



Tulsa Area Workforce Development Board, Inc.

Proudly serving Creek, Osage, Pawnee, and Tulsa Counties in Oklahoma

Program Note Policy

Board Approved: October 25, 2018

Oklahoma Works, a proud partner of the American Job Center Network

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TDD/TTY: 1-800-722-0353; Voice: 1-800-522-8506

Program Note Policy TU2018-102018

Program Note Policy Changes Overview

Most Recent Policy Changes:

Implementation Date: 11.08.2018
Board Approval: 10.25.2018
Executive Committee Approval: 10.11.2018

Reason: Updating policy to remove duplications found between the newly approved Individual Employment Plan documentation processes and this policy. These changes will make the overall documentation process more time efficient.

Rescission:

- Program Note Policy TU2017-04192018
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Board Approval: 04.19.2018
Executive Committee Approval: 04.12.2018
Oversight Committee Approval: 03.26.2018

Reason: Updating policy to include procedure for documenting client accommodations

Rescission:

- Program Note Policy TU2017-122016
 - M10-2017 Program Note Policy TU2017-11.14.2017
 - M11-2017 Program Note Policy - Data Validation TU2017-03.02.2018
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Board Approval: 12 14 2017
Executive Committee Approval: 12 07 2017
Oversight Committee Approval: 11 25 2017

Reason: Updating policy to align with newly released state policy and local procedures.

Rescission:

- Program Note Policy TU2016 -062017-1
 - M04-2017 Participant Contact – Follow Up Services TU2017-08182017
-

Board Approval: 06 15 2017
Executive Committee Approval: 06 08 2017
Oversight Committee Approval: 05 22 2017
Youth Committee Approval: 05 04 2017

Reason: Service Provider Staff and refining previously outlined program notes.

Rescission:

- M04-2016 Program Note Policy TU2016-12052016
 - M05-2016 Program Note Policy TU2016-01262017
 - M06-2016 Program Note Policy TU2016-03062017
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Program Note Policy Changes Overview

Most Recent Policy Changes:

Board Approval: 10 20 2016
Executive Committee Approval: 10 06 2016
Oversight Committee Approval: 09 26 2016
Youth Committee Approval: 09 16 2016

Reason: To provide guidance and structure to the entering of program note information into the state database.

Tulsa Area Workforce Development Board

Program Note Policy

Board Approval: 10.25.2018

I. Purpose:

To establish a local policy on the creation and formatting of program notes that detail a participant's progression, services, and outcome in working with the local workforce system.

II. Authority:

Oklahoma Office of Workforce Development (OOWD) Oklahoma Workforce Development Issuance (OWDI) 21-2017 Data Validation Source Documentation Requirements; Training and Education Guidance Letter 19-16.

III. Local Policy:

All organizations and partners who enter information into the state database on behalf of the Tulsa Area Workforce Development Board (TAWDB) shall adhere to the guidance provided in this policy.

Program Notes are required each time a participant receives a service, has a service update or outcome, or has contact with a case manager. Service program notes may be grouped together if the services were provided on the same day. Program notes must be detailed and outline the facts pertaining to participation in the program. Each client/program note should be specific to an individual participant, include accurate information, and contain a minimum of the information criteria presented in the appropriate program note examples. Program notes entered into the state data system shall keep the formatting presented in this policy, when applicable. There are program note examples that demonstrate different outcomes. When referencing one of these program note examples, structure the program note with the appropriate outcome specific to the participant.

The Service Provider must ensure

- proper use of pronouns, subject-verb agreement, correct spelling, and accurate information is entered into the state data base,
- acronyms identified in the policy are to be used, and the use of additional abbreviations may be requested from board staff in writing,
- program notes are entered no more than 5 days after the service/communication has been completed with the participant, and
- program notes are consistent with other information in the state system, and do not contradict one another.

IV. Compliance:

- A. The TAWDB is responsible for conducting oversight of local Title I programs to ensure programmatic accountability.
- B. This policy shall be used in accordance with all other applicable local policies.
- C. The One-Stop Operator may choose to expand on the information provided within this policy by creating additional policy that defines the expansion. That created policy must first be presented to and approved by Board Staff before implementation.

V. Attachments

Attachment A: Adult & Dislocated Worker Program Notes

Attachment B: Youth Program Notes

Adult Program Note Guidance

Client Notes

A. General Eligibility Client Note

The general eligibility client note validates that the general eligibility criteria requirements for the WIOA Title I programs are met. The information required for the **client note** is:

1. Date of Birth
2. Selective Service Registration
3. Citizenship/ Alien Status
4. Completion Date of Introduction to Services
5. Accommodations

Description	Data Validation
Notes	AGE: OK DL # Uo82947390 DOB: 09/19/1983 ETW SSC: xxx-xx-0920 *SSR: DV: 08/24/2016 ITS: 08/24/2016 Accommodations: Participant requested a large keyed keyboard.

This information must be entered into the Client Note section on the Case Details page in the state

database. The description of the client note must read: Data Validation. Above is an example of how the required information must appear in the client note. All information gathered and presented in the client note must first be compared and matched to the information on the participant’s demographics screen and the documents required for eligibility determination.

If a participant does not communicate the need for an accommodation during the enrollment process, and accommodation is needed later, an additional client note must be entered documenting the accommodation.

Description	Accommodations
	1. Participant requested a large keyed keyboard. 2. Requested a Spanish interpreter.

