



**Bay Consortium Workforce Development Board**

**Workforce Innovation and Opportunity Act (WIOA)**

**Labor Market Information Verification Form**

**WIOA Participant**

**Name:**

\_\_\_\_\_

**Purpose:**

Labor Market Information Verification

The signature below verifies that I have explored Labor Market Information on the Virginia Workforce Connect (VaWC) system on the following field(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*WIOA Participant*

*Date*

\_\_\_\_\_  
*WIOA Case Manager*

*Date*



**Bay Consortium Workforce Development Board  
WIOA Customer Choice in Training Form**

**Notice to WIOA Clients:**

Under the Workforce Innovation and Opportunity Act of 2014 (WIOA), you can 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 a Local Workforce Development Board in Virginia.

Your case manager will present you with a listing of and information about certified training providers in the Commonwealth of Virginia. 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 provided about available providers by my case manager.

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*Training Provider Chosen*

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*Training Program Chosen*

---

*Printed Name of WIOA Participant*

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*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.

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*Printed Name of Case Manager*

*WIOA Service Provider*

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*Signature of Case Manager*

*Date*



# Bay Consortium Workforce Development Board

## WIOA Participant Supportive Service Documentation

Participant Name: \_\_\_\_\_

State ID: \_\_\_\_\_

WIOA Program:  Adult  Dislocated Worker  Youth

Supportive Service Requested:  Transportation Assistance  
 Credential/Licensing/Certification Fee (Specify) \_\_\_\_\_  
 Credential/Licensing Exam Voucher # \_\_\_\_\_  
 Books for Occupational Skills Training (not included in tuition)  
 Training Materials/Kits  
 Uniforms or Other Workplace Attire  
 Childcare Assistance  
 Emergency Needs Assistance  
 Other (specify) \_\_\_\_\_

Documentation of Need: \_\_\_\_\_  
\_\_\_\_\_

Can the customer gain the requested supportive service through other programs or private payment?  Yes  No

Please indicate the other programs contacted and the result of that contact.  
\_\_\_\_\_

Need Determined?  Yes  No

Documentation of Services Provided: (see attached documentation) \_\_\_\_\_

Result of Service Provided: \_\_\_\_\_

I certify that I received the following supportive services:

Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____

\_\_\_\_\_  
Signature of WIOA Participant Date

\_\_\_\_\_  
Signature of WIOA Case Manager Date

\_\_\_\_\_  
Signature of WIOA Program Coordinator Date



**Bay Consortium Workforce Development Board**  
**WIOA Participant Supportive Service Documentation**

Participant Name: \_\_\_\_\_

State ID: \_\_\_\_\_

WIOA Program:                       Adult                       Dislocated Worker                       Youth

Supportive Service Requested:     Transportation Assistance  
 Credential/Licensing/Certification Fee (Specify) \_\_\_\_\_  
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 Other (specify) \_\_\_\_\_

Documentation of Need: \_\_\_\_\_  
 \_\_\_\_\_

Can the customer gain the requested supportive service through other programs or private payment?     Yes     No

Please indicate the other programs contacted and the result of that contact.  
 \_\_\_\_\_

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Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____

\_\_\_\_\_  
 Signature of WIOA Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of WIOA Case Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of WIOA Program Coordinator

\_\_\_\_\_  
 Date



## Bay Consortium Workforce Development Board

### WIOA Participant Supportive Service Documentation

Participant Name: \_\_\_\_\_

State ID: \_\_\_\_\_

WIOA Program:                       Adult                       Dislocated Worker                       Youth

Supportive Service Requested:

- Transportation Assistance
- Credential/Licensing/Certification Fee (Specify) \_\_\_\_\_
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- Books for Occupational Skills Training (not included in tuition)
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- Uniforms or Other Workplace Attire
- Childcare Assistance
- Emergency Needs Assistance
- Other (specify) \_\_\_\_\_

