



Forms Protocol

Department: Office of Economic & Workforce Development

Effective Date:
November 1, 2012

Directive # 05-12

Supersedes: July 1, 2007

PURPOSE

This directive provides service providers of the Office of Economic and Workforce Development (OEWD) of the City and County of San Francisco with the required documents that must be used for serving youth and adults in WIA programs.

REFERENCES

- Training and Employment Guidance Letter (TEGL) No. 17-05
- Workforce Investment Act (WIA) Regulations 20 CFR 652 and 663.105(b)
- OEWD Directive No. 04-12, "Case File Exit Review"

BACKGROUND

In order for OEWD to ensure compliance with the Department of Labor standards for documentation of program services and eligibility of customers, it is establishing a standard format for quality control. A primary factor for this decision is that OEWD's monitoring will only address a random sampling of customer case files on an annual basis and this quality control process is being instituted to prevent findings resulting from State and/or Federal oversight which could result from the selection of customer case files not monitored by OEWD.

The information on these forms has always been mandatory and is referenced in other tools currently in use (e.g. State Directives, State Eligibility Technical Assistance Guide) that describe the movement through the tiered service levels.

PROCEDURE

OEWD Service provider will certify customers complete the OEWD Application and upload the proper documentation into OEWD's Workforce Central system. OEWD Service Providers are responsible for ensuring all required documentation is maintained and completed on every client beginning with the point of entry into staff-assisted services. That information is to be captured on the applicable forms identified in this directive.

All forms associated with program delivery can be found at the OEWD website at:

http://www.workforcedevelopmentsf.org/aboutus/index.php?option=com_content&view=article&id=72:wia-directives&catid=58&Itemid=77

All applicable forms are to be completed and signed and maintained in six part folders in the order identified on the "Participant File Checklist" (copy attached).

Also ensure that the requirements of OEWD Directive No. 04-12, "Case File Exit Review" are met. This directive requires the completion of a checklist to ensure that all of the above information is completed in an appropriate manner.

INQUIRIES

Inquiries should be addressed to the OEWD Director of Operations at 415-701-4848 or workforce.development@sfgov.org.

OEWD and its service providers shall follow this policy. This policy will remain in effect from the date of issue until such time that a revision is required.

PROVIDER PARTICIPANT FILE CHECKLIST

Instructions: All providers are responsible for ensuring that each client file is in compliance with OEWD requirements. Below is a checklist to be attached to each case file indicating that a provider has reviewed the contents of each file for accuracy and compliance. Documents are listed in the left column and the required corresponding actions are listed in the right column. Please ensure that all documents listed are included in the case file and are completed according to the action guidelines.

Upon completion of the provider's review, CBO staff should sign and date the bottom of the checklist and enclose the checklist in the front of the file. During a scheduled OEWD site visit, OEWD staff will review the checklist against the contents of the file and will also sign and date the checklist upon completion of the case file monitoring process.

Client Name		Last 4 SS#
Program		
Funding Sources		
<input type="checkbox"/> WIA Adult	<input type="checkbox"/> WIA Dislocated Workers	<input type="checkbox"/> WIA Youth
<input type="checkbox"/> WIA Discretionary Grant	<input type="checkbox"/> General Fund	<input type="checkbox"/> CDBG

FORM/DOCUMENT	ACTION
<input type="checkbox"/> Client Application	Signed and dated on the same or earlier date prior to participation in program General Intake Form, Form G or OEWD Application For OEWD Application - Submitted by Certifier through WFC - Printed from Workforce Central - Signed by Provider and Youth prior to enrollment
<input type="checkbox"/> OEWD Rights and Responsibilities Form	Signed and dated by client and provider prior to receiving services
<input type="checkbox"/> OEWD Release of Information Form	Signed and dated by client and provider prior to receiving services
<input type="checkbox"/> Case Notes	Completed by Provider a minimum of once every 30 days
<input type="checkbox"/> Proof of Residency (required for General Fund, preferred for CDBG and WIA)	Ensure documents are dated within six (6) months of application and are not expired
<input type="checkbox"/> Supportive Services (for General Fund or WIA only)	- Provide proof of need for services - Supportive Services Request Form must be approved by OEWD
<i>For General Fund clients only, stop here. Continue for clients of other or additional funding sources.</i>	
<input type="checkbox"/> Proof of low income (not required for Dislocated Worker) - refer to eligibility technical assistance guides for income requirements	Provide proof of income for all family members within the six (6) months prior to application date. Income must, be accompanied by backup documentation if documents do not include an expiration date. Include Form G in file for CDBG clients.
<i>For CDBG clients only, stop here. Continue for WIA clients, including programs with blended funding.</i>	
<input type="checkbox"/> WIA Title I Eligibility Form	Signed and dated by Certifier same date as WIA Application
<input type="checkbox"/> Right To Work Documentation (refer to List of Acceptable Documents from Form I-9)	<input type="checkbox"/> Document that establishes both identity and employment authorization OR <input type="checkbox"/> Document that establishes identity AND <input type="checkbox"/> Document that establishes employment authorization
<input type="checkbox"/> Selective Service Registration	- Provide printout from www.sss.gov for males age 18 and over
<input type="checkbox"/> ELIGIBILITY REQUIREMENTS (Select one or more service below. Ensure all requirements are met for services selected)	
ADULT ONLY <input type="checkbox"/> Proof of Family Members Living in Household	Documentation of other family members living in the household must be enclosed in client file
DISLOCATED WORKER ONLY <input type="checkbox"/> Proof of Separation from Employment	<input type="checkbox"/> Layoff Notice, AND <input type="checkbox"/> UI Benefits (receiving or eligibility), AND <input type="checkbox"/> Unlikely To Return To Previous Industry Affidavit OR <input type="checkbox"/> Warn Notice or Company Closure AND <input type="checkbox"/> Proof of Employment at Company OR <input type="checkbox"/> Other: _____
YOUTH ONLY <input type="checkbox"/> Proof of Barrier To Employment <input type="checkbox"/> Proof of Family Members Living in Household	Documentation of barriers must be dated within six (6) months of application date and must be issued by recognized agencies or programs Documentation of other family members living in the household must be enclosed in client file