<p>*Option 1 Male with Selective Service Registration: SSR: Registered-# 83-1463258-2</p> <p>*Option 2 Female: SSR: N/A Female</p> <p>*Option 3 Older Male Born before 1960: SSR: N/A Born before 1960</p> <p>*Option 4 Male NOT Selective Service Registered and Born After 1959: SSR: Non Registered Selective Service Reason not registered: Prison Board Staff Written Approval: Yes (or No) Board Staff Approval Date: MM/DD/YYYY</p>
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Information	Acronym
Date of Birth	DOB
Eligible to Work	ETW
Social Security Card	SSC
Selective Service Male	SSR
Selective Service Female	SSR
Date Information Validated	DV
Date Client Completed Introduction to Services	ITS
Career Manager	CM

B. I-9 Document Discrepancy

Description	I-9 Discrepancy
Notes	<p>The participant name located on the presented DL and social security card (SSC) does not match. Participant explains that she has recently been married and has not updated her SSC to her new last name. A self-attestation has been uploaded with the participant’s B & C documentation.</p> <p>DL: Lucy Lu SSC: Lucy Moore</p>

C. Selective Service Waiver Denial

Description	Selective Service Waiver Denial
Notes	Based on the documentation provided the decision of Workforce Tulsa is to deny a Selective Service Waiver.

Program Note

A. Initial Assessment

A process that provides preliminary information about an individual’s skill levels (including literacy, numeracy, and English language proficiency), aptitudes, abilities (including skills gaps), and supportive service needs. This program note information can be added to the initial program, if the services are provided at the same time.

Description	Initial Assessment
Notes	<p>Date Completed:</p> <p>Assessment Name: Key train</p> <p>Results:</p> <p>RI (Reading for Information): 75%</p> <p>LI (Locating Information): 50%</p> <p>AM (Applied Math): 75%</p> <p>Assessment Name: PSA (Participant Self-Assessment)</p> <p>Results: (Results are individualized based on the participant)</p>

B. Dislocated Worker Eligibility

The program note must identify which Dislocated Worker (DLW) eligibility category the individual meets, along with the criteria used to support the DLW enrollment. The criteria options are:

- Category 1: Recently Dislocated
- Category 2: Plant Closure / Substantial Layoff

- Category 3: Formerly Self Employed
- Category 4: Displaced Homemaker
- Category 5: Separating from Military

The criteria for categories 1-4 can be found in the state guidance Oklahoma Workforce Development Issuance #03-2013. Category 5 is new to Workforce Innovation and Opportunity Act, and appropriate criteria for that option, until further state guidance is released, shall be any military document stating the participant will discharge in the within the next 6 months.

This program note should be used when DLW eligibility is determined after the initial program note has been created.

Description Notes	DLW Eligibility
	<p>DLW Category 1 Other options: (1-3; Displaced Homemaker Or Separating from Military)</p> <p>Criteria 1: Documented Telephone verification with employer using telephone verification form.</p> <p>Criteria 2: Current unemployment insurance verification.</p> <p>Criteria 3: Current Statewide/Local Labor Market Information that indicates lack of industry/occupation availability.</p>

C. Initial Program Note

The initial program note must contain the information provided in the program note example below.

1. Date Verified

This is the date in which all information found within the Initial Program note was verified to be true. Only the Career Manager who verifies the information may input this program note.

2. Program

This field is to identify which program(s) the participant shall be enrolled.

3. Eligibility

Here you will need to identify, if applicable, which Dislocated Worker eligibility criteria was used to identify the participant as eligible along with the documentation used to support the DLW or TAA enrollment.

4. Employment Status at Participation (ESAP)

Employment status must be reviewed with the participant in the demographic section of the state database. The participant then self-attests that the status is true and correct by entering their virtual signature on the demographic snap-shot. By inputting employed or unemployed into the initial program note the Career Manager is attesting to verifying that the employment status at registration was reviewed and verified with the participant prior to the receipt of an individualized or training service.

If the participant is employed, family income self-sufficiency must be provided within the initial program note.

5. Underemployed

An individual, at program entry, is an underplayed worker if they are not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who have obtained only episodic, short-term, or part-time employment.

6. Veteran Status

If a participant self attests to being a veteran, but does not have the required documentation to prove they are a veteran, they are to be served as if they have provided the appropriate documentation. The documentation must be provided upon next visit. The lack of documentation of veteran status does not delay them receiving any type of service that day. This guidance is to be in compliance with the Veterans priority of service found within the Workforce Tulsa Priority of Service Policy. If the Veteran needs to provide documentation at a later date, then note that in this section.

7. Family Size:

Family size is used to determine self-sufficiency and low-income status. Mark the appropriate number of family members as defined by 20 CFR 675.300. If the individual is single, separated, divorced or a widowed who has primary responsibility for one or more dependent children under age 18 this information must be documented under this section.

8. Low-Income

Low-income is marked with a yes, no, or N/A. As defined by WIOA § 3(36). If this section is not applicable an explanation as to why this is not applicable must be provided. Additionally, the qualifier for low income must be documented (i.e. Homeless; TANF, etc.).

9. Priority of Service Status

Priority classification will be marked here based on the provided information. Priority levels can be found in the local the Priority of Service Policy. A simple number from 1-4, as identified in the local policy, will be appropriate.

10. Initial Assessment

A process that provides an assessment of skill levels including literacy, numeracy, and English language proficiency, as well as aptitudes, abilities (including skills gaps), and supportive service

needs. Summaries of employment, education and training, and needs and barriers must be described in this section.

11. Employment Goal

An employment goal may be identified as an industry, but the industry must be accompanied with an identified career pathway. The career pathway must be defined within the participant's individual employment plan, under employment goal. If the participant is to receive a training service, the employment goal must be updated to reflect a single occupation within the individual employment plan.

If Career Cluster:

(Industry Sector) Aerospace & Aviation

(Career Cluster) Step 1 Assembly

Step 2A Team Assembler

Step 3A Front Line Supervisor or Airframe/Aerostructure & Power plant Mechanic

Step 2B Fabricator

Step 3B Welder, Cutter, Brazer, Solderer

If Employment Goal O*Net Code and Matching Occupation Title:

51-2011.00 Aircraft Structure, Surfaces, Rigging, and Systems Assemblers

12. Education Summary

An educational summary is used to capture the participant's educational status and attainment prior to participation. The summary should be detailed in the type of attainment and for which industry/occupation/course of study.

13. Skills Summary

The skills summary is used to capture the participant's skills base obtained by previous work experience.