Documentation of Need: \_\_\_\_\_  
 \_\_\_\_\_

Can the customer gain the requested supportive service through other programs or private payment?       Yes     No

Please indicate the other programs contacted and the result of that contact.  
 \_\_\_\_\_

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Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____

\_\_\_\_\_  
 Signature of WIOA Participant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of WIOA Case Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of WIOA Program Coordinator

\_\_\_\_\_  
 Date



# Bay Consortium Workforce Development Board

## WIOA Participant Supportive Service Documentation

Participant Name: \_\_\_\_\_

State ID: \_\_\_\_\_

WIOA Program:  Adult  Dislocated Worker  Youth

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Please indicate the other programs contacted and the result of that contact.  
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Need Determined?  Yes  No

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Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____
Service: _____	Initial: _____	Date: _____

\_\_\_\_\_  
Signature of WIOA Participant Date

\_\_\_\_\_  
Signature of WIOA Case Manager Date

\_\_\_\_\_  
Signature of WIOA Program Coordinator Date

Page 1-2 to be completed by WIOA Participant

Page 3-7 to be completed by WIOA Program Manager

Date: \_\_\_\_\_

**General Information**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Work History**

Employer	Dates Employed	Brief Description of Duties
1.		
2.		
3.		

**Education Information**

- High School Diploma     
  General Education Diploma (GED)     
  Vocational/Technical Training  
 Associates Degree     
  Bachelors Degree     
  Masters Degree and Above  
 None of the above

If no high school diploma, last grade level completed: \_\_\_\_\_

If applicable, post-secondary training program: \_\_\_\_\_

**Career/Training Interests**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Self-Assessment**

Job Search Skills	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an up-to-date resume?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a cover letter that goes with your resume to submit for jobs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know how to submit an online application for jobs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an email address for employers to use to contact you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have clothing that is appropriate to wear to a job interview?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If an employer looked at your Facebook or social media page, would they hire you for a job?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know how to use the Virginia Workforce Connection?

Job Retention Skills		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever walked off a job without giving notice?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had more than one job that lasted less than a year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you use all of your past employers as references?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you ever leave a job because of a conflict with a supervisor?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you left a job or been terminated because of a conflict with a coworker?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any problems with punctuality or attendance at a job?

Vocational Skills, Occupational Skills, Academics and Training		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you navigate the Internet and use a computer proficiently?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you use Microsoft Word, Excel, and PowerPoint?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently in training, high school, vocational school, or working on your GED?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a high school diploma or GED?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you earned any licenses, certificates, or degrees?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you interested in going back to school to gain more skills?

Challenges to Education or Employment		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you pregnant or parenting?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, do you have reliable childcare?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have reliable transportation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a valid Driver's License?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been arrested or convicted of a crime other than a traffic violation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a stable living situation?

**Responsibilities of WIOA Program Participants:**

1. Agree to contact the designated WIOA Program Manager at a minimum of once a month, or more, as needed.
2. If provided training resources, attend training regularly and make satisfactory progress.
3. Actively seek and accept training related employment upon completion of services.
4. Provide specific information regarding employment before leaving the program.
5. Respond to all surveys and other requests for information including follow-up interviews after leaving the program.
6. Notify the WIOA Program Manager of changes in:
  - Training Status
  - Employment Status (including part-time and temporary work)
  - Eligibility for Pell or other grants
  - Address or Phone Number
7. Understand that WIOA funding is always contingent upon the availability of funds to the Workforce Development Area.

