

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

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-46	July 1, 2016	CMD, EPD	1 of 4
SUBJECT: COMPLETION OF THE INDIVIDUAL EMPLOYMENT PLAN (IEP)			

I. PURPOSE

The purpose of this directive is to establish policies and procedures for the completion, review and approval of the Individual Employment Plan (IEP) for customers who are applying for additional services through the Workforce Innovation and Opportunity Act (WIOA) program administered by the Employment and Economic Development Department (EEDD).

II. GENERAL INFORMATION

On July 22, 2014, President Obama signed the Workforce Innovation and Opportunity Act (WIOA) into law. The Act takes effect on July 1, 2015. WIOA is comprehensive legislation that supersedes the Workforce Investment Act (WIA). It reaffirms, reforms, and modernizes the public workforce system, bringing together and enhancing several key training, education, and employment programs.

WIOA provides resources, services, and leadership tools for the workforce system to help individuals find and maintain good jobs and improves employer prospects for success in the global marketplace. It ensures that the workforce system operates as a comprehensive, integrated and streamlined system to provide pathways to prosperity for those it serves and continuously improves the quality and performance of its services.

III. POLICY

It is the policy of the EEDD that when a determination is made that a customer is in need of WIOA Individualized or training services, other than self-service or informational activities, it is required that after being registered for the program and eligibility has been determined, they are referred for Assessment. Following completion of Assessment, an IEP (See Attachment) is completed.

IV. PROCEDURE

The procedure for the assigned Case Manager to complete Sections I, II and III of the IEP is as follows:

- Enter last name, first name.
- Enter street address with city, state and zip code of address.
- Enter home telephone number and/or cell/message phone # if applicable.
- Enter social security number.

I. EMPLOYMENT GOALS

A. 1st Goal

1. Enter ONET Title for Employment Title identified.
2. Enter ONET Code for Employment Title identified.
3. Under left column, enter Workkeys skill level requirement for 1st Goal from Workkeys Occupational Profile database. Under right column, enter Customer Workkeys skill level obtained from Workkeys test results of Applied Mathematics, Reading for Information and Locating Information tests. If Workkeys is waived, provide justification.
4. If Other Requirements are necessary (examples: high school diploma, Class A license, lift 50 lbs., type 45 wpm) enter in space provided.

B. 2nd Goal

1. Enter ONET Title for Employment Title identified.
2. Enter ONET Code for Employment Title identified.
3. Under left column, enter Workkeys skill level requirement for 1st Goal from Workkeys Occupational Profile database. Under right column, enter Customer Workkeys skill level obtained from Workkeys test results of Applied Mathematics, Reading for Information and Locating Information tests. If Workkeys is waived, provide justification.
4. If Other Requirements are necessary (examples: high school diploma, Class A license, lift 50 lbs., type 45 wpm) enter in space provided.

- II. ACHIEVEMENT OBJECTIVE: (Check all that apply). If there are Other achievement objectives, please enter in space provided.

Participant Signature

Upon completion of the IEP, Participant Signature is required with date and EEDD Staff (Case Manager completing the IEP) signature is required with date.

III. SERVICES TO ACHIEVE EMPLOYMENT GOALS

- A. Self-Assisted Core Services (optional) Participant received the following core services. Check all that apply from list.
- B. Staff-Assisted Core Services. Participant received the following staff-assisted core services. Check all that apply from list.

Justification for Intensive Services

Participant has received a minimum of one core service (either self or staff-assisted), as identified and has been determined to need intensive services for the following reason. Check one from list.

- C. Intensive Services

Participant received the following intensive services. A minimum of one must be checked that applies from list.

Justification for Training Services

Participant has met the eligibility requirements for intensive services and received a minimum of one intensive service as identified and has been unable to obtain or retain employment through intensive services. Check all that apply from list (all criteria must be met).

- D. Training Services

Participant received the following training services (check all that apply from selection).

- E. Supportive Service

Participant received the following supportive services (check all that apply from selection and attach participant budget to support cost).

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



JOHN M. SOLIS
EXECUTIVE DIRECTOR

JMS:pm

Attachment: Individual Employment Plan (IEP)

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 selfsufficiency 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 selfsufficiency 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 selfsufficiency through referral to partner agency classroom training program.
- Enhance occupational skills necessary to meet employment goal and attain economic selfsufficiency 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

EEDD 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: _____ | Other: _____ |