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SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-14 Rev. 3	August 31, 2022	CMD, GMD, FMD, EMD	1 of 9
SUBJECT: INDIVIDUAL TRAINING ACCOUNTS			

I. PURPOSE

The purpose of this Directive is to establish policies and procedures to be utilized for the initiation, processing and payment of Individual Training Accounts (ITA).

II. GENERAL INFORMATION

In accordance with Section 680.300 of the Federal Regulations, Title I of the Workforce Innovation and Opportunity Act (WIOA), training services for eligible individuals are provided by training providers who receive payment for their services through an ITA. WIOA training funds may only be provided to training providers approved by the State of California and listed on the Eligible Training Provider List (ETPL). This site can be accessed through the web at www.caljobs.ca.gov.

The ITA is established on behalf of participants approved to receive training for a specific occupation. WIOA Title I Adult, Dislocated Workers (DW), and Out of School Youth (OSY) participants select training services from eligible providers in consultation with case managers. Payments will be made through the fiscal system described herein and may be made on an incremental basis at different points in the training course, as identified in the ITA Agreement. If, during the course of the training or upon completion of the training the case manager and participant determine that the needs of the participant have changed and the initial training will not lead to self-sufficiency, it is possible for an additional ITA to be issued. However, a comprehensive justification must be established in the Individual Employment Plan (IEP) for Adult and DW participants and the Individual Service Strategy (ISS) for OSY participants, approved by the EEDD supervisor, and documented in the case file.

Limits imposed on ITAs must coincide with the ETPL, County of San Joaquin and the Employment and Economic Development Department (EEDD) ITA established cap. An individual may select training that costs more than the ETPL or the locally established cap amount if funds are available to supplement the ITA. These funds may include Pell Grants, school scholarships, severance pay, and other sources.

References

- WIOA (Public Law 113-128) Section 122
- Title 20 Code of Federal Regulations (CFR) WIOA, Section 680.300 – 680.350
- 2 CFR Part 200.333
- WIOA §188, 29 CFR Part 38
- WSD21-03

III. POLICY

It is the administrative policy of EEDD that the procedures established herein shall be adhered to when initiating, processing, or paying an ITA for a participant.

IV. PROCEDURE

A. Determination of Need for a Scholarship

A determination of whether or not a participant is suitable and can benefit from a specific training will be made by the case manager and the participant through a comprehensive assessment. It will be documented in the IEP or ISS, as applicable.

The following is necessary to assist the case manager in making the determination of suitability:

1. Assessments

- TABE (OSY)
- CASAS (Adult/DW)
- Career Scope (Adult/DW)
- WorkKeys (Adult/DW)
- Assessment Questionnaire (completed by participant and can be used in lieu of other assessments) (Adult/DW)

2. Household Budgets

B. Individual Employment Plan/Individual Service Strategy

Once the participant has completed the Assessments and has done the necessary research, the participant will meet with the assigned case manager to develop the IEP or ISS, as applicable. (See Attachments 1a-1d)

1. Labor Market Information

2. Generic Application/Resume

3. Occupational Research Questionnaire (See Attachment 2)

4. Training Provider Research

Participant is required to make visits to training providers listed on the San Joaquin County Employment and Economic Development Department ETPL to compare WIOA-approved training programs, ask questions, and ensure that it is the most suitable training to meet the participant's needs. If more than one training provider is available, the participant is required to visit at least two different training providers. Visiting three is encouraged whenever possible. Once a participant selects a provider, the participant will complete and sign the Customer Choice in Training form. (See Attachment 3)

5. Request for Training and Training Approval

The Request for Training form is provided to a participant once it has been established that the individual will be referred for a training activity. (See Attachment 4)

The participant takes the Request for Training to the training provider for signature at a meeting scheduled by the participant. If the training provider accepts the participant into their training program, the training provider will sign the Request for Training and retain a copy for their records.

The Request for Training and the Training Scholarship Approval form (See Attachment 5) will then be submitted to the EEDD Supervisor for approval.

The EEDD Supervisor will:

- Review the participant file and CalJOBS application;
- Review the participant assessment and IEP/ISS, as applicable;
- Review the participant work history; and
- Review case notes and case manager's justification for training.

If the file is complete, and the documentation supports the justification for training, the EEDD Supervisor will approve training by initialing the Request for Training.

C. Individualized Training Account

The ITA (See Attachment 6) is the formal contract between EEDD and the training provider. It is issued once the participant has been approved for training and accepted by the training provider. The participant may not begin training until the ITA is signed by the provider.

1. Pre-Encumbrance/Change of Status Form

The Pre-Encumbrance/Change of Status form (See Attachment 7) is the method by which the case manager informs the Fiscal Division that a participant is being referred to training in order to encumber the funds. Once final approval is received, the case manager will complete and submit the Pre-Encumbrance/Change of Status form.

This form is used by the case manager to notify the Fiscal Division of any changes to the training program that would trigger de-obligation of funds, (i.e., drops from training activity, early completion, etc.).

2. Monthly Training Progress Report Form

The Monthly Training Progress Report form (See Attachment 8) is used by the training provider to notify the case manager of a participant's progress, benchmark attainment, credential received, program completion, employment, termination or other development during or after conclusion of the training. Training providers may choose to use their own forms as long as they provide comparable information.

D. Responsibilities Before, During, and After Training Program

Before, during, and up to one year after the training program, the case manager, participant, training provider, and San Joaquin County EEDD and Youth Service Provider staff all have responsibilities to improve the participant's potential for successful completion and employment.

1. Case Manager Responsibility

The case manager will be the primary contact for the participant. It is the case manager's responsibility to:

- Review the participant's completed CalJOBS application;
- Review and verify the participant's work history, education, skills, desired training occupation, and provide justification for a need for training;
- Review all case notes entered by intake staff and any other staff that may have worked with the participant in the past;
- Conduct full assessment with the participant and provide clear justification for referral to training;
- Review participant's Occupational Research Questionnaire to ensure the participant has a clear understanding of the occupation chosen.
- Direct participant to visit three different training providers, if possible, to assist the participant in making a well-informed choice;

- Provide participant with a Customer Choice in Training form and have the participant complete it. Case manager must sign the completed form;
- Provide participant with a Request for Training form, and, if necessary, assist with scheduling a meeting with the training provider, so the participant can select two potential start/end dates and obtain the provider representative's acceptance into the training program;
- Review training provider's enrollment agreement with participant, and answer any questions the participant may have;
- Review training provider's course description and curriculum information in the current catalog and answer any questions the participant may have;
- Ensure the participant has all the necessary information to make well-informed decisions;
- Ensure the participant understands and accepts the responsibilities of fully participating in training and maintain communication; and to answer any questions the participant may have;
- Submit the Request for Training form to the EEDD supervisor for approval along with the participant's file and all necessary paperwork at least two weeks prior to the first start date;
- Create a memo to justify and provide recommendations for participant who is requesting training in excess of the established tuition cap;
- Complete and submit the Pre-Encumbrance form to the Fiscal Division once the participant has been approved for training;
- Maintain clear and complete case notes;
- Follow up with the participant, at regular intervals no less than after the first week of training and then at a minimum of every 2 weeks, to ensure participant is still in training;
- Review progress reports when received from school and address issues, if any;
- Enter all pertinent information for training into CalJOBS (Provider information, program information, start/end dates); and
- Document benchmark (Measurable Skills Gains) and credential attainment in CalJOBS, including licenses and/or certifications, as applicable.

2. Participant Responsibility

It is the participant's responsibility to:

- Keep all appointments scheduled by the case manager and the training provider;
- Complete the Occupational Research Questionnaire to ensure making informed decisions when selecting a training provider;

- Visit three different training providers whenever possible to make an informed decision;
- Complete the Customer Choice in Training form and return to the assigned case manager;
- At a mutually agreed upon time, take the Request for Training form to the training provider to obtain two potential start/end dates, the provider's signature, and acceptance into the training;
- Return the Request for Training form to the assigned case manager;
- Only begin training when the assigned case manager confirms the start date;
- Participate fully in the training by following all of the provider's policies;
- Report attendance accurately, and sign all school attendance records;
- Maintain and respond to communication with the case manager and notify the case manager immediately if there are any concerns with the school or at home that may interfere with the completion of training;
- Participate fully and professionally in any meetings between case manager (and EEDD supervisor or manager) and the training provider;
- Notify the case manager and the training provider if unable to complete the training;
- Complete the Participant Training Survey; and
- Notify case manager immediately upon earning the associated credential and entering employment.