Customer Signature (parent/guardian if applicable)

WIOA Case Manager Signature

**Youth Program Status** (Check all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> In-School Youth | <input type="checkbox"/> Out-of-School Youth | <input type="checkbox"/> In Post-Secondary |
| <input type="checkbox"/> In Secondary    | <input type="checkbox"/> H.S. Graduate       | <input type="checkbox"/> Drop-Out          |

**Barriers to Employment**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Basic Skills Deficient           | <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> No Child Care                   |
| <input type="checkbox"/> School Drop Out                  | <input type="checkbox"/> No Transportation                  | <input type="checkbox"/> No Job Opportunities            |
| <input type="checkbox"/> Lacks Skills/Training/Credential | <input type="checkbox"/> Substance Abuse                    | <input type="checkbox"/> Lacks Work History              |
| <input type="checkbox"/> Criminal Record                  | <input type="checkbox"/> No Driver's License                | <input type="checkbox"/> Homeless                        |
| <input type="checkbox"/> Lacks Life Skills                | <input type="checkbox"/> Lacks Work Readiness               | <input type="checkbox"/> Lacks financial literacy skills |

**Assessments**

Assessment Type	Date	Test Administered	Score/Report	Summary
Math Pre-Test				
Math Post-Test				
Reading Pre-Test				
Reading Post-Test				
Interest/Aptitude				
Other:				

**Youth Program Elements/Goals**

Describe the plan of action and goals for the participant including education needed, barriers to address and anticipated results.

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Element to be Addressed:

- |  |   |
|--|---|
| <input type="checkbox"/> Tutoring, Study Skills Training and Instruction | <input type="checkbox"/> Alternative Secondary School/Dropout Recovery Services     |
| <input type="checkbox"/> Paid/Unpaid Work Experiences                    | <input type="checkbox"/> Occupational Skills Training                               |
| <input type="checkbox"/> Contextualized Learning                         | <input type="checkbox"/> Leadership Development Opportunities                       |
| <input type="checkbox"/> Supportive Services                             | <input type="checkbox"/> Adult Mentoring  |
| <input type="checkbox"/> Follow-up Services                              | <input type="checkbox"/> Comprehensive guidance and counseling                      |
| <input type="checkbox"/> Financial Literacy Education                    | <input type="checkbox"/> Entrepreneurial Skills Training                            |
| <input type="checkbox"/> Labor Market and Employment Information         | <input type="checkbox"/> Transition activities that lead to postsecondary education |

**Goal:** \_\_\_\_\_

**Measurable:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Projected End Date:** \_\_\_\_\_

**Summary:** \_\_\_\_\_  
*(Include provider or employer and describe activities)* \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

.....

Element to be Addressed:

- |  |   |
|--|---|
| <input type="checkbox"/> Tutoring, Study Skills Training and Instruction | <input type="checkbox"/> Alternative Secondary School/Dropout Recovery Services     |
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*(Include provider or employer and describe activities)* \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

BAY CONSORTIUM REGION

**Element to be Addressed:**

- |  |   |
|--|---|
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**Measurable:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

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**Summary:** \_\_\_\_\_  
*(Include provider or employer and describe activities)* \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_



**Element to be Addressed:**

- |  |   |
|--|---|
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**Goal:** \_\_\_\_\_

**Measurable:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Projected End Date:** \_\_\_\_\_

**Summary:** \_\_\_\_\_  
*(Include provider or employer and describe activities)* \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

BAY CONSORTIUM REGION

**Element to be Addressed:**

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**Goal:** \_\_\_\_\_

**Measurable:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Projected End Date:** \_\_\_\_\_

**Summary:** \_\_\_\_\_  
*(Include provider or employer and describe activities)* \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

.....

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**Goal:** \_\_\_\_\_

**Measurable:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Projected End Date:** \_\_\_\_\_

**Summary:** \_\_\_\_\_  
*(Include provider or employer and describe activities)* \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**IEP Review**

*This Individual Employment Plan (IEP) should be reviewed and updated (as needed) every 60 days.*

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

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*Date*

*Program Manager Signature*

*Participant Signature*

---

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

---

---

---

*Date*

*Program Manager Signature*

*Participant Signature*

---

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

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*Date*

*Program Manager Signature*

*Participant Signature*

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If applicable, summarize changes necessary:

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*Date*

*Program Manager Signature*

*Participant Signature*

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