14. Needs and Barrier Summary

The needs and barrier summary is used to capture the participant's needs and barriers that may prevent them from obtaining or retaining employment and/or successfully completing training. The items listed in this area should be addressed in the participant's individual employment plan as a needs and barriers goal.

15. Partner Enrolled Participants

The partner enrolled area is used to document which community partner agencies the participant is currently working with to ensure no duplication of services and collaboration between agencies.

16. Summary

This section is to capture the overall participant expectation of program and any other useful information that may help the participant be successful in the program.

Description	Initial PN
Notes	<p>Date Verified: 08/26/2016</p> <p>Program: (Adult, DLW, Youth TAA) DLW and TAA</p> <p>Eligibility: DLW Category 1</p> <ul style="list-style-type: none"> • Layoff Letter from Employer <p>ESAP (Employment Status at Participation): (Employed or Unemployed)(Name of Current or Most Recent Employer)(Employment End Date)</p> <p>Underemployed: Yes/No/N/A</p> <p>Veteran: (Honorably Discharge or Dishonorably Discharged) (If applicable) Will bring documentation to next meeting set for 04/31/2017.</p> <p>Family Size: 4</p> <p>Single Parent: Yes/No</p> <p>Low-Income: (Yes, No, N/A; if N/A describe why this would not be applicable to the participant) – (Qualifier; i.e. Homeless; TANF, etc.) – No documentation</p> <p>Priority of Service Status: Category 2 – Low-Income individual.</p> <p>Initial Assessment Results</p> <p>Employment Goal: 51-4121.06 Welders, Cutters, and Welder Fitters</p> <p>Employment Summary: Long term unemployed – 3 years in prison; employed for 1 month with current employer</p> <p>Education Summary: HS Diploma; Some college with Tulsa Community College in Business Management Program</p> <p>Training and Skills Summary: Participant currently holds employment at Weld Shop Inc. part time and performs welding tasks. Participant worked in father’s shop from age 13 to 22 performing stick welding, along with front desk activities that consisted of bookkeeping and use of Microsoft applications.</p> <p>Needs and Barriers Summary:</p> <ul style="list-style-type: none"> • Certification: Participant has the experience but not the accreditation to perform welding tasks. This results in difficulty in finding a better paying opportunity that is self-sufficient for himself and his family. • Justice Involved: Participant has a criminal record that creates a barrier to him finding self-sufficient employment. Participant is still on probation. <p>Participant Enrolled Partners (If applicable):</p> <ul style="list-style-type: none"> • Tulsa County Probation and Parole • Department of Human Services • Tulsa ReEntry One-Stop

Summary: Spoke with participant who communicated interest in receiving training to be certified as a welder. The CM will provide the appropriate assessment to ensure participant is fully prepared to enter into occupational skills training and has the best chance to succeed. Participant also showed interest in starting his own business.

D. Comprehensive Assessment

A comprehensive assessment is a detailed assessment or group of assessments that determine an individual’s skill levels (including literacy, numeracy, and English language proficiency), academic levels, aptitudes, abilities (including skills gaps), goals, interests, and supportive service needs. Shall include a review of occupational skills, prior work experience, employability potential, interests, aptitude, and developmental needs.

Description	Comprehensive Assessment
Notes	Date Completed: Assessment Name: Results: Assessment Name: Results:

E. Career Guidance

A service provided to the job seeker that includes the provision of information, materials, suggestions, or advice based on the job seeker’s needs, and is intended to assist the job seeker in making occupational or career decisions.

Description	Career Guidance
Notes	Spoke with participant via phone where CM informed participant of an upcoming job fair with available Information Technology (IT) positions. CM will follow up phone conversation with an email to participant with the attached job fair flyer for IT career opportunities.

F. Supportive Service Request – Voucher #

A supportive service is used to eliminate barriers that could prevent the participant from successfully participating in WIOA Title I activities or employment.

Description	SS – V#
Notes	Date Communicated to CA: Voucher #: Supportive Service Need: One Time or One Going Vendor: Total Amount: Reason: Summary:

G. Denial of Request for Supportive Service

Vendors for services must be included in the Vendor List described in the Supportive Service policy. The No Other Funds Available form must be completed.

Description Notes	SS – (Correlating V#) Denied
	Result: Denied Voucher #: Supportive Service Need: One Time or One Going Vendor: Total Amount: Reason: (Only need if service denied. Explain reason why the service was denied)

H. Self-Sufficiency:

Participant’s self-sufficiency must be determined upon their request for training. The self-sufficiency program notes will be created upon uploading participants’ self-sufficiency documentation. Self-sufficiency is determined in accordance with the TAWDB Self-Sufficiency policy.

The Self-Sufficiency Program note will include the following information:

- Eligibility criteria being validated (e.g., self-sufficiency);
- Date the verification occurred;
- Source document(s) used; and
- **For Adult** Participant’s income and whether self-sufficient or not self-sufficient per policy; Or
- **For Dislocated Worker** is at or below eighty percent (80%) of wage of dislocated employment.

Description Notes	Self-Sufficiency
	Eligibility Criteria: Self-Sufficient Status Date of Verification: xx/xx/xxxx Source Document(s) Used: SNAP Benefits or 6-Month Family Income Determination: Based on Participants Family Size and Income, participant determined to not be self-sufficient.

I. Training Services, other than Occupational Skills Training

Training services may be made available to employed and unemployed adults and dislocated workers who have met the eligibility requirement for individualized services. The actual start date of the Training Service must be accurately recorded in the state database in the service and training plan section. All training services listed here must contain information included in the program note example below.

Type of Training	Acronym
Apprenticeship	AP
Transitional Jobs	TJ
On-The-Job Training	OJT
Incumbent Worker Training	IWT
Skill Upgrading and Retraining	SUR
Entrepreneurial Training	ET

Description	Training
Notes	Training: OJT Contract #: 54687954-1 Actual Start Date: 05/15/2016 Estimated End Date: 11/31/2016 Training Provider: EMCO, Inc. Occupation of Study: Machinist O*Net Code: 51-4041 Total Cost: \$1500.00 Priority Class #: (1-4) Summary of Need: (Why the participant needs this training.)

