

PERSONAL BUDGET FORM			
PERSONAL BUDGET		NAME:	PID:
INCOME			
Source 1		Income Total	
Source 2		Expense Total	
Other Sources		Difference	
HOME EXPENSES		LOANS/CREDIT CARDS/MISC.	
Rent/Mortgage		Student Loans	
Electric		Personal Loans	
Gas		Home Equity Loan	
Water		Credit Cards	
Phone		Personal Care	
TV/Cable/Wi-Fi		Child Care	
Insurance		Personal Care	
Taxes		Clothing	
Repairs		Tax Penalty Payment	
Home Owner Assoc Fees		Supplies	
Food		Other	
AUTO/TRANSPORTATION EXPENSES		MEDICAL EXPENSES	
Auto Payment		Insurance	
Insurance		Medication	
Gas		Co-pay	
Repair/Maintenance		Other	
Participant Signature	Date	Case Manager	Date
<p>Instructions: Fill in participant name and ID# in the appropriate box. Identify income sources and fill in the appropriate box. Fill in dollar amount of all expenses in the box next to the appropriate listed expense. Expenses not listed should be filled in as other. Total all income sources and list the dollar amount next to the Income Total box. Total all expenses and list the dollar amount next to the Expense Total box. Subtract Income Total for Expense Total to calculate the Difference and enter the dollar amount in the appropriate box.</p>			



Equal opportunity employment/program. Auxiliary aids and services are available upon request to individuals with disabilities.

SUPPORTIVE SERVICE NEEDS CHECKLIST

Check any issues for which you have a need at this time.

	<i>Yes</i>	<i>No</i>
1. Assistance with transportation	<input type="checkbox"/>	<input type="checkbox"/>
2. Assistance with child care or dependent care	<input type="checkbox"/>	<input type="checkbox"/>
3. Assistance with housing	<input type="checkbox"/>	<input type="checkbox"/>
4. Referral to medical assistance	<input type="checkbox"/>	<input type="checkbox"/>
5. Assistance with uniforms or other work attire	<input type="checkbox"/>	<input type="checkbox"/>
6. Assistance with tools, equipment, or supplies	<input type="checkbox"/>	<input type="checkbox"/>
7. Assistance with eye glasses and/or protective eye glasses	<input type="checkbox"/>	<input type="checkbox"/>
8. Need special adaptation for work or training because of disability	<input type="checkbox"/>	<input type="checkbox"/>
9. Assistance with family or personal issues	<input type="checkbox"/>	<input type="checkbox"/>

Indicate any concerns not addressed in the above list:

Signature

Date

Notice of Grievance Procedures for Nondiscrimination Complaints

The Northeast Workforce Development Board (NEWDB) has selected Odle Management, Inc as a provider of services under the federal Workforce Investment Act (WIOA) of 1998. As a recipient of federal financial assistance, Odle Management, Inc has made assurances that it will comply with the requirements of the WIOA law and regulations.

We strive to deliver high-quality workforce development services in a manner that is completely consistent with the WIOA law. If you believe that the rules of the WIOA law or its regulations have been violated in any way, please let us know. You have a right to be heard.

Notice of Grievance Procedures

Every applicant, participant, employee or other interested party shall have the right, without fear of reprisal, to present a complaint or grievance.

Grievances are divided into two areas. If a complaint is lodged on grounds of race, color, religion, sex (including pregnancy), national origin, citizenship or status as a lawfully admitted immigrant authorized to work in the United States, age (40 or over), disability or genetic information, political affiliation or belief, it is an equal opportunity or discrimination complaint. Please see our "Discrimination Complaint Processing Procedures" with local contact information for further information.

If the complaint is based on grounds other than those listed above, it is considered a non-discrimination complaint. If you believe that the rules of the WIOA have been broken, it is your right to file a complaint and you cannot be penalized in any way for filing a complaint.