3. Training Provider Responsibility

It is the training provider's responsibility to:

- Determine if a negative/failed drug screening is a condition of employment in the occupation designated in the training program's listing on the ETPL. Before accepting a participant into their training program, the provider must review the results of the drug screening and determine the participant has passed.
- Provide assessment and/or testing to the participant for the program offered to determine suitability for acceptance into their training upon receipt of the Request for Training;
- Sign and return Request for Training with any proposals and/or discounts attached;
- Provide a copy of the student enrollment agreement to the participant's case manager, and thoroughly review the student enrollment agreement with the participant;
- Review and sign the ITA and return it to WorkNet within two business days;

- Provide the participant with the training specified in the ITA;
- Maintain complete and accurate attendance records signed by the participant;
- Maintain appropriate and complete student file, and adhere to requirements regarding record retention of at least three (3) years from date of final payment, or any audit or monitoring of records, whichever is longer;
- Document benchmark attainment including post-tests as applicable;
- Submit progress reports and invoices in accordance with the ITA Invoicing Checklist (See Attachment 9) with signed attendance records as specified in the ITA to WorkNet for payment;
- Submit invoices for expenses as they occur in accordance with the ETPL and the ITA. These invoices may be billed as the training provider incurs the cost;
- Participate fully and professionally in any meetings between the participant and case manager (and EEDD supervisor or manager);
- Update provider's ETPL listing to reflect any program changes, including costs and performance data;
- Maintain and respond to communication with the case manager and notify the case manager immediately if there are any issues with the participant that may interfere with completion of training;
- Assist participant with all post-training job search activities;
- Maintain liability insurance coverage showing San Joaquin County EEDD (WorkNet) as Additional Insured;
- Maintain a signed copy of the executed ITA Contract per participant;
- Maintain a copy of the current Authorized Signature Form (See Attachment 10);
- Maintain a current school catalog of all WIOA funded training programs posted on its website;
- Maintain grievance/complaint policy and procedure, non-discrimination and equal opportunity provisions in compliance with the ITA, the WIOA, and all governing legislation. Review thoroughly with each participant;
- Maintain a clean, safe environment for students, instructors, and staff;
- Meet all requirements for approval to operate all of its WIOA-funded training programs by its accrediting body; and
- Participate and cooperate fully with annual monitoring.

4. EEDD Supervisor's Responsibility

It is the EEDD supervisor's responsibility to:

- Review the Training Scholarship received from case manager for accuracy and completeness;

- Review CalJOBS application;
- Review the participant's assessments and IEP/ISS;
- Review case notes and case manager's justification for training;
- Approve Training Scholarship, as appropriate;
- Provide assistance to case manager if any issues arise, and elevate them to CMD Division Manager if issues cannot be resolved; and
- Provide technical assistance to WorkNet staff, training providers, and participants regarding training programs available.

5. EEDD ITA Coordinator's Responsibility

It is the EEDD ITA Coordinator's responsibility to:

- Designate staff to prepare the ITA;
- Obtain signature of training provider on ITA; and
- Forward ITA to EEDD Administrative Staff.

6. EEDD Administrative Division Responsibility

It is the EEDD Administrative Division responsibility to:

- Upon completion of the above, make two copies of the fully executed ITA. Upon receipt of signed ITA Agreement from training provider, obtain signature from EEDD Executive Director or designee;
- Make three copies of the signed ITA. Mail one to the training provider, provide one to EEDD Fiscal Management Division, and provide one copy to the case manager to be placed in the participant file;
- File original fully executed contract in the central files; and
- Conduct annual monitoring of provider to verify compliance with ITA.

7. EEDD Fiscal Management Division Responsibility

It is the EEDD Fiscal Management Division responsibility to:

- Allocate the proper funds to be encumbered for each participant to attend training;
- Inform case manager of any abnormalities in the billing process;
- Inform training provider of any supporting documents needed to ensure payment; and
- De-obligate any training funds not used by participant.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV: jl

- Attachment 1a: Individual Employment Plan (IEP)
- Attachment 1b: CHD ISS
- Attachment 1c: Eckerd ISS
- Attachment 1d: SJCOE ISS
- Attachment 2: Occupational Research Questionnaire
- Attachment 3: Customer Choice in Training Form
- Attachment 4: Request for Training Form
- Attachment 5: Training Scholarship Approval Form
- Attachment 6: Individual Training Account (ITA)
- Attachment 7: Pre-Encumbrance/Change of Status Form
- Attachment 8: Monthly Training Progress Report Form
- Attachment 9: ITA Invoicing Checklist
- Attachment 10: Authorized Signature Form

INDIVIDUAL EMPLOYMENT PLAN (IEP)

NAME: _____

Last

First

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL/MESSAGE PHONE #: _____

SSN: _____ EMAIL: _____

I. EMPLOYMENT GOALS

A. 1st Goal

1. ONET Title: _____

2. ONET Code: _____

3. WorkKeys Skill Level Requirement for 1st Goal (From WorkKeys Occupational Profiles Database)

Applied Mathematics: _____

Graphic Literacy: _____

Workplace Documents: _____

Client Scores

Applied Mathematics: _____

Graphic Literacy: _____

Workplace Documents: _____

WorkKeys waived – Provide justification: _____

4. Other Requirements (*examples: high school diploma, Class A license, Lift 50 lbs., type 45 wpm*)

B. 2nd Goal

1. ONET Title: _____

2. ONET Code: _____

3. WorkKeys Skill Level Requirement for 2nd Goal (From WorkKeys Occupational Profiles Database)

Applied Mathematics: _____

Graphic Literacy: _____

Workplace Documents: _____

Client Scores

Applied Mathematics: _____

Graphic Literacy: _____

Workplace Documents: _____

4. Other Requirements (examples: high school diploma, Class A license, Lift 50 lbs., type 45 wpm)

II. ACHIEVEMENT OBJECTIVES (Check all that apply)

- Increase educational level necessary to meet employment goal and attain economic self-sufficiency through referral to partner agency basic skills training, GED program, or other appropriate program.
- Increase WorkKeys skill level necessary to meet employment goal and attain economic self-sufficiency through enrollment into WIN Solutions basic workplace skills training.
- Meet employment goal and attain economic self sufficiency through direct referral and placement with employer.
- Enhance work readiness skills necessary to meet employment goal and attain economic self-sufficiency through enrollment into a work experience activity in the private and/or public/nonprofit sector.
- Enhance occupational skills necessary to meet employment goal and attain economic self-sufficiency through enrollment into classroom training at a training provider listed on the Eligible Training Provider List (ETPL). Eligible training provider will be reimbursed for training through an Individual Training Account (ITA).
- Enhance occupational skills necessary to meet employment goal and attain economic self-sufficiency through referral to partner agency classroom training program.
- Enhance occupational skills necessary to meet employment goal and attain economic self-sufficiency through enrollment into On-the-Job Training (OJT) program. Employer will be reimbursed for extraordinary costs associated with training through an OJT agreement.

Other achievement objective:

Other achievement objective:

Participant Signature

Date

EBDD Staff Signature

Date

III. SERVICES TO ACHIEVE EMPLOYMENT GOALS

A. Basic Career Services

Participant received the following Basic Career Services (Check all that apply):

- Eligibility determination
- Outreach, intake, and orientation
- Initial assessment (Attach copy of CASAS self assessment)
- Labor market information
- Performance and cost information on training providers
- Local workforce investment area performance information
- Supportive services availability
- Unemployment insurance claim information

The following activities require Certification and Enrollment:

B. Justification for receiving Individualized Career Services:

- Participant is unemployed and has been determined by WorkNet staff to be in need of Individualized Career Services to obtain employment.
- Participant is employed, but has been determined by WorkNet staff to be in need of Individualized Career Services to obtain or retain employment leading to self-sufficiency.

C. Individualized Career Services

Participant received the following Individualized Career Services
(A minimum of one must be checked. Check all that apply):

- (102) Initial Assessment
- (203) Comprehensive Assessment (Attach copy of CareerScope/Workkeys Assessment and/or other assessment(s))
- (205) Development of Individual Employment Plan (IEP)
- (121) Job Referral: Job Outside Caljobs
- (125) Job Search Placement Assistance (Internal Referral)
- (215) Short Term Pre-Vocational Training
- (200) Individual Counseling
- (201) Group Counseling
- (320) Private Sector Work Experience (Attach copy of W.E. Agreement)
- (219) Public/Non-Profit Sector Work Experience (Attach copy of W.E Agreement)
- (218) Internships
- Other WIOA Intensive Services Specify: _____
- Non-WIOA Funded Intensive Service Specify: _____
- Co-enrolled Intensive Service Specify: _____

Justification for Training Services:

- Participant has met the eligibility requirements for individualized career services.
- After an interview, evaluation, or assessment, and case management, the participant has been determined in need of training services and to have the skills and qualifications to successfully complete the training program, and

- Participant has selected a program of training services directly linked to employment opportunities in the local area or another area where the participant is willing to relocate, and
- Participant is unable to obtain grant assistance from other sources to pay for the cost of training services.