Adult Education	AE
English as Second Language	ESL
Customized Training	CT
Work Experience	WEX

If an OJT contract wage reimbursement is increased from 50% and to the maximum of 75%, the explanation of the increase must be documented within this program note.

J. Training Service Modification (For All Training Services, including ITA)

Description	MOD (Training) OJT
Notes	Training: OJT Contract #: 54687954-1 MOD Reason: Client is not progressing as quickly as outlined in OJT contract. A contract modification is needed in order to meet the training needs of the participant. An extension of the ending date by 2 weeks shall present the participant with enough time to be trained to specifications of the contract and ultimately be retained in employment. The cost of the cost will have to be updated as well to reflect the 2 extra weeks of payment. Original Contract: Actual Start Date: 05/15/2016 Estimated End Date: 11/30/2016 Total Cost: \$1500.00 MOD Dates: Estimated End Date: 12/14/2016 Total Cost: \$1750.00

K. Individual Training Account

This program note is used to track all components needed in order to create a compliant Individual Training Account contract. All criteria listed below in the program note example are to be validated. If the Training Provider is not eligible for Pell Grant, place the appropriate response beside the data field, then mark N/A on the Pell-Participant line.

Description	ITA Contract (#)
Notes	ITA Contract #: ITA Amount; Employment Goal: Aircraft Mechanics Demand Occupation: Yes – O*Net Code Training Provider: Tulsa Tech Training Program: Aviation Maintenance Technology – Airframe Program Cost of Attendance: \$1500.00 ETPL Cost: \$ 1400.00 PELL - Training Provider: (Yes/No) PELL - Participant: (Yes/No/ N/A) PELL LWDB Agreement: (Yes/No/ N/A) Estimated Start: 05/15/2016 Estimated End: 11/31/2016 Priority Class #: (1-4) Participant assessments results indicate client has a great chance of success in completing occupational skill training (OST). Participant is low-income.

L. Denial of Request for Individual Training Account

This program note is to document the outcome of each individual training account (ITA) request and the reasoning behind each decision.

Description	ITA Denied - ITA Contract (#)
Note	Result: Denied Reasoning: Participant assessments indicate client needs further instruction prior to involvement in occupational skills training. Assessment shows multiple barriers that need to be addressed prior to occupational skills training. The barriers presented in the assessment show great cause to prevent the participant from being successful. Those barriers are childcare and transportation. CM will work with participant to overcome all barriers that hinder him from obtaining OST

M. Partner/Other Provided Training

This program note is to identify when another funding source other than WIOA funds are being used to fund the participant training.

Description	Partner/Other Funded Training
Notes	Training: OST Actual Start Date: 05/15/2016 Estimated End Date: 11/31/2016 Training Provider: John Machinist School Program: Machinist O*Net Code: 51-4041 Program Cost of Attendance: \$1500.00 Priority Class #: (1-4) Funding Source: WIOA: Adult Program \$1,000 DRS: \$200 Participant: \$200

N. Trade Adjustment Act Contract

Description	TAA Contract
Notes	Training: OST TAA #: 54687954-1 Actual Start Date: 05/15/2016 Estimated End Date: 11/31/2016 Training Provider: John Machinist School Program: Machinist O*Net Code: 51-4041 Program Cost of Attendance: \$1500.00 ETPL Cost: \$ 1400.00

O. Pell Grant

A WIOA participant may enroll in WIOA-funded training while his/her application for a Pell Grant is pending as long as the one-stop center has arranged with the training provider and the WIOA participant regarding allocation of the Pell Grant, if it is subsequently awarded. In that case, the training provider must reimburse the one-stop center the WIOA funds used to underwrite the training for the amount the Pell Grant covers, including any education fees the training provider charges to attend training. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses.¹

Description	Pell Grant Status
	Date of Approval:
Notes	Amount:
	WIOA Reimbursement:

P. Training Voucher

Description: TV

1. Spr 2016 – 1 (semester);
2. Smr 2016 – 2 (semester);
3. Fall 2016 – 3 (semester), or
4. Other appropriate timeframe.

Description	TV Spr 2016 1
Notes	Training: OST TV #: Contract #: 54687954-1 Training Provider: John Machinist School Program: Machinist Semester: Summer 2016 (or Fall, Spring or Short-Term Training) 2 of 6 Semesters Voucher Start: 05/15/2016 Voucher End: 11/31/2016 Voucher Amount: \$500.00 Voucher Covers: books, tuition, and test fee

¹ CFR § 680.230(2)(c)

Q. Trade Adjustment Act Training Voucher

Description: TAA TV

1. Spr 2016 – 1 (semester);
2. Smr 2016 – 2 (semester);
3. Fall 2016 – 3 (semester), or
4. Other appropriate timeframe.

Description	TAA TV Spr 2016 1
Notes	Training: TAA OST Training Account #: TV: #: 54687954-1 Training Provider: John Machinist School Program: Machinist Semester: Summer 2016 (or Fall, Spring or Short-Term Training) 2 of 6 Semesters Voucher Start: 05/15/2016 Voucher End: 11/31/2016 Voucher Amount: \$500.00 Voucher Covers: books, tuition, and test fee

R. Gap in Service

A participant should not be considered exited if there is a gap in service of greater than 90 days due to any of the circumstances listed below and lasts no more than 180 consecutive calendar days from the date of the most recent service. An additional gap of up to 180 days may be granted by board staff, in writing, to resolve the issues that prevent the participant from completing program services that lead to employment.