You can learn more about our grievance procedures by contacting the following individual:

Northeast Workforce Development Board
Linda Wilson and EEO Officer
1505 Lynn Riggs Blvd STE D, Claremore, OK 74017
406-459-6113 TDD 800.722.0353

The procedures describe the steps you must take in order to file a formal complaint, including:

- Time limits for filing: Generally, you have 15 days from the date of the violation to file a grievance;
- How to describe your complaint, including the alleged violation of the law;
- How to request an informal resolution of your grievance;
- Your right to a written determination; and
- Your right to file an appeal to the Oklahoma Department of Commerce.

Equal Opportunity Employer/Program
Auxiliary Aids and Services are Available upon Request to Individuals with Disabilities



*Equal opportunity employment/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*

DISCRIMINATION COMPLAINT PROCESSING PROCEDURES

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

- Against any individual in the U.S., on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information, political affiliation, or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I financially assisted program or activity.
- The recipient must not discriminate in any of the following areas:

Deciding who will be admitted or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in or treating any person with regard to such a program or activity; or making employment decisions in the administration of or in connection with such a program or activity.

What to do if you believe you have experienced discrimination

If you think that you have been subjected to discrimination under a WIOA Title I financially assisted program or activity:

You may file a complaint within 180 days from the date of the alleged violation with either the recipient's Equal Opportunity Officer or person who has been designated for this purpose whose name, address and phone number is listed below, **OR** the Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Northeast Workforce Development Board, Linda Wilson, EEO Officer
1505 Lynn Riggs Blvd STE D, Claremore, OK 74017
406-459-6113 TDD 800.722.0353

Equal Opportunity Employer/Program
Auxiliary Aids and Services Available Upon Request to Individuals with Disabilities



*Equal opportunity employment/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*

Northeast Workforce Development Board

**AUTHORIZATION FOR: Request and Release of Confidential Information
Grievance Procedures
Discrimination Complaint Processing Procedures**

One of Northeast Workforce Development Board's (NEWDB) goals is to make services more accessible. In order to accomplish this goal and better serve you, it is necessary for agencies to share certain information about you. Please read this form very carefully and ask any questions you may have before signing it.

I agree that the service provider of the NEWDB may release any information furnished by me or resulting from my participation in WIOA sponsored activities and requested by prospective employers, educational institutions, social service agencies or military service.

I further authorize the release of any information requested by the service provider of the NEWDB from past or present employers, educational institutions, social service agencies or military services. This information will be used for determining eligibility, statistical reporting, employment verification, skills attainment and measuring performance of Workforce Centers.

I understand that my records are protected under State and Federal law and cannot be disclosed without my written consent unless otherwise provided for in State and Federal law.

I understand that by signing this form I am agreeing to the sharing of my information. I understand that I may cancel my consent at any time by delivering a written notice of my cancellation to the NEWDB service provider office. A copy of this consent for sharing of information is considered valid.

I hereby certify that I have been informed and given a copy of the NEWDB complaint procedures regarding discrimination, non-discrimination and equal opportunity to file a complaint.

Participant Signature

Date

Parent/Guardian (if applicant is under age 18)

Date

**Linda Wilson, EEO Officer, Northeast Workforce Development Board, Inc.
1505 Lynn Riggs Blvd STE D
Claremore, OK 74017**

**The Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue NW,
Room N-4123, Washington, DC 20210**

*Equal Opportunity Employer/Program
Auxiliary Aids and Services Available Upon Request to Individuals with Disabilities*



*Equal opportunity employment/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*



NEWS MEDIA AND MEDIA PRODUCTION RELEASE OF INFORMATION

Name: _____			Date: _____
First	Middle	Last	
Address: _____			
Street or Post Office Box			
City: _____	State: _____	Zip Code: _____	
Participant ID: _____		Telephone Number: _____	

I, _____, do hereby give the Oklahoma Employment Security Commission (OESC), Local Workforce Investment Board (NEWDB), and/or WIOA Service Provider full permission to use or release the information in the categories checked below. I understand the information about me will be used to promote public awareness and educate persons with an interest in utilizing the services of the OESC, NEWDB, and/or WIOA Service Provider to find employment, obtain training, and participate in the many other services provided by the OESC, NEWDB, and/or WIOA Service Provider. The information may be included in a newspaper article written by a reporter, who is not employed by the OESC, NEWDB, and/or WIOA Service Provider or public awareness material produced by the OESC, NEWDB, and/or WIOA Service Provider. I further understand that the OESC, NEWDB, and/or WIOA Service Provider does not have any control over the information included in a newspaper article, including the caption under the pictures or the headline used for the article. I further understand that I will not receive any fee or compensation for the use of this information, nor will receive any royalty for its use. I further understand that the information, in written, oral, picture, or video form is prohibited from use for commercial or political purpose.