D. Training Services

Participant received the following training services (Check all that apply):

- (214) Adult Literacy; Basic Skills or GED Preparation
- (304) Customized Training
- (302) Entrepreneurial Training
- (322) Job Readiness Training
- (300) Occupational Skills Training (Attach copy of ITA)
- (301) On-The-Job Training (Attach copy of OJT Agreement)
- (320) Private Sector Training
- (305) Skill Upgrading and Retraining
- (323) Workplace Training and Coop Ed
- Other Training Services Specify: _____
- Non-WIOA Funded Training Services Specify: _____
- Co-enrolled Training Services Specify: _____

E. Supportive Services

Participant received the following supportive services (Check all that apply and attach participant budget to support cost)

- | | |
|--|--|
| <input type="checkbox"/> Bus passes | <input type="checkbox"/> Mileage reimbursement (attach proof of insurance) |
| <input type="checkbox"/> Tools | <input type="checkbox"/> Child care (attach referral to FRRC) |
| <input type="checkbox"/> Testing Fees | <input type="checkbox"/> Books |
| <input type="checkbox"/> Clothing/Uniforms | <input type="checkbox"/> Work Shoes/Boots |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Name of Participant: [Redacted]
Agency Name: [Redacted]
Case Manager: [Redacted]
ISY
Program Year: [Redacted]

INDIVIDUAL SERVICE STRATEGY:

BARRIERS:

- Basic Skills Deficient English Language Learner Offender Homeless Individual
- Foster Care Individual with a Disability Additional Assistance Pregnant/Parenting
- Transportation Supportive Services Other Counseling Miscellaneous
- Education

EDUCATION: High School Diploma:

Description of Barrier: [Redacted]
Goal: [Redacted]
High School or Alternative School Name: [Redacted]
Credits/Units needed to Graduate: [Redacted]
Date of Enrollment: [Redacted]
Estimated Completion Date: [Redacted]
Actual Completion Date: [Redacted]
Completion Status: [Redacted]
What was provided: [Redacted]

ENGLISH LANGUAGE LEARNER:

Description of Barrier: [Redacted]
Goal: [Redacted]
Date Established: [Redacted]
Estimated Completion Date: [Redacted]
Actual Completion Date: [Redacted]
Completion Status: [Redacted]
What was provided: [Redacted]

PREGNANT/PARENTING:

Description of Barrier: [Redacted]
Goal: [Redacted]
Date Established: [Redacted]
Estimated Completion Date: [Redacted]
Actual Completion Date: [Redacted]
Completion Status: [Redacted]
What was provided: [Redacted]

HOMELESS INDIVIDUAL:

Description of Barrier:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

COUNSELING:

Description of Barrier:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

INDIVIDUAL WITH A DISABILITY:

Description of Barrier:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

MISCELLANEOUS:

Description of Barrier:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

BASIC SKILLS ASSESSMENTS & RESULTS:

— Non-Applicable

Transcript: [redacted]

Reading Grade: [redacted]

GPA: [redacted]

Transcript: [redacted]

Math Grade: [redacted]

GPA: [redacted]

Description of Barrier: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

SUPPORTIVE SERVICES NEEDS:

Type of Supportive Service Needed: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

ADDITIONAL ASSISTANCE:

Description of Barrier: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

FOSTER CARE:

Description of Barrier: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

OFFENDER:

Description of Barrier: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

SERVICES BEING PROVIDED

WORK READINESS NEEDS:

Description of Services: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

EMPLOYMENT INFORMATION:

Never Work

Work History (Most recent job held)

Job Title:		Hourly Wage: \$
Company:	Start Date:	End Date:

Job Duties:
Are you currently working? YES NO

Duties: [redacted]

What was provided: [redacted]

EMPLOYMENT GOAL (Permanent Employment and/or Paid Work Experience):

Description of Services: [redacted]

Goal: [redacted]

Date Established: [redacted]

Estimated Completion Date: [redacted]

Actual Completion Date: [redacted]

Completion Status: [redacted]

What was provided: [redacted]

LEADERSHIP SKILLS:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

FINANCIAL LITERACY:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

OCCUPATIONAL SKILLS:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

ADULT MENTORING:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

ENTREPRENEURIAL SKILLS TRAINING:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

POST-SECONDARY PREPARATION AND TRANSITION ACTIVITIES:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

SERVICES THAT PROVIDE LABOR MARKET INFORMATION:

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

FOLLOW-UP SERVICES

Description of Services:

[Redacted]

Goal: [Redacted]

Date Established: [Redacted]

Estimated Completion Date: [Redacted]

Actual Completion Date: [Redacted]

Completion Status: [Redacted]

What was provided: [Redacted]

Indicate where the category career choice falls:

(WEX): (check all that apply):

- Administrative and Support Services
- Construction/Clean Energy
- Healthcare Services (Life Sciences)
- Information and Communication Technology
- Installation, Maintenance and Repair
- Agriculture, Food and Hospitality
- Transportation and Production
- Retail
- Other:

Career Exploration Tool Used: _____

Interest Profiler Results: _____

Career Pathway Choice:

- Undecided

Description of Goal: _____

PERFORMANCE GOAL SUMMARY:

Placement in EMP/Training/Education – 59%
 Placement in EMP/Training/Education (Q4) – 55%
 Median Earnings (Q2) – Baseline
 Credential Rate (Q2) – 56%
 Measurable Skills Gain (Within Program Year) – Baseline

Participant Signature

Case Manager Signature

Date

Date

Age at Program Participation

*(ISS) must be reviewed Bi-monthly and case noted for WIOA Participants
Case Manager must initial and date upon review*

Bi-Monthly review: _____
Bi-Monthly review: _____
Bi-Monthly review: _____
Bi-Monthly review: _____
Bi-Monthly review: _____
Bi-Monthly review: _____

Individual Employment Plan

General Information:

Plan ID:

User ID:

Name:

Preferred Name:

Plan was started on:

Plan was started in office location: Plan closed on:

Goals and Objectives Established:

Goal # /Goal ID	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status

Goal Description:

Comments:

Objectives to Goal #1

Objective	Date Established	Review Date	Program	Staff	Status

Comments:

Goal # /Goal ID	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status

Goal Description:

Comments:

Objectives to Goal #2

Objective	Date Established	Review Date	Program	Staff	Status

Comments:

Goal # /Goal ID	Program Affiliation(s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status

Goal Description:

Comments:

Objectives to Goal #3

Objective	Date Established	Review Date	Program	Staff	Status

Comments:

Signature

Applicant Signature

Date

Signature

Staff Signature

Date



YOUTH INDIVIDUAL SERVICE STRATEGY

Initial Follow Up

An Individual Service Strategy is a specific plan developed with each youth that is based on the objective assessment and identifies an employment goal, educational goal, appropriate achievement objectives, and appropriate services.

PERSONAL DATA

Name:		Date:
Address:	City, State, Zip:	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Birth Date:	Age:
Status at Enrollment: <input type="checkbox"/> OSY <input type="checkbox"/> ISY		

COMMUNICATION PLAN

Cell Phone	Home Phone	E-Mail
Do you have text messaging on your phone plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What social networks do you use? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Snapchat <input type="checkbox"/> Other:		
<i>*Follow WorkStartYES SJCOE on Instagram (@workstartyes_sjcoe) for up-to-date program information, job leads, and more!</i>		
Preferred method(s) of contact:		
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text <input type="checkbox"/> Home Visit <input type="checkbox"/> School <input type="checkbox"/> Email <input type="checkbox"/> Online		
Preferred time(s) of contact:		
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Notes:		
You will be required to check in with your Career Developer a minimum of every two weeks and meet with you Career Developer every 30 days. Do you foresee any problems adhering to this communication plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Notes:		

SUPPORTIVE SERVICES

Main Mode of Transportation:			
<input type="checkbox"/> Car/Drive <input type="checkbox"/> Bus <input type="checkbox"/> Rides from family/friends <input type="checkbox"/> Bike/Skateboard <input type="checkbox"/> Walk			
Do you have a driver's license?	If no, do you have a driver's permit?	If no, do you want to get a license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Warrants or court dates pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:			
Do you have dependents/children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:			
Child's Name	Child's Age	Does child live with you?	Childcare Arrangements
What are your immediate needs?			
What do you see as your biggest barriers to those needs?			

EMPLOYMENT HISTORY & GOALS

Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, where?			
List current and previous paid and unpaid work experience:							
		Job #1		Job #2		Job #3	
Employer Name							
Your Job Title							
Dates Worked (First and Last)							
Hourly Wage							
Job Duties							
What is your short term employment goal? <input type="checkbox"/> Part-Time Job <input type="checkbox"/> Full-Time Job <input type="checkbox"/> Enroll in Military <input type="checkbox"/> Other:							
If you chose part-time or full-time job, what kind of job do you want, where, how many hours, and how much pay?							
What is your long term career goal?							
Career Pathway: <input type="checkbox"/> Agriculture and Natural Resource <input type="checkbox"/> Arts, Media, & Entertainment <input type="checkbox"/> Building Trades and Construction <input type="checkbox"/> Education, Child Development & Family Services <input type="checkbox"/> Energy & Utilities <input type="checkbox"/> Engineering and Design <input type="checkbox"/> Fashion & Interior Design <input type="checkbox"/> Finance & Business <input type="checkbox"/> Health Science & Medical Tech. <input type="checkbox"/> Hospitality, Tourism, & Recreation <input type="checkbox"/> Information Technology <input type="checkbox"/> Marketing, Sales, & Service <input type="checkbox"/> Manufacturing & Product Development <input type="checkbox"/> Public Services <input type="checkbox"/> Transportation							

EDUCATION HISTORY & GOALS

As of today, are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No				If OSY, date enrolled / started:				
Current or last high school attended:				Grade Point Average:				
If you are in school, what is your current grade?				9	10	11	12	Other:
If you are not in school, what is the highest grade you completed?				9	10	11	12	Other:
What is your favorite subject/class:								
What is your least favorite subject/class:								
List your current class schedule:								
Class #1	Class #2	Class #3	Class #4	Class #5	Class #6	Class #7		
What is your short term education goal? <input type="checkbox"/> Graduate High School <input type="checkbox"/> Obtain GED <input type="checkbox"/> Go to College <input type="checkbox"/> Go to a Trade School <input type="checkbox"/> Improve Math Skills <input type="checkbox"/> Improve Reading Skills <input type="checkbox"/> Other:								
Notes:								
What is your long term education goal? <input type="checkbox"/> Certificate Program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Apprenticeship/Type: <input type="checkbox"/> Other:								
Notes:								