1. Delay before the beginning of training;
2. Health/medical condition or providing care for a family member with a health/medical condition
3. Temporary move from the area that prevents the individual from participating in services, including National Guard or other related military service

Description	Gap In Service
Notes	Reason: Delay before the beginning of training Expected Start Date: 05/15/2016

Description	Gap In Service
Notes	Reason: Health/medical condition Expected Return Date: 05/15/2016

Description	Gap In Service
Notes	Reason: National Guard Expected Return Date: 05/15/2016

S. Participant Contact

Each open participant shall be contacted no less than every 45 days. Participants receiving Follow-Up services will be contacted no less than every 90 days. Each contact made with the participant must have a correlating detailed program note. Below is a list of specific Participant Contact criteria that shall be used. The Service Provider or One-Stop Operator may expand upon these titles by creating policy. Additionally, leveraging resources does not negate the responsibility of participant contacts, however, contacting the partner organization for an update would be an appropriate participant contact, if appropriate information was provided.

1. Participant Contact – Attempted

For notes related to clients who haven't been reachable and need to now be contacted bi-weekly until client responds.

2. Participant Contact – Response

For notes related to clients who have responded to their "Participant Contact – Attempted".

3. Participant Contact – Cancellation

For notes related to clients who have cancelled an appointment, Group Interview, workshop, and any other activity given through their respective program. This title can also encompass the rescheduling of any of the activities stated above.

4. Participant Contact – Employment (still enrolled) and Post Exit Employment (for exited participants)

For notes related to clients who've been referred to an employment opportunity, hired, attended a group interview, or have an update regarding a pending placement. Need to provide employer name, start date, wage at hire, benefits (i.e. health insurance, sick leave, etc.) support document used. If the requested information cannot be obtained, please explain.

5. Participant Contact – Training

For notes related to clients with an ITA and any ITA related discussions and situations.

6. Participant Contact – Education

For notes related to clients who are in High School, High School Equivalency/Alternative Education, and Higher Ed Preparation/Degree Completion/Post-Secondary Education.

7. Participant Contact – Workshops

For notes related to clients who have signed up and are attending their respective program related workshops such as Job Readiness Training and the Microsoft Office Suite Training.

8. Participant Contact – WEX

For notes related to clients who are taking part in a work experience.

9. Participant Contact – CCT

For notes related to clients who are taking part in a Career Club Trip.

10. Participant Contact – OJT

For notes related to clients who are taking part in On-the-Job Training.

11. Career Guidance – Outbound Referral

For notes related to clients who need an outbound referral such as to another Community Based Organization

Description	Participant Contact
Notes	Summary: (Goal of Phone Call and Result of Phone Call) The participant is currently in OST and this phone call is to ensure participant is doing well and needs no assistance. CM called the participant and received no answer. CM left message for the participant to return the phone call. CM will follow up with an email to the participant.

T. Program Note Correction

A program note correction is need when an initial program note contains incorrect information and/or information was left out.

Description	Correction – (Reference Date and Description Title of Program Note being corrected) 08/26/2016 Participant Contact
Notes	Summary of issue: Incorrect Program note information stated Participant was interested in attending school for welding. Summary of correct information: Participant is not interested in Welding; he/she is interested in becoming a Certified Nursing Assistant.

U. Other Reason for Exit

Participant is unable to continue receiving any program service due to any of the following:

1. Institutionalized;
2. Health/medical;
3. Deceased;
4. Family Care;
5. Reservists called to active duty that choose not to return to WIOA; or
6. Retirement

All of the above circumstances will exclude the participant from performance calculations with the exception of retirement. Individuals who exit because of retirement are included in performance calculations.

Description	Other Reason for Exit
Notes	Reason: Institutionalized On 08/26/2016 the participant was arrested in Tulsa County for a crime that caused him to be sent to prison.

V. Exit Note

An Adult participant should not exit the program until they have secured unsubsidized employment. This program note must have a correlating Follow Up Element service.

Description	Exit Note
Notes	Exit Date Summary of Services: Accomplishments: Employment Status at Exit:

W. Follow Up Services Declined

Description	Follow Up Service Declined
Notes	Detailed descriptions of participant's choice to decline follow up services.

X. Exited - Employment Status Change

This program note is used to document the change of employment status when customer loses employment after exit.

Description	Exited - Employment Status Change
Notes	Describe the change of employment and what service will be provided, if applicable.

Y. Exited – “_____” Service Received

This is how to document services provided during follow up.

Description

Notes

<p>Exited – (Enter Appropriate Service)Service Received</p> <p>Date of Service:</p> <p>Description of Services:</p>
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Youth

Program Note Guidance

Client Notes

A. General Eligibility Client Note

The general eligibility client note validates that the general eligibility criteria requirements for the WIOA Title I programs are met. The information required for the **client note** is:

1. Date of Birth
2. Selective Service Registration
3. Citizenship/ Alien Status
4. Completion Date of Introduction to Services
5. Accommodation

This information must be entered into the Client Note section on the Case Details page in the state database. The description of the client note must read "Data Validation". Below is an example of how the required information must appear in the client note. All information gathered and presented in the client note must first be compared and matched to the information on the participant's demographics screen and the documents required for eligibility determination.

If a participant does not communicate the need for an accommodation during the enrollment process, and accommodation is needed later, an additional client note must be entered documenting the accommodation.

Description	Data Validation
Notes	AGE: OK DL # Uo82947390 DOB: 09/19/1983 ETW SSC: xxx-xx-0920 *SSR: DV: 08/24/2016 ITS: 08/24/2016 Accommodations: Participant requested a large keyed keyboard.

Description	Data Validation
	Accommodations: Participant requested a large keyed keyboard.

<p>*Option 1 Male with Selective Service Registration: SSR: Registered-# 83-1463258-2</p> <p>*Option 2 Female: SSR: N/A Female</p> <p>*Option 3 Younger Male not 18 years of age: SSR: Not 18 years of age</p> <p>*Option 4 Male NOT Selective Service Registered: SSR: Non Registered Selective Service Reason not registered: Prison Board Staff Written Approval: Yes (or No) Board Staff Approval Date: MM/DD/YYYY</p>
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Information	Acronym
Date of Birth	DOB
Eligible to Work	ETW
Social Security Card	SSC
Selective Service Male	SSR
Selective Service Female	SSR
Date Information Validated	DV
Date Client Completed	ITS
Introduction to Services	ITS
Youth Career Manager	YCM
Employment and Education Status at Participation	ESAP
In-School Youth	ISY
Out of School Youth	OSY

B. I-9 Document Discrepancy

Description

I-9 Discrepancy

Notes

The participant name located on the presented DL and social security card (SSC) does not match. Participant explains that she has recently been married and has not updated her SSC to her new last name. A self-attestation has been uploaded with the participant's B & C documentation.