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Business or occupation | <input type="checkbox"/> Photographs, video or digital images |
| <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Address (street, city, town, or county) |
| <input type="checkbox"/> I do not give my permission to use or release any of my information for any news media or media production purpose. | |

Participant Signature

Date

Parent/Guardian Signature (if participant is under 18)

Date

Approval

Authorized WIOA Representative

Date



*Equal opportunity employment/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*

Applicant Name: _____

CONTACT INFORMATION

Workforce Oklahoma WIOA must occasionally contact you, both during and after participation on our programs, to provide you with follow-up information and assistance critical to your employment and training needs. Please list three individuals who may help us locate you in the event that we are unable to contact you at your current phone number or address. Contact information should be different from your personal information. Please list 3 individuals who will probably always know how to contact you.

Contact 1:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Alternate #: _____

Email: _____

Contact 2:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Alternate: _____

Email: _____

Contact 3:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Alternate #: _____

Email: _____



*Equal opportunity employment/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*

WIOA Youth Support Form

IDENTIFYING INFORMATION

Applicant's Name:

Last

First

MI

Participant ID:

Application Date:

☐ I HAVE HAD LITTLE OR NO INCOME OR I AM A MEMBER OF A FAMILY THAT HAS HAD LITTLE OR NO INCOME FOR THE 6-MONTH PERIOD PRIOR TO APPLICATION.

1. What is your household's monthly grocery bill? _____

How does your household pay for this expense? _____

2. What are your household's monthly housing expenses (include rent and utilities)? _____

How does your household pay for this expense? _____

3. What are your household's monthly transportation expenses (car payment, gas, bus, etc.)? _____

How does your household pay for this expense? _____

4. What is the average monthly cost for clothing and shoes for your household? _____

How does your household pay for this expense? _____

5. What are your household's monthly entertainment expenses? _____

How does your household pay for this expense? _____

☐ I LIVE WITH MY PARENTS/GUARDIAN OR OTHER RESPONSIBLE ADULT BUT AM INDEPENDENT BECAUSE:

☐ I am an orphan or ward of the court or was a ward of the court until I reached the age of 18 (attach documentation).

☐ I am a veteran of the Armed Forces of the United States (attach documentation).

☐ I am a graduate or professional student (in college, beyond a bachelor's degree) (attach documentation).

☐ I am a married individual (attach documentation).

☐ I have legal dependents other than a spouse (attach documentation).

☐ I am a student for whom a financial aid administrator made a documented determination of independence (attach documentation).

☐ I provide more than 50% of my own support (complete questions below).

☐ I am 18 and not attending secondary school.

1. During this time period, for what items (rent, utilities, food, insurance, clothing, etc.) did your parents pay? _____

What is the total approximate cost of these items? _____

2. During this time period, for what items (rent, utilities, food, insurance, clothing, etc.) did you pay? _____

What is the total approximate cost of these items? _____

3. What is the approximate percentage of support that you provided?

$$\frac{\text{Total cost of items you paid for:}}{\text{Total cost of all items paid for:}} \times 100 = \text{\%}$$
4. Do you provide more than 50 percent of your own support according to these calculations? ☐ Yes ☐ No

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 FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature

Date

Case Manager Signature

Date

EMPLOYMENT HISTORY
(Present to Past)

Job Title: _____		Duties: _____		
Employer/Company: _____		Phone #: _____		
Address: _____				
Contact Person: _____		Title: _____		
Start Date: _____		End Date: _____		
		Hourly Weekly Monthly Annually		
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td></td></tr></table>	
Reason for Leaving: _____				