BASIC SKILLS

Results from Test of Adult Basic Education (TABE) administered by the San Joaquin County Office of Education:

Test Area	Scale Score	General Equivalent Score	Educational Functioning Level	Basic Skills Deficient?	Requires Remediation?
Reading:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Math:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERESTS & ABILITIES

Results from O'Net Interests Profiler administered by the San Joaquin County Office of Education (List top 3):

--	--	--

Results from Careers Ability Profiler administered by the San Joaquin County Office of Education (List top 3):

--	--	--

Do you like to work with people?	<input type="checkbox"/> A Lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A Little	<input type="checkbox"/> Not At All
Do you like to work with data/numbers?	<input type="checkbox"/> A Lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A Little	<input type="checkbox"/> Not At All
Do you like to work with things/tools?	<input type="checkbox"/> A Lot	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A Little	<input type="checkbox"/> Not At All
List three things you're good at (skills):				
List three things that interest you (hobbies):				
What career awareness activities have you participated in?				
<input type="checkbox"/> Research on Careers	<input type="checkbox"/> Experienced a Personal Interview	<input type="checkbox"/> Investigated/Attended Classes for Job Prep		
<input type="checkbox"/> Prepared Resume	<input type="checkbox"/> Career Research Interview	<input type="checkbox"/> Other:		
WorkStartYES plans to enrich your experience by providing activities, workshops and planned events that will add to your success in life, school, and work. Please check subjects that interest you:				
<input type="checkbox"/> Study Skills	<input type="checkbox"/> How to Apply for College	<input type="checkbox"/> Financial Aid for College	<input type="checkbox"/> Communication Skills	
<input type="checkbox"/> Interview Skills	<input type="checkbox"/> Resumes and Applications	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Time Management	
<input type="checkbox"/> Career Exploration	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Community Engagement	<input type="checkbox"/> Life Skills	
<input type="checkbox"/> College Field Trip	<input type="checkbox"/> Business/Industry Field Trip	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Entrepreneurial Skills	

PLANNED OUTCOMES

Attainment of Recognized Certificate, Diploma, or Degree	High School Diploma
	GED
	Certificate
Placement in Employment, Education, or Training	Post-Secondary Education
	Advanced Training / Career Technical Training
	Military Service
	Registered Apprenticeship
	Unsubsidized Employment
Literacy & Numeracy Gains	Increase 1 or More Educational Functioning Levels per year (OSY ONLY).
Skill Attainment Rate	Obtain a minimum of 1 goal annually, with a maximum of 3 goals per year.

**WORKFORCE INNOVATION & OPPORTUNITY ACT
POSSIBLE YOUTH SERVICES**

Code	Service Code Description	Justification	Provider
400	Youth Summer Employment	Participant is in need of a summer worksite learning experience that will provide direct linkages between academic and occupational learning.	
401	Pre-Employment Training and Work Maturity	Participant is in need of leadership development opportunities, which may include community service and peer-centered activities to encourage responsibility and other positive social and civic behaviors as appropriate.	
406	Tutoring, Study Skills Training & Instruction	Participant is in need of tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies to complete secondary school diploma requirements; or its recognized equivalent (including a recognized certificate of attendance or similar document with individuals with disabilities); or for a recognized post-secondary credential.	
407	Financial Literacy Education	Participant is in need of Financial Literacy coursework that includes the following: budgeting, savings, how to make informed financial decisions about education, retirement, home ownership, wealth building, and/or other savings goals; managing spending, credit, and debt, including credit card debt, as well as obtaining credit, credit terms, credit reports, credit report significance, and how to correct credit report inaccuracies; and the ability to understand, evaluate, and compare financial products, services, and opportunities.	
408	Youth Internship Un-Paid	Participant is in need for an unpaid internship in the private, for-profit, nonprofit, or public sector.	
409	Youth Job Shadowing	Participant is in need of a job-shadowing experience in the private, for-profit, nonprofit, or public sector.	
410	Leadership Development Services	Participant is in need of leadership development opportunities that may include community service and peer mentoring and tutoring; organizational and team work training; decision-making training, as appropriate; citizenship training, including life skills training such as parenting and work behavior training; civic engagement activities that promote the quality of life in a community; and other leadership roles that place Youth in leadership roles.	
411	Adult Mentoring	Participant is in need of adult mentoring for at least 12 months that includes structured activities which offer guidance, support and encouragement to participant. Adult mentoring may include workplace mentoring where participant is matched with an employer or employee who acts as a mentor.	
412	Objective Assessment	Staff conducted an objective assessment of the participant's academic levels, skill levels, and service needs, which include an assessment of basic skills, occupational skills, prior work experience, employability, interests, aptitudes (including interests and aptitudes for nontraditional jobs), supportive services, and developmental needs for the purpose of identifying appropriate services and career pathways.	
413	Develop Service Strategies (ISS)	Staff developed individual strategies for participant that are directly linked to one or more performance indicator, and that identified career pathways that included education and employment goals, including, when appropriate, nontraditional employment, appropriate achievement objectives, and appropriate services that took into account the participant's objective assessment.	
414	Basic Skills Training	Participant is in need of basic skills training which includes reading, writing, mathematic, problem solving, and interpersonal skills training.	
415	Enrolled in Alternative Secondary Education	Participant is in need of an Alternative Education program (i.e., a separate program within a K - 12 public or charter school that was established to serve and provide a Youth, whose needs are not being met in a traditional school setting, an educational alternative).	

WORKFORCE INNOVATION & OPPORTUNITY ACT
POSSIBLE YOUTH SERVICES

	416	Occupational Skills Training (Approved Provider)	An out-of-school participant aged 18-to-24, who was enrolled in occupational skills training, which includes priority consideration for training programs that led to recognized post-secondary credentials, and that aligned with an in-demand industry sector(s) or occupations in the participant's local area. Provider must be on the statewide Eligible Training Provider List (ETPL).	
	417	Comprehensive Guidance and Counseling	Participant is in need of activities leading to secondary school diploma attainment, or its equivalent; preparation for post-secondary and training opportunities; strong linkages between academic instruction and occupational education that lead to the attainment of recognized post-secondary credentials; preparation for unsubsidized employment opportunities; and effective connections to employers, including small employers, in in-demand industry sectors and occupations within the participant's local and regional labor markets. This also applies if participant is in need of drug and alcohol abuse counseling, mental health counseling, and referral to other partner programs.	
	418	Adult Education (GED)	Participant not enrolled prior to participation in a high school equivalency diploma program (Three U.S. Department of Education, recognized high school equivalency certificate programs, namely the (1) General Educational Development (GED) Test, provided by the GED Testing Service; (2) the High School Equivalency Test (HiSET), provided by Educational Testing Services; or (3) the Test Assessing Secondary Completion (TASC), provided by CRB/McGraw-Hill).	
	424	Entrepreneurial Training	Participant is in need of entrepreneurial training which includes included the planning, starting and operating of a small business. Training includes, but is not limited to, entrepreneurial-associated skills of initiative, self-direction, calculated risk taking, adaptability, seeking out and identifying business opportunities and innovative solutions; risk assessment, budget development; resource forecasting; the ability to analyze capital acquisition options and their corresponding trade-offs; and how to effectively market oneself and one's ideas.	
	425	Work Experience Paid	Participant is in need of paid, planned, structured learning experience in a private, for-profit, nonprofit or public sector workplace for a limited period of time. The experience includes such elements as employability skills instruction or generic workplace skills; exposure to various aspects of an industry; progressively more complex tasks; the integration of basic academic skills into work activities, work adjustment, and other transition activities; entrepreneurship; and service learning. This definition does not include unpaid work experience (426), unpaid internships (408), paid internships (427), job shadowing (409), or on-the-job training (428).	
	426	Work Experience Unpaid	Participant is in need of an unpaid planned, structured learning experience that took place in a private, for-profit, nonprofit or public sector workplace for a limited period of time. The experience included such elements as employability skills instruction or generic workplace skills; exposure to various aspects of an industry; progressively more complex tasks; the integration of basic academic skills into work activities, work adjustment, and other transition activities; entrepreneurship; and service learning. This definition does not include paid work experience (425), unpaid internships (408), paid internships (427), job shadowing (409), or on-the-job training (428).	
	427	Paid Internship	Participant is in need of a paid internship in the private, for-profit, nonprofit, or public sector workplace for a limited time period.	
	428	Youth On-the-Job Training	Participant is in need of an on-the-job training experience in the private, for-profit, nonprofit, or public sector workplace for a limited time period.	