DL: Lucy Lu

SSC: Lucy Moore

The participant's legal name is Lucy Lu.

C. Selective Service Waiver Denial

Description

Selective Service Waiver Denial

Notes

Based on the documentation provided the decision of Workforce Tulsa is to deny a Selective Service Waiver.

Program Note

D. Initial Program Note

The initial program note must contain the information provided below, if applicable.

1. Date Verified

This is the date in which all information found within the Initial Program note was verified to be true. Only the Career Manager who verifies the information may input this program note.

2. Program

This field is to identify which program(s) the participant shall be enrolled.

3. Eligibility

Here you will need to identify which In-School / Out of School eligibility criteria was used to identify the participant as eligible along with the documentation used to support the Youth enrollment.

4. Employment and Education Status at Participation (ESAP)

Employment status must be reviewed with the participant in the demographic section of the state database. The participant then self-attests that the status is true and correct by entering their virtual signature on the demographic snapshot. By inputting employed or unemployed into the initial program note, the Career Manager is attesting to verifying that the employment status at registration was reviewed and verified with the participant prior to the receipt of an individualized or training service.

If the participant is employed, family income self-sufficiency must be provided within the initial program note.

5. **Underemployed**

An individual, at program entry, is an underemployed worker if they are not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who have obtained only episodic, short-term, or part-time employment.

6. **Veteran Status**

If a participant self attests to being a veteran, but does not have the required documentation to prove they are a veteran, they are to be served as if they have provided to appropriate documentation. The documentation must be provided upon next visit. The lack of documentation of veteran status does not delay them receiving any type of service that day. This guidance is to comply with the Veterans priority of service found within the Workforce Tulsa Priority of Service Policy. If the Veteran needs to provide documentation later, then note that in this section.

7. **Family Size**

Family size is used to determine self-sufficiency and low-income status. Mark the appropriate number of family members as defined by 20 CFR 675.300. If the individual is single, separated, divorced or a widowed who has primary responsibility for one or more dependent children under age 18 this information must be documented under this section.

8. **Low-Income**

Low-income is marked with a yes, no, or N/A. As defined by WIOA § 3(36). Additionally, the qualifier for low income must be documented (i.e. Homeless; TANF, etc.).

9. **Objective Assessment**

Objective Assessments Includes a review of basic skills, occupational skills, prior work experience, employability, interests, aptitudes, supportive service needs and developmental needs.¹

10. **Employment Goal**

An employment goal may be identified as an industry, but the industry must be accompanied with an identified career pathway. The career pathway must be defined within the participant's individual employment plan, under employment goal. If the participant is to receive a training service, the employment goal must be updated to reflect a single occupation within the individual employment plan.

If Career Cluster:

(Industry Sector) Aerospace & Aviation

(Career Cluster) Step 1 Assembly

Step 2A Team Assembler

Step 3A Front Line Supervisor or Airframe/Aerostructure & Power plant Mechanic

Step 2B Fabricator

Step 3B Welder, Cutter, Brazer, Solderer

If Employment Goal O*Net Code and Matching Occupation Title:

51-2011.00 Aircraft Structure, Surfaces, Rigging, and Systems Assemblers

¹ 02-2016 WIOA Title I Youth Program Guidance, Change #2

11. Education Summary

An educational summary is used to capture the participant’s educational status and attainment prior to participation. The summary should be detailed in the type of attainment and for which industry/occupation/course of study.

12. Training and Skills Summary

The skills summary is used to capture the participant’s skills base obtained by previous work experience.

13. Needs and Barrier Summary

The needs and barrier summary is used to capture the participant’s needs and barriers that may prevent them from obtaining or retaining employment and/or successfully completing training. The items listed in this area should be addressed in the participant’s individual employment plan as a needs and barriers goal.

14. Partner Enrolled Participants

The partner-enrolled area is used to document which community partner agencies the participant is currently working with to ensure no duplication of services and collaboration between agencies.

15. Summary

This section is used to capture the overall participant expectation of program and any other useful information that may help the participant be successful in the program.

Description

<p>Initial PN</p>
<p>Date Verified: 08/26/2016</p>
<p>Program: Youth</p>
<p>Eligibility: ISY (or OSY)</p>
<ul style="list-style-type: none"> • Age: 15 • Low-Income: Family Income • Barrier to Employment: Justice Involved • Support Documentation: Telephone verification from Probation Officer
<p>ESAP (Employment Status at Participation): (Employed or Unemployed); (Name of Current or Most Recent Employer)(Employment End Date)</p>
<p>Veteran: (Honorably Discharge or Dishonorably Discharged) (If applicable) Will bring documentation to next meeting set for 04/31/2017.</p>
<p>Family Size: 4</p>
<p>Single Parent: Yes/No</p>
<p>Low-Income: (Yes, No, N/A) (Qualifier; i.e. Homeless; TANF, etc.) – No documentation</p>
<p>6M Family Income: (\$13,000)</p>
<p>Objective Assessment Results</p>

Notes

Employment Goal: 51-4121.06 Welders, Cutters, and Welder Fitters

Education Summary: HS Diploma; Some college with Tulsa Community College in Business Management Program

Training and Skills Summary: Participant currently holds employment at Weld Shop Inc. part time and performs welding tasks. Participant worked in father's shop from age 13 to 22 performing stick welding, along with front desk activities that consisted of bookkeeping and use of Microsoft applications

Needs and Barriers Summary:

- Certification: Participant has the experience but not the accreditation to perform welding tasks. This results in difficulty in finding a better paying opportunity that is self-sufficient for himself and his family
- Justice Involved: Participant has a criminal record that creates a barrier to him finding self-sufficient employment. Participant is still on probation.