Job Title: _____		Duties: _____		
Employer/Company: _____		Phone #: _____		
Address: _____				
Contact Person: _____		Title: _____		
Start Date: _____		End Date: _____		
		Hourly Weekly Monthly Annually		
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td></td></tr></table>	
Reason for Leaving: _____				

Job Title: _____		Duties: _____		
Employer/Company: _____		Phone #: _____		
Address: _____				
Contact Person: _____		Title: _____		
Start Date: _____		End Date: _____		
		Hourly Weekly Monthly Annually		
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td></td></tr></table>	
Reason for Leaving: _____				

Job Title: _____		Duties: _____		
Employer/Company: _____		Phone #: _____		
Address: _____				
Contact Person: _____		Title: _____		
Start Date: _____		End Date: _____		
		Hourly Weekly Monthly Annually		
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td></td></tr></table>	
Reason for Leaving: _____				

Participant Signature

Date

A proud partner of the  americanjobcenter network

*Equal opportunity employment/program.
Auxiliary aids and services are available upon request to individuals with disabilities.*

WIOA Youth Telephone Verification**IDENTIFYING INFORMATION**

Applicant's Name:

Last

First

MI

Participant ID:

Application Date:

NOTE: In addition to eligibility items, this form may be used to document other information. Be sure to clearly mark the appropriate reason for using the Telephone Verification – ELIGIBILITY ITEM or OTHER

TELEPHONE VERIFICATIONTELEPHONE VERIFICATION USED FOR: ☐ ELIGIBILITY ITEM ☐ OTHER (EXPLAIN) _____

SUBJECT TO BE VERIFIED: _____ DATE VERIFIED: _____

AGENCY OR THIRD PARTY RELATIONSHIP: _____

CONTACT NAME: _____ PHONE NUMBER: _____

COMMENTS: _____

CERTIFICATION

I attest that the information recorded by me on this form was obtained through telephone contact 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.

Case Manager Signature_____
Date

WIOA Youth Income Eligibility Form: Part I

IDENTIFYING INFORMATION

Applicant's Name:

Last

First

MI

Participant ID:

Application Date:

Income Period – From (6 months prior to application):

To (application date):

NOTE – Family Income Calculation: Complete and attach Part II: Income Calculation, for each family member with earned income during the 6 month income review period. **Documentation of income source(s), family size, and Parts I & II of this form must be in the participant paper case file.**

Family Composition: List each family member. Refer to *WIOA Youth Program Eligibility and Data Validation Policy* for help in determining dependent status of applicant. If applicant lives with parents but claims family size of 1 due to providing more than 50 percent of his/her support, then the appropriate section of Attachment C, WIOA Youth Support Form, must also be completed.

Family Member	Name	Relationship	Date of Birth	Age	Income Source(s)	6-Month Income
1		Self/Applicant				
2						
3						
4						
5						
6						
7						
8						

Income Review	Family Size:	Income Limit: <small>* to be taken from 'at or below Poverty Line or 70% LLSIL'</small>	Total 6-Month Income:
			6-Month Income X 2: <small>* to be compared to INCOME LIMIT</small>

Certification	I attest that to the best of my knowledge the above information is true and correct.
----------------------	--