WORKFORCE INNOVATION & OPPORTUNITY ACT
POSSIBLE YOUTH SERVICES

	429	Enrolled in Secondary School	Participant needs to be enrolled in high school, or any other organized program of study. This definition applies to participants who are already enrolled in education at the time of program participation, or became enrolled in education at any point during program participation.	
	430	Occupational Skills Training (Statewide Youth Provider List)	Participant is in need of training designed to provide the technical skills necessary to perform a specific job or group of jobs. The training provider was on the Statewide Youth Provider List.	
	431	Enrolled in Pre-Apprenticeship Training	Participant needs to enroll in a program or participate in a set of strategies designed to prepare participant to enter and succeed in a registered apprenticeship program that has a documented partnership with at least one, if not more, registered apprenticeship program(s).	
	432	Enrolled in Apprenticeship Training	Participant needs to be enrolled in a combination of on-the-job-training and related instruction in which the participant learns the practical and theoretical aspects of a highly skilled occupation. Apprenticeship programs can be sponsored by individual employers, joint employer and labor groups, and/or employer associations.	
	433	Career Awareness	Participant needs to be engaged in activities designed to help him/her understand the role of work, one's own uniqueness, and basic information about different occupations.	
	434	Career Exploration	Participant needs to participate in activities that provide information about targeted industry clusters through a variety of experiences, including online career guidance programs, labor market information data, field visits to business/industry, pre-apprenticeship training, and assessments that provided a connection between further training/education and long-term career advancement, and allowed for making informed career pathway decisions.	
	435	Career Counseling/Planning	Participant requires information and assistance in identifying career options and/or pathways, and/or mapping a career area of specific interest (e.g., engineering), with the knowledge, skills, financial aid literacy, and education or training required to facilitate comprehensive career decision-making and planning that integrate the Youth participant's personal, social and career goals).	
	436	Post-Secondary Transition Services	Participant needs services that helped him/her prepare for and transition to post-secondary education and training.	
	480	Support Services - Child/Dependent Care	Participant is in need of assistance with child care or dependent care that enabled him/her to participate in activities authorized under WIOA Title IB.	
	481	Support Services - Transportation Assistance	Participant is in need of assistance with transportation that enabled him/her to participate in activities authorized under WIOA Title IB.	
	482	Supportive Service - Medical	Participant is in need of referral to medical services that enabled him/her to participate in activities authorized under WIOA Title IB.	
	483	Supportive Service: Temporary Shelter	Participant is in need of assistance with temporary shelter that enabled him/her to participate in activities authorized under WIOA Title IB.	
	485	Support Services - Other	Participant is in need of supportive services, such as assistance with uniforms, or other appropriate work attire, assistance with work related tools, or linkages to community services, which were necessary to enable the individual to participate in activities under WIA/WIOA. * This definition does not include childcare (480), transportation (481), or codes (482, 483, 484, or 486).	

YOUTH PARTICIPANT AGREEMENT

My WorkStartYES Career Developer has assisted me with interpretation of my O'Net Interest Profiler and Career Ability Profiler assessment results, given me a copy for further review, and has provided me with recommendations for occupational exploration. In addition, I have participated in the development of my Individual Service Strategy (ISS) with my Career Developer and agree with the objectives outlined. I understand that the following 14 program elements will be made available to assist me with achieving my goals and planned outcomes: 1) *Tutoring, study skills training, instruction and evidence-based dropout prevention*, 2) *Alternative secondary school services, or dropout recovery services*; 3) *Paid and unpaid work experiences that have academic and occupational education as a component of the work experience*, 4) *Occupational skill training*, 5) *Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster*, 6) *Leadership development opportunities*, 7) *Supportive services*, 8) *Adult mentoring for a duration of 12 months*, 9) *Follow-up services for not less than 12 months after completion of participation*, 10) *Comprehensive guidance and counseling*, 11) *Financial literacy education*, 12) *Entrepreneurial skills training*, 13) *Services that provide labor market and employment information about local in-demand sectors or occupations available*, and 14) *Activities that help youth prepare for and transition to post-secondary education and training*.

I will meet the requirements of the plan to the best of my ability and if I have challenges, I will discuss them with my Career Developer so that necessary changes can be made. I am aware that achievement of these goals may be dependent upon availability of funds and training opportunities. As a program participant, I agree to maintain regular contact with my WorkStartYES Career Developer, attend workshops and events as assigned, and actively participate in all program activities. I realize that failure to participate may jeopardize WorkStartYES services. I understand that upon exit, I am required to participate in follow-up services with the WorkStartYES Transition Specialist for a period of up to 12 months.

Youth Participant Signature: _____

Career Developer Signature: _____

Occupational Research Questionnaire - Training Exploration

Customer Name: _____.

My occupational goal is: _____.

Describe the job responsibilities of this occupational goal:

What related skills do you have already that will help you as you go through this training?

Circle your answers on the type of business you would like to work for and include the following information:

Size of Company:	Large	Small		
Willing to Relocate:	Yes	No	Where:	
Shifts willing to work:	Day	Swing	Graveyard	Weekends
Expected Starting Wage:	\$			
Do you prefer to be Supervised or Work Independently?	Supervised		Work Independently	

Please interview 3 persons that employ in this occupation and provide the feedback you received on the following pages (include business card if possible).

The purpose of this exercise is to talk to either the employer or employees in your field of interest to get more information. You are "trying on jobs" to see if they fit you! Jobs that look terrific in books or on someone else don't always look so terrific when you see them up close, in their entirety.

If you are unsure how to do this, here is a sample script of what to say to assist you:

Hello, my name is _____, may I please speak to someone in Human Resources (or if you have a name, you may say the name). I am considering entering a training program to become a _____ (occupation) and I would like to set a 10-15 minute appointment with someone who could give me some general information about this field. Preferably an employee. I am trying to make a realistic decision on how this training would benefit me.

Occupational Research Questionnaire - Training Exploration page 2

Interview #1 Student Name: _____
 Address, and
 Phone#: _____
 Type of Training: _____
 Name of School Attending: _____

(please record their answers and information you obtained)

A	<i>Why did you select this training?</i>
B	<i>What kind of skills did you have coming into this training?</i>
C	<i>Do you have any previous experience in this field?</i>
D	<i>What is the level of education required to get into this training?</i>
E	<i>What do you like the most about the training?</i>
F	<i>What do you like the least about the training?</i>
G	<i>What hours do you attend? Days, Evenings, Weekends?</i>
H	<i>What type of assistance do you receive from the training provider to help you complete or keep up with the training course?</i>
I	<i>Does the training provider assist with job search, and job placement?</i>
J	<i>Would you recommend this type of training, and school that you are attending to other people?</i>
K	<i>Is there anyone else you could suggest I talk to?</i>

Interview #2 Student Name: _____

Address, and

Phone#: _____

Type of Training: _____

Name of School Attending: _____

(please record their answers and information you obtained)

A	<i>Why did you select this training?</i>
B	<i>What kind of skills did you have coming into this training?</i>
C	<i>Do you have any previous experience in this field?</i>
D	<i>What is the level of education required to get into this training?</i>
E	<i>What do you like the most about the training?</i>
F	<i>What do you like the least about the training?</i>
G	<i>What hours do you attend? Days, Evenings, Weekends?</i>
H	<i>What type of assistance do you receive from the training provider to help you complete or keep up with training course?</i>
I	<i>Does the training provider assist with job search, and placement?</i>
J	<i>Would you recommend this type of training, and school that you are attending to other people?</i>
K	<i>Is there anyone else you could suggest I talk to?</i>

Interview #3 Name: _____

Company Name, Address, phone #: _____

(please record their answers and information you obtained)

A	<i>How did you get into this field?</i>
B	<i>What kind of skills did you have coming into this job?</i>
C	<i>How much previous experience was required?</i>
D	<i>What kind of training, certification or education is required?</i>
E	<i>What do you like the most about the job?</i>
F	<i>What do you like the least about the job?</i>
G	<i>What hours do you work? Weekends? Overtime? Different Shifts?</i>
H	<i>Does this company hire entry level people in this field?</i>
I	<i>What is the average starting salary in this field?</i>
J	<i>Would you recommend this type of work to other people?</i>
K	<i>Is there anyone else you could suggest I talk to?</i>

Based on the information you have received, answer the following questions:

Were there things about this occupation that you learned during your visits that you disliked and why?

What required skills do you have?

What requires skills are you lacking?

Do you have the required experience? Explain.

Do you have the time, resources and/or the desire to obtain the required education?

Are you willing to attend training or work with the required hours/times/shifts?

Is the starting salary enough for you to live on with all expenses accounted for including child care, etc.?

After taking into account the answers to all 3 interviews you have made, do you think this career is a good match for you? Why?

Thank you for taking the time to complete this Training Exploration packet.



A Proud Partner of America's Job Center of CaliforniaSM Network

Customer Choice in Training Form

Notice to WIOA Clients:

Under the Workforce Innovation and Opportunity Act of 2014 (WIOA), you may choose the program and provider for the occupational training you need to meet the goals in your individual plan. In order to use WIOA funds for training, you must choose a training program that has been certified by the Local Workforce Development Board in San Joaquin County.

Your case manager will present you with a listing of certified training providers on the Eligible Training Provider List. Most providers have submitted information showing the success rate their students have reached in completing the program, obtaining a certificate (if needed for that occupation) and getting a job. You can choose the training provider that you feel best meets your needs.

As a customer of the WIOA program, I have chosen this training program for my occupational skills training. This was my choice, based on my needs and preferences and the information obtained about available providers through my site visits.

Training Provider Chosen

Training Program Chosen

Printed Name of WIOA Participant

Signature of WIOA Participant

Date

As a case manager for the WIOA program, I certify that the customer has chosen this training program and provider, based on their own needs and preferences and the information I presented about available providers on the Eligible Training Provider List.

