education or Training Program leading to a recognized Postsecondary Credential		Date: _____	
FOLLOW-UP SERVICES: (Enter most recent date follow-up services received)			
Date: _____			
<div style="display: flex; justify-content: space-between;"><div>Staff Signature: _____</div><div>Date: _____</div></div>			
<div style="display: flex; justify-content: space-between;"><div>Agency/Career Center: _____</div><div>Telephone #: _____</div></div>			
<div style="display: flex; justify-content: space-between;"><div>Reviewer Signature: _____</div><div>Date: _____</div></div>			