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

Date

Case Manager Signature

Date

Family income calculations INCLUDE the following:	Family income calculations EXCLUDE the following:
<ul style="list-style-type: none"> Gross wages and salaries before deductions Net income (gross income minus operating expenses) from a business or other non-farm enterprise Net income from farm self-employment (income from a farm which operates as an owner, renter, or sharecropper, after deductions from farm operating expenses) Social Security Disability Insurance (SSDI) Governmental and non-governmental pensions (including military retirement pay) Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation and training stipends Alimony Merit based scholarships, fellowships, and assistantships i.e. the recipient may be determined by students' athletic, academic, artistic or other abilities Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings Terminal leave pay, severance pay, or a cash out of accrued vacation leave Disaster Relief Employment wages On-the-Job Training (OJT) wages 	<ul style="list-style-type: none"> Unemployment compensation Child support payments and foster child care payments Old age and survivors' insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402) Income earned while the veteran was in Active Military Duty, and certain other Veteran's Benefits Federal non-cash benefits such as: Medicare, Medicaid, food stamps, school lunches, and housing assistance Assets drawn down as withdrawals from a bank Public Assistance payments: TANF, SSI, GA, and RCA One time cash payment, which includes: tax refunds, loans, one-time insurance payments or compensation for injury, gifts and lump sum inheritances Job Corps payments Cash value of employer-paid or union-paid portion of health insurance or other employee fringe benefits Cash value of food or housing received in lieu of wages Payments received under the Trade Readjustment Act of 1974 Needs-based scholarship assistance Financial assistance under Title IV of the Higher Education Act Stipends received from the following programs: VISTA, Peace Corps, Foster Grandparents Program, Retired Senior Volunteer Program, Youth Works/AmeriCorps Program All WIOA payments except OJT

Family Member: _____ **Relationship:** _____

Employer or Income Source		Pay Date	# Weeks in Time Frame	=	Pay Period Gross Pay
1				=	
2				=	
3				=	
4				=	
5				=	
6				=	
7				=	
8				=	
a) 6-Month Income: Sum of all Pay Period Gross Pays				=	

Employer or Income Source		Pay Date	Gross Pay	÷	# Weeks in Time Frame*	=	Weekly Gross Income
1				÷		=	
2				÷		=	
3				÷		=	
a) Average Weekly Gross: Sum of Weekly Gross Income ÷ # of Pay Stubs						=	
b) 6-Month Income: Average Weekly Gross x # Weeks Included During Income Review						=	

☐ **Year-to-Date Method:** Use this method if the family member provides a recent pay stub or income source with the cumulative year-to-date gross income indicated on it.

To date gross income indicated on:								
Employer or Income Source		Pay Date	Cumulative Gross Pay	÷	# Weeks	Cumulative	=	Weekly Gross Income
1				÷			=	
2				÷			=	
3				÷			=	
a) Average Weekly Gross: Sum of Weekly Gross Income ÷ # of Income Document							=	
b) 6-Month Income: Average Weekly Gross x # Weeks Included During Income Review							=	

Employer		Description of Work	Start Date	End Date	Total Gross Income
1					
2					
a) 6-Month Income: Sum of all Total Gross Incomes				=	

WIOA Youth Dropout Status Form**IDENTIFYING INFORMATION**

Applicant's Name:

Last

First

MI

Participant ID:

Application Date:

☐ I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM NO LONGER ATTENDING ANY SCHOOL AND THAT I HAVE NOT RECEIVED A SECONDARY SCHOOL DIPLOMA OR ITS RECOGNIZED EQUIVALENT.

Last School Attended:

Location:

Dates of Attendance:

Highest Grade Level Completed:

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 FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

Date

CERTIFICATION

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Case Manager Signature

Date

Youth Individual Service Strategy (ISS)

TEMPLATE

ISS Template Instructions

This template is established by the NEWDB and adopted as a best practice from the Employment and Training Administration (ETA) and modified for use within the NEWDA. The template is intended to be used in conjunction with NEWDB policies, organizational culture, data collection systems and service processes.

This template is a required tool intended to aid the case manager in developing a comprehensive ISS. The template is intended to aid the case manager and youth participant in the development of the comprehensive ISS and as part of the progress review process. As part of the progress review, the template must be reviewed at least every 30 days or as significant changes occur that have an impact on participant progress. Significant changes include, but are not limited to: change in career pathway employment or training goal, or life event that may alter or impede participant progress.

The template is not intended to take the place of the Virtual ISS, but serves to document the 14 components of the ISS as prescribed in the NEWDB Youth policy and OKJobMatch Virtual ISS, including:

1. Comprehensive Assessment & Career Research.
2. Employment Goals & Achievement Objectives.
3. Training Goals.
4. Client Strengths and Attributes.
5. Combination of Services to Overcome Needs/Barriers.
6. Assistive Technology Needs for Achieving Goals
7. Client Responsibilities and Agency Responsibilities.
8. Economic Need Statement and Planning.
9. Supportive Service Needs.
10. Follow-up Services Planned.
11. Performance Goals & Accountability Indicators.
12. Client Progress Review.
13. Additional Notes.
14. Client Involvement Statement.