Printed Name of Case Manager

Signature of Case Manager

Date



A proud partner of the America's JobCenter network of California

REQUEST FOR TRAINING

(This portion to be completed by WorkNet Center staff)

Participant Name, WIOA Application Number or other identifier

is hereby referred to Eligible Training Provider, City for training.

The course/program name is Program Name as listed on ETPL for

a duration of hours, to begin on 1st date after 10 days or 2nd date after 10 days and end

on or

The case manager is Case Manager at Center Name WorkNet Center

You may reach the case manager at email address/phone number

Total funds authorized, but not obligated, for this training must match the approved costs listed on the ETPL.

Table with 2 columns: Tuition, Pell, Other Costs, Other, Total, Grant Code. Total is \$0.00.

Participant Signature, Date

(This portion to be completed by Eligible Training Provider)

This request for training has been reviewed, and the Eligible Training Provider will accept this participant in the Course/Program on the dates identified above.

Approved by: Signature, Title, Date

This Request for Training is not a binding agreement for the purpose of obligating funds between the Eligible Training Provider and the WorkNet Center.

For timely processing, please email this completed form to the case manager above.

(This form is VOID if not accepted by the Eligible Training Provider within 45 days of issuance.)

This WIOA Title I-financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

TRAINING SCHOLARSHIP APPROVAL

TRAINEE NAME

TRAINING JUSTIFICATION

Has the participant EVER received ANY (Vocational/Degree) Training? YES NO

If Yes: Answer the following Questions

When? _____ What type of training? _____

What Funding Source was utilized to pay for the training? Please specify below:

Pell Grant WIOA Other _____

The training received, is it a Demand Occupation? YES NO NA

Is the Training/Retraining Justifiable? YES NO

Explanation: _____

Is the justification of Training clear and documented in Case Notes? YES NO

CASE MANAGER SIGNATURE: _____

DATE: _____

TRAINING PROVIDER NAME: _____

START DATE: _____ or _____

TO BE COMPLETED BY SUPERVISOR

ITEMS TO REVIEW:

CALJOBS INFO (Resume And Background Wizard Completed) YES NO

WIOA PARTICIPATION/ACTIVITY CODES (Documented on CALJOBS) YES NO

CASE NOTES (Attached In File and Documented on CALJOBS) YES NO

IEP (Completed and Attached in File) YES NO

TRAINING OCCUPATIONAL QUESTIONNAIRE (Completed by Client) YES NO

TRAINING SCHOLARSHIP (Completed and Signed by the Client) YES NO

CUSTOMER CHOICE IN TRAINING FORM (Signed by the Client) YES NO

PRE-ENCUMBRANCE FORM (In File, Email to Fiscal and CC Supervisor) YES NO

TRAINING SCHOLARSHIP APPROVED? YES NO

TRAINING SCHOLARSHIP NOT APPROVED? YES NO

Explanation: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

PATRICIA VIRGEN
Executive Director



BOARD OF SUPERVISORS
MIGUEL VILLAPUDUA
First District
KATHERINE M. MILLER
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Third District
CHUCK WINN
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ROBERT RICKMAN
Fifth District

COUNTY OF SAN JOAQUIN
EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
WINNER OF NATIONAL ALLIANCE OF BUSINESS DISTINGUISHED SERVICE AWARD

INDIVIDUAL TRAINING ACCOUNT (ITA): # _____

(Participant's Name) (WIOA Application Number)

This Individual Training Account (ITA) is entered into on the _____ of _____, between (hereinafter referred to as ELIGIBLE TRAINING PROVIDER) and the San Joaquin County Employment and Economic Development Department (hereinafter referred to as EEDD) for the purpose of providing training to the participant identified above.

1. Course/Program Name:
2. Total Course/Program Hours of Instruction: (1 hours)
 - 2.1 Total Course/Program Hours of Instruction to be paid by EEDD: (1 hours)
3. Program Cost:

	TOTAL PROGRAM COST (Not to exceed price on Eligible Training Provider List)	Amount of Federal Pell Grant, other grants, or other funding to be received by ELIGIBLE TRAINING PROVIDER	Amount of Trade Adjustment Assistance (TAA) funds to be received by ELIGIBLE TRAINING PROVIDER	Price to be paid to ELIGIBLE TRAINING PROVIDER by EEDD
Tuition	\$0.00	\$0.00	\$0.00	\$0.00
Fees	\$0.00	\$0.00	\$0.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00

4. Payment shall be rendered in accordance with the Program Cost in §3 and Payment Conditions in §8 of this ITA. Tuition shall be paid at the hourly rate of \$0.00 for actual attendance in classroom training.
5. Grant Code: Grant
6. Case Manager: Case Manager / Center - City

ELIGIBLE TRAINING PROVIDER attests to having good standing on the Eligible Training Provider List (ETPL) and the legal authority to enter into this ITA. In addition, ELIGIBLE TRAINING PROVIDER warrants the activities conducted under this ITA shall comply with all regulations, assurances, and certifications contained herein.

EXECUTED BY THE PARTIES on the date above written:

For ELIGIBLE TRAINING PROVIDER:

For EEDD:

SIGNER, Title
Address
City, CA ZIP

PATRICIA VIRGEN, Executive Director
6221 West Lane, Suite 105
Stockton, CA 95210
Phone: (209) 468-3500

GENERAL PROVISIONS

7. TRAINING

- 7.1 ELIGIBLE TRAINING PROVIDER shall provide training in the course/program name identified in §1 of this ITA. The training shall be conducted in accordance with the curriculum approved by the appropriate approval/accreditation agency. A copy of the approved/accredited curriculum shall be available to EEDD for inspection at the training site.
- 7.2 ELIGIBLE TRAINING PROVIDER shall ensure that all teachers/instructors are certified by the appropriate approval/accreditation agency to provide training in the course/program name identified in §1 of this ITA.
- 7.3 ELIGIBLE TRAINING PROVIDER shall maintain records including, but not limited to:
- 7.3.1 Attendance taken on a daily basis; and
 - 7.3.2 Documentation of benchmark attainment, including posttests if applicable.
- 7.4 ELIGIBLE TRAINING PROVIDER shall award a Certificate or Diploma/Degree, subject to the rules and regulations of the appropriate approval/accreditation agency.

8. PAYMENT CONDITIONS

8.1 Tuition

EEDD will pay ELIGIBLE TRAINING PROVIDER's price for tuition less applicable Federal Pell Grants, other grants, other funding, and Trade Adjustment Assistance (TAA) funds, or the tuition limit established by the San Joaquin County Workforce Development Board (WDB), whichever is least. Tuition includes such items as initial administration, registration, and class fees. For the purpose of this ITA, ELIGIBLE TRAINING PROVIDER's price for tuition shall not exceed the price identified in the Eligible Training Provider List (ETPL).

8.1.1 Method of Payment

Progress payments shall be made toward the price paid for tuition based upon actual attendance of the participant in classroom training at the hourly rate identified in §4 of this ITA.

The hourly rate is based on dividing the price to be paid for tuition by EEDD on behalf of the participant identified in §3 of this ITA by the total course/program hours of instruction to be paid by EEDD as identified in §2.1 of this ITA. Payment for attendance shall be made as course/program hours of instruction are completed. Any remaining balance in the tuition price to be paid by EEDD shall be paid once the participant successfully completes training and receives an applicable Certificate or Diploma/Degree. Payment for total hours of instruction shall not exceed the price to be paid for tuition by EEDD on behalf of the participant identified in §3 of this ITA.

8.1.2 Invoicing

Billing for attendance shall be submitted to EEDD monthly and be supported by a copy of the participant's signed attendance record. Billing forms shall include the participant's name, social security number, ITA number, total hours of instruction billed, rate per hour identified in this ITA, the total amount of billing, the period covered by the billing, and the balance to date.

Final billing shall include a copy of the participant's signed attendance record and Certificate or Diploma/Degree. Billing forms shall include the participant's name, WIOA application number, ITA number, total hours of instruction billed, rate per hour identified in this ITA, the

total amount of billing, identification of any remaining balance in the tuition price, the period covered by the billing, and the balance to date.

8.2 Fees

EEDD will pay ELIGIBLE TRAINING PROVIDER's price for fees less applicable Federal Pell Grants, other grants, other funding, and Trade Adjustment Assistance (TAA) funds. Fees include such items as memberships, special room rentals, and entrances. For the purpose of this ITA, ELIGIBLE TRAINING PROVIDER's price for fees shall not exceed the price identified in the Eligible Training Provider List (ETPL).

8.2.1 Method of Payment

Price for fees shall be paid to ELIGIBLE TRAINING PROVIDER on a cost reimbursement basis.

8.2.2 Invoicing

Billing for fees shall be itemized and include appropriate support documentation.

8.3 Expenses

EEDD will pay ELIGIBLE TRAINING PROVIDER's price for expenses less applicable Federal Pell Grants, other grants, other funding, and Trade Adjustment Assistance (TAA) funds. Expenses include such items as books, materials, special transportation, and parking passes. For the purpose of this ITA, ELIGIBLE TRAINING PROVIDER's price for expenses shall not exceed the price identified in the Eligible Training Provider List (ETPL).

8.3.1 Method of Payment

Price for expenses shall be paid to ELIGIBLE TRAINING PROVIDER on a cost reimbursement basis.