Partner Enrolled (If applicable):

- Tulsa County Probation and Parole
- Department of Human Services
- Tulsa ReEntry One-Stop

Summary: Spoke with participant who communicated interest in receiving training to be certified as a welder. The CM will provide the appropriate assessment to ensure participant is fully prepared to enter into occupational skills training and has the best chance to succeed. Participant also showed interest in starting his own business.

E. Objective Assessment

An objective assessment is a detailed assessment that identifies academic levels, skill levels, creation of career pathway and service needs of each participant, which includes a review of basic skills, occupational skills, prior work experience, employability, interests, aptitudes, supportive service needs, and developmental needs. This program note information can be added to the initial program, if the services are provided at the same time.

Description Notes	Objective Assessment
	Date Completed: Assessment Name: Results: Assessment Name: Results:

F. Career Guidance

A service provided to the job seeker that includes the provision of information, materials, suggestions, or advice based on the job seeker's needs, and is intended to assist the job seeker in making occupational or career decisions.

Description	Career Guidance

Notes	Spoke with participant via phone where YCM informed participant of an upcoming job fair with available Information Technology (IT) positions. YCM will follow up phone conversation with an email to participant with the attached job fair flyer for IT career opportunities.
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G. Supportive Service Request – Voucher #

A supportive service is used to eliminate barriers that could prevent the participant from successfully participating in WIOA Title I activities or employment. The No Other Funds Form needs to be completed.

Description	SS-V1
Notes	Date Communicated to YCM: Voucher #: Supportive Service Need: One Time or One Going Vendor: Total Amount: Reason: Summary:

H. Denial of Request for Supportive Service

Vendors for services must be included in the Vendor List described in the Supportive Service policy. The No Other Funds form must be completed.

Description	SS- (Correlating V#) Denied
Notes	Result: Denied Voucher #: Supportive Service Need: One Time or One Going Vendor: Total Amount: Reason: (Only need if service denied. Explain reason why the service was denied)

I. Bonus, Stipend, or Incentive

Description	(List one: Bonus, Stipend, or Incentive)
Notes	Activity: Total Amount: Reason:

J. Training Service, other than Occupational Skills Training

Training services may be made available to employed and unemployed youth who are 18 years of age or older and who have met the eligibility requirement for individualized services. The actual start date of the Training Service must be accurately recorded in the state database service and training plan section. All training services listed here must contain identified information included in the program note example below.

Description Notes	Training	Type of Training	Acronym
	Training: OJT Contract #: 54687954-1 Actual Start Date: 05/15/2016 Estimated End Date: 11/31/2016 Training Provider: EMCO, Inc. Occupation of Study: Machinist O*Net Code: 51-4041 Total Cost: \$1500.00 Summary of Need: (Why the participant needs this training.)	Apprenticeship Transitional Jobs On-The-Job Training Incumbent Worker Training Skill Upgrading and Retraining Entrepreneurial Training Adult Education English Second Language Customized Training Work Experience	AP TJ OJT IWT SUR ET AE ESL CT WEX

If an OJT contract wage reimbursement is increased from 50% and to the maximum of 75%, the explanation of the increase must be documented within this program note.

K. Training Service Modification (For All Training Services, including ITA)

Description Notes	MOD (Training) OJT
	Training: OJT Contract #: 54687954-1 MOD Reason: Client is not progressing as quickly as outlined in OJT contract. A contract modification is needed in order to meet the training needs of the participant. An extension of the ending date by 2 weeks shall present the participant with enough time to be trained to specifications of the contract and ultimately be retained in employment. The cost of the cost will have to be updated as well to reflect the 2 extra weeks of payment. Original Contract: Actual Start Date: 05/15/2016 Estimated End Date: 11/30/2016 Total Cost: \$1500.00 MOD Dates: Estimated End Date: 12/14/2016 Total Cost: \$1750.00

L. Individual Training Account

This program note is used to track all components needed in order to create a compliant Individual Training Account contract. All criteria listed below in the program note example are to be validated. If the Training Provider is not eligible for Pell Grant, place the appropriate response beside the data field, then mark N/A on the Pell-Participant line.

Description	
Notes	

ITA Contract (#)
 ITA Contract #:
 ITA Amount;
 Employment Goal: Aircraft Mechanics
 Demand Occupation: Yes – O*Net Code
 Training Provider: Tulsa Tech
 Training Program: Aviation Maintenance Technology – Airframe
 Program Cost of Attendance: \$1500.00
 ETPL Cost: \$ 1400.00
 PELL - Training Provider: (Yes/No)
 PELL - Participant: (Yes/No/ N/A)
 PELL LWDB Agreement: (Yes/No/ N/A)
 Estimated Start: 05/15/2016
 Estimated End: 11/31/2016
 Priority Class #: (1-4)
 Participant assessments results indicate client has a great chance of success in completing occupational skill training (OST). Participant is low-income.

M. Denial of Request for Individual Training Account

This program note is to document the outcome of each individual training account (ITA) request and the reasoning behind each decision.

Description	
Notes	

ITA Denied - ITA Contract (#)

Result: Denied
Reasoning: Participant assessments indicate client needs further instruction prior to involvement in occupational skills training. Assessment shows multiple barriers that need to be addressed prior to occupational skills training. The barriers presented in the assessment show great cause to prevent the participant from being successful. Those barriers are childcare and transportation. YCM will work with participant to overcome all barriers that hinder him from obtaining OST.

N. Partner/Other Provided Training

This program note is to identify when another funding source other than WIOA funds are being used to fund the participant training.