The ISS Template must be uploaded in OKJobMatch as part of the ISS development documentation.

Components of the ISS

WIOA section 129(c)(1)(B) requires that all eligible youth have an ISS that is directly linked to 1 or more WIOA indicators of performance, identifies career pathways that include education and employment goals, appropriate achievement objectives, and appropriate services for the participant taking into account the assessment. The ISS is planned in conjunction with the youth and adopts a customer and strengths-based customized approach that addresses the unique strengths, challenges and needs of each participant. The ISS should be revisited regularly with the youth.

While there is no one example of the perfect Individual Service Strategy (ISS), strong examples including the following are intended to complement the 14 Youth program elements:

- ▶ Addresses key goal areas in education, training, employment and personal development
- ▶ Includes short and long-term goals
- ▶ Ties the goals to the 14 WIOA Youth program elements/services areas
- ▶ Includes objectives and action steps
- ▶ Includes needed referrals for services and support services
- ▶ Includes timelines with start, end and review dates
- ▶ Includes appropriate individuals involved
- ▶ Addresses potential barriers
- ▶ Includes progress updates/status
- ▶ Includes youth-staff agreements

Key Features of the Template

- ▶ The template includes an assessment section. This is not intended to replace the comprehensive assessment that is completed with the youth. Rather it should complement the assessment and provide a quick overview.
- ▶ The template includes a goals section to identify short- and long-term educational, employment and personal goals.
- ▶ The template includes all 14 WIOA Youth Program Elements and groups them into four sections.
- ▶ The template includes an agreement for the youth and staff member to complete. This sets the dynamic of a partnership with equal responsibilities and expectations.

Case Management Tips for Implementing the ISS

Periodic reviews of the form should be conducted to determine if updates or revisions are needed. Below are a few tips for staff to consider as they develop the implementation process:

- ▶ Dedicate enough time to complete the ISS with the youth. Allow time to brainstorm and develop their “road map” and how they plan on accomplishing their goals.
- ▶ Introduce the concept of and encourage the youth to develop SMART goals (specific, measurable, achievable, relevant, and time-bound).
- ▶ Encourage the youth to lead and take ownership of the ISS process.
- ▶ Develop a schedule for ISS review with the youth.
- ▶ Celebrate successes and create learning opportunities from setbacks.

Youth Individual Service Strategy (ISS) for WIOA Youth Services

TEMPLATE FORM

BABEL NOTICE: (29CFR 38.9(g)(3)): This document contains vital service information. If English is not your preferred language, please contact:

Northeast Workforce Development Board
Linda Wilson, EO Officer
1503 N Lynn Riggs Blvd, Ste. D
Claremore, OK 74017
Office: 918.907.0902 Cell: 406.459.6113
Email: linda.wilson@northeastworkforceboard.com

or, State Equal Opportunity Officer
Oklahoma Office of Workforce Development
Ferris Barger
900 N Portland Avenue, BT 300
Oklahoma City, OK 73107
Office: 405.208.2519
Email: Ferris.barger@okcommerce.gov

To enable telephone conversation between people with speech or hearing loss and people without speech or hearing loss please call Oklahoma Relay at 711 (<http://www.oklahomarelay.com/711.html>) or TDD/TTY: 800-722-0353.

Youth Name:	_____	Date:	_____
DOB:	_____	PID#:	_____
	_____		_____
	_____		_____

*Do not use social security number for participant I.D.

Framework of an ISS:

1. Directly linked to one or more indicators of performance
 - o Employment Rate – 2nd Quarter After Exit;
 - o Employment Rate – 4th Quarter After Exit;
 - o Median Earnings – 2nd Quarter After Exit;
 - o Credential Attainment;
 - o Measurable Skill Gains; and
 - o Effectiveness in Serving Employers.