8.3.2 Invoicing

Expenses may be billed as the participant receives these items. The bill shall include all of the following:

8.3.2.1 List of items provided to the participant as expenses

8.3.2.2 Cost per item

8.3.2.3 Date item(s) were received by the participant

8.3.2.4 Participant check off that indicates item(s) were received

8.3.2.5 Participant signature verifying that items were received

Any cost for any item not acknowledged by the participant shall not be paid.

8.4 Federal Pell Grants and Other Grant Assistance Programs

Grant assistance, including Federal Pell Grants established under title IV of the Higher Education Act of 1965, must be utilized for training services prior to funds authorized under this ITA. Funds authorized under this ITA may be used to provide assistance beyond the assistance made available under other grant assistance programs, including Federal Pell Grants. Funds authorized under this ITA may be used while a participant's application for a Federal Pell Grant is pending, except that if such participant is subsequently awarded a Federal Pell Grant, appropriate reimbursement shall be made to EEDD from such Federal Pell Grant.

8.5 Participant Costs

EEDD is not responsible for any participant costs incurred by ELIGIBLE TRAINING PROVIDER or any subcontractor of ELIGIBLE TRAINING PROVIDER prior to the date of this ITA.

8.6 Authorized Signature Form

ELIGIBLE TRAINING PROVIDER shall submit to EEDD an Authorized Signature Form identifying the individual(s) authorized to sign agreements and modifications, fiscal documents, communications, or other papers, which may be required under this ITA. Any change to this Authorized Signature Form will require the submission of a new Form within five (5) days of the occurrence of such change.

The Authorized Signature Form and all changes to such Form will be incorporated into this ITA by reference.

9. REMEDIES

9.1 Default

In the event that ELIGIBLE TRAINING PROVIDER defaults in the performance of any of the terms applicable to ELIGIBLE TRAINING PROVIDER, EEDD may terminate this ITA. Failure of EEDD to act upon a default or acceptance by EEDD of any further services by ELIGIBLE TRAINING PROVIDER under this ITA after such default shall, in no way, constitute a waiver by EEDD of such default, nor shall such failure or such acceptance by EEDD permit the continuation of such default

9.2 Repayment of Funds and Waiver

In no event shall any payment by EEDD, hereunder, constitute a waiver by EEDD of any material breach of this ITA or any default which may then exist on the part of ELIGIBLE TRAINING PROVIDER, nor shall such payment impair or prejudice any remedy available to EEDD with respect to the material breach or default. EEDD expressly reserves the right to demand, of ELIGIBLE TRAINING PROVIDER, the repayment of any funds disbursed under this ITA which was not expended in accordance with the terms of this ITA.

10. TERMINATION FOR CAUSE AND CONVENIENCE

10.1 Cause

If ELIGIBLE TRAINING PROVIDER fails to perform duties to the satisfaction of EEDD, or if ELIGIBLE TRAINING PROVIDER fails to fulfill in a timely and professional manner obligations under this ITA, or if ELIGIBLE TRAINING PROVIDER violates any of the terms or provisions of this ITA, or if ELIGIBLE TRAINING PROVIDER, or ELIGIBLE TRAINING PROVIDER's agents or employees fail to exercise good behavior either during or outside of working hours that is of such a nature as to bring discredit upon EEDD, then EEDD shall have the right to terminate this ITA effective immediately upon giving written notice thereof to ELIGIBLE TRAINING PROVIDER. Termination shall have no effect upon the rights and obligations of the parties arising out of any transaction occurring prior to the effective date of such termination. ELIGIBLE TRAINING PROVIDER shall be paid in full for all work satisfactorily completed prior to the effective date of such termination. The right of EEDD to terminate this ITA for cause is in addition to any other remedy in law or equity available.

10.2 Convenience

Either party may terminate this ITA at any time by giving to the other party thirty (30) days written notice of such termination. ELIGIBLE TRAINING PROVIDER shall be paid for all work satisfactorily completed prior to the effective date of said termination.

11. REPORTING REQUIREMENTS

ELIGIBLE TRAINING PROVIDER shall promptly report participant completion of training, job placement, termination from training, or other status change. Such reports will be on EEDD forms and shall be submitted to EEDD within two (2) working days of the event becoming known to ELIGIBLE TRAINING PROVIDER.

12. ACCESS TO RECORDS

EEDD, the State of California, United States Department of Labor (DOL), Comptroller General of the United States, or any other duly authorized representatives shall have timely and reasonable access to any books, documents, papers, and records (including computer records) of ELIGIBLE TRAINING PROVIDER or subcontractor of ELIGIBLE TRAINING PROVIDER which are directly pertinent to this ITA, in order to conduct audits and examinations and to make excerpts, transcripts, and photocopies. This right also includes timely and reasonable access to personnel of ELIGIBLE TRAINING PROVIDER and subcontractors of ELIGIBLE TRAINING PROVIDER for the purpose of interviews and discussions related to such documents.

13. RECORD RETENTION

13.1 ELIGIBLE TRAINING PROVIDER shall retain all records pertaining to activities performed under this ITA for a three (3) year period from the date of final payment, or the records are audited, whichever is longer.

13.2 If, prior to expiration of the three (3) year period, any litigation or audit is begun or a claim is instituted involving the ITA, ELIGIBLE TRAINING PROVIDER shall retain all records beyond the three (3) year period until the litigation, audit findings, or claim has been fully resolved.

14. NON DISCRIMINATION

14.1 ELIGIBLE TRAINING PROVIDER is prohibited from discriminating on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including Limited-English Proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status and/or participation in a WIOA Title 1-financially assisted program or activity.

14.2 ELIGIBLE TRAINING PROVIDER is prohibited from discriminating against a participant funded under this ITA, with respect to the terms and conditions affecting, or rights provided to, the participant, solely because of their status as a participant.

15. AMERICANS WITH DISABILITIES ACT (ADA)

ELIGIBLE TRAINING PROVIDER assures compliance with the Americans with Disabilities Act of 1990 (ADA) which prohibits discrimination on the basis of disability, as well as applicable regulations and guidelines issued pursuant to the ADA.

16. PROVISION AGAINST ASSIGNMENT

ELIGIBLE TRAINING PROVIDER may not assign, transfer, delegate, or sublet any interest herein without the prior written consent of EEDD and any such assignment, transfer, delegation, or sublease without EEDD's prior written consent shall be considered null and void.

17. DISPUTES

- 17.1 ELIGIBLE TRAINING PROVIDER agrees to make a reasonable effort to resolve disputes arising from this ITA by an administrative process (such as the utilization of a binding arbitrator or some form of mutually agreed upon mediations) and negotiations in lieu of litigation. Unless specifically relieved in writing, ELIGIBLE TRAINING PROVIDER is required to continue with work while the resolution of the dispute is being processed.
- 17.2 Any dispute concerning a question of fact arising under this ITA which is not settled by informal means shall be decided by EEDD's authorized representative, who shall reduce the decision to writing and mail or otherwise furnish a copy thereof to ELIGIBLE TRAINING PROVIDER.
- 17.3 In connection with any appeal proceeding under this clause, ELIGIBLE TRAINING PROVIDER shall be afforded an opportunity to be heard and to offer evidence in support of an appeal. Pending final decision of the appeal, ELIGIBLE TRAINING PROVIDER shall proceed diligently with the performance of this ITA and in accordance with the decision of EEDD's authorized representative.
- 17.4 This "Disputes" clause does not preclude consideration of any law questions in connection with decisions provided above, provided that nothing in this ITA shall be construed as making final the decision of EEDD's administrative official, representative, or board on a question of law.

18. CONFIDENTIALITY

The names of participants in the program herein provided for are public records. However, EEDD and ELIGIBLE TRAINING PROVIDER agree to maintain the confidentiality of any other information concerning applicants, participants or their families, which may be obtained through application forms, interviews, tests, reports from public agencies, counselors or any other source. Without permission of the applicant or participant, such information shall be divulged only as necessary for purposes related to the performance or evaluation of this ITA, and then only to persons having responsibilities under this ITA, including those furnishing services to the program under ELIGIBLE TRAINING PROVIDER, and to governmental authorities, to the extent necessary for the proper administration of law.

19. CONFLICT OF INTEREST

Except for approved eligible administrative and personnel costs, no member, officer or employee of ELIGIBLE TRAINING PROVIDER or his or her designees or agents who exercise or has exercised any functions or responsibilities with respect to this ITA during his or her tenure, or who is in a position to participate in the decision making process or gain inside information in regard to this ITA, shall to the best of ELIGIBLE TRAINING PROVIDER's knowledge, have any interest, direct or indirect, in this ITA, or any subcontract, or the proceeds thereof, or any work to be performed in connection with this ITA, or in any activity or benefit resulting from this ITA, at any time during or after such person's affiliation with ELIGIBLE TRAINING PROVIDER.

20. RELATIONSHIP

ELIGIBLE TRAINING PROVIDER understands and agrees that it is an independent agency and not a part of EEDD. All persons providing services to ELIGIBLE TRAINING PROVIDER pursuant to this ITA shall be employees, agents or subcontractors of ELIGIBLE TRAINING PROVIDER. At no time will employees of ELIGIBLE TRAINING PROVIDER be considered to be employees of EEDD, the Federal Government, or the State of California. It is understood that this is an agreement by and between two independent contractors and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, or joint venture.