FORM/DOCUMENT	ACTION
<input type="checkbox"/> FORMS (All forms below are required for all WIA clients. Forms specific to adult and youth services are indicated below.)	
<input type="checkbox"/> Enrollment Form	<ul style="list-style-type: none"> - Submitted by Provider through WFC - Printed from WFC and enclosed in case file - Signed and dated by Provider - Date must be on or after WIA application date and no later than first day of services
<input type="checkbox"/> Individual Employment Plan (IEP) or Individual Service Strategy (ISS)	<ul style="list-style-type: none"> - Signed and dated by client and provider
<input type="checkbox"/> ADULT and DISLOCATED WORKER ONLY <ul style="list-style-type: none"> <input type="checkbox"/> Staff-assisted to Intensive Services Determination Form <input type="checkbox"/> Client Assessment <input type="checkbox"/> Intensive Services to Training Services Determination Form <input type="checkbox"/> Training Provider and Labor Market Research Form <input type="checkbox"/> Participant Training Request Letter <input type="checkbox"/> ITA/OJT Worksheet <input type="checkbox"/> OJT Proposal and Outline <input type="checkbox"/> ITA/OJT Contract 	<ul style="list-style-type: none"> - All forms must be signed and dated by client and provider, and OEWD, when approval is required - Providers need to ensure that for those participants enrolled in training, class enrollment documents, progress reports, time and attendance are also kept in participant's file.
<input type="checkbox"/> YOUTH ONLY <ul style="list-style-type: none"> <input type="checkbox"/> Goals Form <input type="checkbox"/> Test Scores Form 	<ul style="list-style-type: none"> - Initiated by Provider during enrollment - Completed, signed and dated by Provider upon youth's completion of program - Entered into WFC <ul style="list-style-type: none"> <input type="checkbox"/> Appraisal Score <input type="checkbox"/> Math pre-test <input type="checkbox"/> Math post-test <input type="checkbox"/> Reading pre-test <input type="checkbox"/> Reading post-test <p><i>Post test must be taken after 40 hours of completed education training Test Scores Form</i></p>
<input type="checkbox"/> Exit Form	<ul style="list-style-type: none"> - Submitted by Provider through WFC upon completion or end of all WIA services - Printed, signed and dated by Provider
<input type="checkbox"/> Employment/Education Verification Form	<ul style="list-style-type: none"> - Verification form signed by Employer/Education Representative - Verification documents enclosed in file
<input type="checkbox"/> Follow Up Form	<ul style="list-style-type: none"> - Submitted by Provider through WFC quarterly, following exit - Printed, signed and dated by Provider
For clients enrolled in programs paying subsidized wages, complete the following section.	
<input type="checkbox"/> Form W-4	Signed and dated by client within one week of placement
<input type="checkbox"/> Form I-9	Signed and dated by client within one week of placement
<input type="checkbox"/> Work Permit Application (for clients enrolled in school and under age 18)	Completed and work permit obtained by youth PRIOR to program enrollment
<input type="checkbox"/> Copies of Timesheets and/or Attendance Records	Copies of timesheets, attendance records and/or stipend contracts signed by client and supervisors, filed chronologically in case file.
<input type="checkbox"/> Worker's Compensation Form	<ul style="list-style-type: none"> - Signed by client (parent/guardian if under18) - Original submitted to employer - Copy enclosed in client file
<input type="checkbox"/> Client Emergency Form	<ul style="list-style-type: none"> - Signed by client (parent/guardian if under18) - Original submitted to employer - Copy enclosed in client file

Supplemental Client File Requirements	Program _____
--	----------------------

Provider Signature _____ Date _____

Print Provider Name: _____