2. Based on the objective assessment (list assessments)

3. Identifies a career pathway that includes education and employment goals

Brief Assessment Overview (OJM Virtual ISS-4,5,6,8 & 9)

Identify personal, educational, occupational, financial, medical, childcare, transportation, housing, food/nutrition

Strengths	Challenges (Barriers)	Service/Resource/Partner Agency Referral

Goals (OJM Virtual ISS-2, 3 & 11)

Identify personal, educational, and occupational short- and long-term goals

Goal Type	Short-Term Goal	Long-Term Goal	Performance Indicator(s) Goal is Linked To
Educational Goal			
Occupational/Employment Goal			
Personal/Social Goal			

Program Elements Needed to Achieve Goal

Youth are required to have access to all fourteen WIOA Youth program elements. Please select elements based on needs identified on the participant's objective assessment.

Improving Educational Achievement	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Tutoring: study skills training, and instruction leading to secondary school completion, including dropout prevention strategies Action Steps/Referrals: Comments:				<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
<input type="checkbox"/> Alternative secondary school offerings Action Steps/Referrals: Comments:				<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
<input type="checkbox"/> Activities that help youth prepare for transition to postsecondary education and training				<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

<i>Action Steps/Referrals:</i> <i>Comments:</i>				
Preparing for and Succeeding in Employment	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Paid & unpaid work experience (summer employment, pre-apprenticeship programs, internships, job shadowing, OJT) with Academic & occupational education <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Labor market & employment information including career awareness, career counseling, and career exploration services <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Education offered concurrently with workforce preparation and training for a specific occupation <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Preparing for and Succeeding in Employment	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Occupational skills training <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Entrepreneurial skills training <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Supporting Youth	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Supportive services <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>

<input type="checkbox"/> Adult mentoring <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Comprehensive guidance & counseling (may include drug & alcohol abuse counseling & referral) <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
<input type="checkbox"/> Follow-up <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Developing the Potential of Young People as Citizens & Leaders	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Leadership development opportunities/ Opportunities to develop social behaviors, other soft skills, and leadership opportunities <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Developing the Potential of Young People as Citizens & Leaders	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Financial literacy <i>Action Steps/Referrals:</i> <i>Comments:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Explain:</i>
Potential Barriers to Goal Achievement:				
Progress Review Updates: Significant Change/Milestone Attainment (Documented in Virtual ISS) <i>Include any progress, such as but not limited to measurable skill gains, credentials, other goal completions other goal completions, or life events that may impede progress.</i>				

Individual Service Strategy Updates & Follow Up (Documented in Virtual ISS)		
Date	Virtual ISS Note Update	Youth and Case Manager Initials

ISS for WIOA Youth Services

Youth and Case Manager Agreements: (not included in the Client Involvement Statement)

Include responsibilities required by local policy and/or local procedures that are not addressed in the Client Involvement Statement.

Client Responsibility examples:

- Frequency for contacting the designated WIOA case manager;
- Frequency for face-to-face meetings with the WIOA representative;
- Requirement to actively seek and accept training related employment upon completion of services, which may include feedback regarding employment search, e.g., application and resume submission, interviews scheduled or completed, and follow-up with employers;
- Attend training regularly and provide verification of satisfactory training progress, as requested;
- Provision of specific information regarding attained employment before leaving the program, including the name of employer, job title, start date, rate of pay, benefits received or eligible to receive, etc.;
- Respond to all surveys and other requests for information after leaving the program, including the follow-up interview;
- Timely notification of changes in training status, including non-attendance and adding or dropping classes;
- Reporting eligibility for Pell or other grants or financial assistance;
- Reporting address or phone number changes; and
- Other responsibilities, as determined by local policy and procedures.

Responsibilities of WIOA staff may include:

- Oversight/regular monitoring of training activities,
- Submission of appropriate paperwork in a timely manner,
- Providing regular support and assistance as necessary for program success,
- Providing career and job search guidance,
- Ensuring appropriate referrals to workshops and partner entities to enhance the client's success in the job market, and
- Other responsibilities, as determined by local policy and procedures.

Youth Signature

Case Manager Signature

Date

Date