21. INSURANCE

21.1 General Liability Coverage

21.1.1 ELIGIBLE TRAINING PROVIDER and any subcontractors of ELIGIBLE TRAINING PROVIDER shall obtain and maintain in full force and effect throughout the period of this ITA the following minimum insurance coverage:

21.1.1.1 Combined single limits for bodily injury and property damage shall be a minimum of \$1,000,000.

21.1.1.2 Aggregate property damage limit shall be a minimum of \$500,000.

21.1.2 ELIGIBLE TRAINING PROVIDER's insurance policy shall be primary coverage and shall name San Joaquin County as an additional insured.

21.1.3 ELIGIBLE TRAINING PROVIDER shall provide EEDD with certificate(s) of proof of insurance with the coverage identified in §21.1.1-21.1.2 of this ITA. ELIGIBLE TRAINING PROVIDER shall not commence work under this ITA until all insurance required hereunder and certificate(s) of proof of insurance have been obtained and furnished to EEDD. ELIGIBLE TRAINING PROVIDER shall give EEDD thirty (30) days notice prior to any change or cancellation of the insurance policy. Certificate(s) of proof of insurance for renewed or modified coverage shall be furnished to EEDD within ten (10) days of policy renewal or modification.

21.1.4 Public institutions may meet these insurance requirements with self-insurance, provided adequate reserves are maintained.

21.2 Automotive

If ELIGIBLE TRAINING PROVIDER, in conducting activities under this ITA, uses motor vehicles, ELIGIBLE TRAINING PROVIDER must provide protection in the form of automobile liability insurance. This insurance must cover bodily injury and property damage. ELIGIBLE TRAINING PROVIDER shall provide the insurance through a commercial insurance policy or self-insurance program. The insurance must be a minimum of \$100,000 per person and \$300,000 per accident for bodily injury and \$50,000 per accident for property damage.

22. HOLD HARMLESS

ELIGIBLE TRAINING PROVIDER shall defend, hold and save EEDD, its officers and employees harmless from liability of any nature and kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting in whole or in part from the negligent performance or omission of any employee, agent or representative of ELIGIBLE TRAINING PROVIDER.

EEDD shall hold and save ELIGIBLE TRAINING PROVIDER, its officers and employees harmless from liability of any nature and kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting in whole or in part from the negligent performance or omissions of any employee, agent or representative of EEDD.

23. NOTICE

- 23.1 Any notices permitted or required under this ITA shall be given in writing and may be delivered and served personally, or alternatively, may be deposited in the United States mail, postage prepaid, certified or registered mail with return receipt request, addressed to the parties at the addresses set forth on the signature page of this ITA unless a party notifies the other party in writing of a change in address.
- 23.2 Such notice, if mailed within the State of California, shall be deemed delivered upon the second business day following the date postmarked. If mailed outside the State of California, the notice shall be deemed delivered upon the fifth business day following date of postmark.

24. ENTIRE AGREEMENT AND MODIFICATION

This ITA supersedes all previous agreements and constitutes the entire understanding of the parties hereto. ELIGIBLE TRAINING PROVIDER shall be entitled to no other benefits than those specified herein. No changes, amendments, or alterations shall be effective unless in writing and signed by both parties. ELIGIBLE TRAINING PROVIDER specifically acknowledges that in entering into and executing this ITA, ELIGIBLE TRAINING PROVIDER relies solely upon the provisions contained in this ITA and no others.



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EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
PRE-ENCUMBRANCE/CHANGE OF STATUS FORM

PRE ENCUMBRANCE

DATE: _____

PARTICIPANT'S NAME: _____

WIOA/AB109 CASE NUMBER: _____ LAST 4 SSN: _____

CASE MANAGER: _____ GRANT NUMBER: _____

ACTIVITY (PLEASE CHECK ONE): [] W/E [] ITA [] OJT

SCHOOL/EMPLOYER NAME: _____

PERIOD OF CONTRACT: EST.START DATE: _____ EST. END DATE: _____

ESTIMATED AMOUNT OF CONTRACT (TUITION & EXPENSES): _____

AUTHORIZING SIGNATURE: _____

CHANGE OF STATUS

DELETE CONTRACT (PARTICIPANT DID NOT START OR CHANGES COURSE/SITE): [] YES, DELETE CONTRACT

REASON: _____

CHANGE IN:

START DATE: _____ END DATE: _____

NEW CONTRACT AMOUNT: _____ GRANT NUMBER: _____

REASON FOR CHANGE: _____

DEOBLIGATE CONTRACT (PARTICIPANT QUIT, CHANGES COURSE/SITE, CONTRACT COMPLETED): [] YES, DEOBLIGATE

REASON FOR DEOBLIGATION: _____

WILL COURSE/SITE BE BILLING FOR PARTICIPANT?: [] YES [] NO

AUTHORIZATION SIGNATURE: _____

MONTHLY TRAINING PROGRESS REPORT

This form **MUST** be submitted **EVERY MONTH** to your Case Manager. Failure to submit this monthly progress report may cause a delay or may not allow us to process the payment for your training, and the invoices may be sent to you for payment.

NAME OF STUDENT:	
TRAINING NAME:	
DATE OF PROGRESS REPORT:	
TRAINING PROVIDER:	
TRAINING PROVIDER PHONE #:	

NAME OF CLASS	GRADE	INSTRUCTOR'S COMMENT

ATTENDANCE

of Days Attended: _____ # of Days Absent: _____
 # of Days Tardy: _____

TRAINING PROVIDER OR INSTRUCTOR SIGNATURE **DATE**

PRINT NAME

STUDENT SIGNATURE **DATE**

PRINT NAME



Welcome to the Eligible Training Provider List (ETPL), and thank you for doing business with San Joaquin County WorkNet/EEDD. We appreciate your assistance and willingness to train our local workforce. Our program is federally funded under the Workforce Innovation and Opportunity Act of 2014 (WIOA), and we must abide by local, state, and federal guidelines for reporting student progress, performance, and processing payments. The payment conditions of the Individual Training Agreement (ITA) are outlined in §8 of the ITA.

Training provider requirements for record keeping and communication include:

- Taking attendance on a daily basis and maintaining records signed by the participant
- Providing monthly progress reports to the participant's case manager that document Measurable Skill Gains attainment by including any applicable post-tests, and credential attainment
- Promptly reporting participant completion of training
- Promptly reporting participant job placement
- Promptly reporting termination from training, or other status change within two (2) working days of the event becoming known to you.

In order to process an invoice, we have provided a list of some commonly required items. As this is a general list and training programs vary widely, we encourage you to develop a more specific checklist for your staff to follow, so we can process submissions in a timely manner.

Payment for attendance shall be made as course/program hours of instruction are completed. Any remaining balance in the tuition price shall be paid once the participant successfully completes training and receives an applicable Certificate or Diploma/Degree. Payment for total hours of instruction shall not exceed the price to be paid for tuition by EEDD on behalf of the participant identified in the ITA. The price for tuition and fees shall not exceed the price identified on the ETPL.

Again, we appreciate your willingness to train our workforce. If you have any questions about these requirements or need assistance with issues related to ETPL eligibility, please contact me by email at jlutzow@sjcworknet.org or by phone at (209) 468-3675.

Thank you,

John Lutzow
Analyst III

ITA Invoicing Checklist

- Billing shall be submitted monthly and include a copy of the signed attendance record.
- Billing forms must include the participant's:
 - Name
 - Last 4 digits of the Social Security Number
 - ITA number
 - Total hours of instruction billed
 - Rate per hour identified in the ITA
 - Total amount of billing
 - Period covered by the billing
 - Balance to date
- Final billing shall include a copy of the participant's signed attendance record and Certificate or Diploma/Degree.
- All billing for fees must be itemized and include appropriate support documentation (For example, if the invoice includes a fee for a DMV permit, it must include a receipt for the permit).
- List of items provided to the participant as expenses
- Cost per item
- Date item(s) were received by the participant
- An itemized list, checked off and signed by the participant
- Any cost for any item not acknowledged by the participant shall not be paid
- Any items billed for that were incurred prior to the program start date on the ITA shall not be paid

You may contact our fiscal department to submit invoices, or if you have questions:

- Rafael Fernandez, rfernandez@sjcworknet.org, (209) 468-3581
- Chalina Hernandez, chernandez@sjcworknet.org, (209) 953-5667



AUTHORIZED SIGNATURE FORM FOR CONTRACTS AND FISCAL RECORDS

Vendor Name:	Program Location:
Address:	Contract:

Name and signature of individual(s) authorized to <u>sign contracts</u> and modifications for your agency:	Name and signature of individual authorized to <u>sign and submit billings, invoices, and fiscal records</u> for your agency:
Name:	Name:
Title:	Title:
Signature:	Signature:
Name:	Name:
Title:	Title:
Signature:	Signature:
Name:	Name:
Title:	Title:
Signature:	Signature:
Name:	Name:
Title:	Title:
Signature:	Signature:
Name:	Name:
Title:	Title:
Signature:	Signature:

I certify that the signatures above are of the individuals authorized to sign the documents identified above.	
Name:	
Title:	
Signature:	Date:

Date and Signature of Authorized Vendor Official or Owner