Description	Partner/Other Funded Training
Notes	Training: OST Actual Start Date: 05/15/2016 Estimated End Date: 11/31/2016 Training Provider: John Machinist School Program: Machinist O*Net Code: 51-4041 Program Cost of Attendance: \$1500.00 Priority Class #: (1-4) Funding Source: WIOA: Adult Program \$1,000 DRS: \$200 Participant: \$200

O. Pell Grant

A WIOA participant may enroll in WIOA-funded training while his/her application for a Pell Grant is pending as long as the one-stop center has arranged with the training provider and the WIOA participant regarding allocation of the Pell Grant, if it is subsequently awarded. In that case, the training provider must reimburse the one-stop center the WIOA funds used to underwrite the training for the amount the Pell Grant covers, including any education fees the training provider charges to attend training. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses.²

Description	Pell Grant Status
Notes	Date of Approval:
	Amount:
	WIOA Reimbursement:

P. Training Voucher

Description: TV

1. Spr 2016 – 1 (semester);
2. Smr 2016 – 2 (semester);
3. Fall 2016 – 3 (semester), or
4. Other appropriate timeframe.

Description	TV Spr 2016 1
Notes	Training: OST TV#: 54687954-1 Training Provider: John Machinist School Program: Machinist

² CFR § 680.230(2)(c)

Semester: Summer 2016 (or Fall, Spring or Short-Term Training) 2 of 6 Semesters
Voucher Start: 05/15/2016
Voucher End: 11/31/2016
Voucher Amount: \$500.00
Voucher Covers: books, tuition, and test fee

Q. Gap in Service

A participant should not be considered exited if there is a gap in service of greater than 90 days due to any of the circumstances listed below and lasts no more than 180 consecutive calendar days from the date of the most recent service. An additional gap of up to 180 days may be granted by board staff, in writing, to resolve the issues that prevent the participant from completing program services that lead to employment

1. Delay before the beginning of training;
2. Health/medical condition or providing care for a family member with a health/medical condition
3. Temporary move from the area that prevents the individual from participating in services, including National Guard or another related military service.

Description	Gap In Service
Notes	Reason: Delay before the beginning of training Expected Start Date: 05/15/2016

Description	Gap In Service
Notes	Reason: Health/medical condition Expected Return Date: 05/15/2016

Description	Gap In Service
Notes	Reason: National Guard Expected Return Date: 05/15/2016

R. Participant Contact

Each open participant shall be contacted no less than every 45 days. Participants receiving Follow-Up services will be contacted no less than every 90 days. Each contact made with the participant must have a correlating detailed program note. Below is a list of specific Participant Contact criteria that shall be used. The Service Provider or One-Stop Operator may expand upon these titles by creating policy. Additionally, leveraging resources does not negate the responsibility of participant contacts, however, contacting the partner organization for an update would be an appropriate participant contact, if appropriate information was provided.

1. **Participant Contact – Attempted**
For notes related to clients who have not been reachable and need to now be contacted bi-weekly until client responds.
2. **Participant Contact – Response**
For notes related to clients who have responded to their “Participant Contact – Attempted”.
3. **Participant Contact – Cancellation**
For notes related to clients who have cancelled an appointment, Group Interview, workshop, and any other activity given through their respective program. This title can also encompass the rescheduling of any of the activities stated above.
4. **Participant Contact – Employment**
For notes related to clients who have been referred to an employment opportunity, hired, attended a Group Interview, or have an update regarding a pending placement.
5. **Participant Contact – Training**
For notes related to clients with an ITA and any ITA related discussions and situations.
6. **Participant Contact – Education**
For notes related to clients who are in High School, High School Equivalency/Alternative Education, and Higher Ed Preparation/Degree Completion/Post-Secondary Education.
7. **Participant Contact – Workshops**
For notes related to clients who have signed up and are attending their respective program related workshops such as Job Readiness Training and the Microsoft Office Suite Training.
8. **Participant Contact – WEX**
For notes related to clients who are taking part in a work experience.
9. **Participant Contact – CCT**
For notes related to clients who are taking part in a Career Club Trip.
10. **Participant Contact – OJT**
For notes related to clients who are taking part in On-the-Job Training.
11. **Career Guidance – Outbound Referral**
For notes related to clients who need an outbound referral such as to another Community Based Organization

Description	Participant Contact
Notes	<p>Avenue of Contact: Phone Call (phone, email, Facebook, etc.)</p> <p>Summary: (Goal of Phone Call and Result of Phone Call) The participant is currently in OST and this phone call is to ensure participant is doing well and needs no assistance. YCM called the participant and received no answer. YCM left message for the participant to return the phone call. YCM will follow up with an email to the participant.</p>

S. Program Note Correction

A program note correction is need when an initial program note contains incorrect information and/or information was left out.

Description	Correction – (Reference Date and Description Title of Program Note being corrected) 08/26/2016 Participant Contact
Notes	<p>Summary of issue: Incorrect Program note information stated Participant was interested in attending school for welding.</p> <p>Summary of correct information: Participant is not interested in Welding; he/she is interested in becoming a Certified Nursing Assistant.</p>

T. Other Reason for Exit

Participant is unable to continue receiving any program service due to any of the following:

1. Institutionalized;
2. Health/medical;
3. Deceased;
4. Family Care;
5. Reservists called to active duty that choose not to return to WIOA

All of the above circumstances will exclude the participant from performance calculations with the exception of retirement.

Description	Other Reason for Exit
Notes	<p>Reason: Institutionalized</p> <p>On 08/26/2016, the participant was arrested in Tulsa County for a crime that caused him to be sent to prison.</p>

U. Exit Note

A Youth participant should not exit the program until they have secured unsubsidized employment. This program note must have a correlating Follow Up Element service.

Description	Exit Note
Notes	Exit Date Summary of Services: Accomplishments: Employment Status at Exit:

V. Follow Up Services Declined

Description	Follow Up Service Declined
Notes	Detailed description of participant's choice to decline follow up services.

W. Exited - Employment Status Change

This program note is to document the change of employment status, when customer loses employment after exit.

Description	Exited - Employment Status Change
Notes	Describe the change of employment. If gained employment and what service will be provided, if applicable.

X. Exited – " _____ " Service Received

This is how to document services provided during follow up.

Description	Exited – (Enter Appropriate Service) Service Received
Notes	Date of Service: Description of Services: