

# Worker Advancement Initiative-Round 2 Project Implementation Plan

## I. Purpose

The **Worker Advancement Initiative-Round 2 (WAI-2)** will serve people who continue to struggle with employment-related success post-COVID 19-pandemic by offering short-term, subsidized workforce training opportunities, either via paid work-based learning and/or paid classroom training, including mandatory direct-to-participant cost-of-living stipends and/or incentives for achievement of program-related goals. The program will leverage lessons learned and successful project models piloted in WAI-Round 1 (October 1, 2021 – September 30, 2024) to serve an additional 1,000 individuals statewide.

## II. Applicability

Statewide, the WAI-2 is administered by the Wisconsin Department of Workforce Development (DWD) with funds received through the American Rescue Plan Act (ARPA) through an agreement with the Wisconsin Department of Administration. Local Workforce Development Boards may request funding through this program on or before February 17, 2025, by following the application instructions here: <https://dwd.wisconsin.gov/workforce-solutions/wai/>.

## III. Period of Performance

The WAI-Round 2 period of performance is from TBD\* – June 30, 2026.

\*The period of performance start date will be the date the contract is executed between DWD and the WDB. This may vary between WDBs.

## IV. Definitions

The following definitions are applicable to the WAI program:

- Unemployed workers – Individuals, ages 16 and older, who are not currently working. This may include, but is not limited to, individuals currently receiving or who have exhausted Unemployment Insurance benefits.
- Part-time workers – Individuals working 32 hours per week or fewer.
- Underemployed workers –
  - Individuals working full-time, but earning a wage at or below 200% of the [Federal Poverty Limit](#) (FPL);

- Individuals who are not Economically Self-Sufficient at their current wage, as determined through completion of an Economic Self-Sufficiency calculation using [CEPT](#);  
Or
- Individuals who are working multiple jobs to have sufficient earnings to maintain their household.

**NOTE:** Service delivery restrictions apply; see Section V: Use of Funds for more information.

- Incumbent workers – Individuals who are currently working full-time (i.e., 32 hours per week or more) and do not meet the definition of an underemployed worker.

**NOTE:** Service delivery restrictions apply; see Section V: Use of Funds for more information.

- Newly employed workers – Individuals entering new employment, or who have entered new employment within the most recent six-week period.

- Eligible to work in the United States –

- Citizens and nationals of the United States;
- Lawfully admitted permanent resident aliens, refugees and asylees (who are authorized to work in the U.S. because of their refugee or asylee status); and
- Other immigrants authorized by the Secretary of Homeland Security or the Secretary's designee to work in the U.S. This includes immigrants covered by Deferred Action for Childhood Arrivals (DACA) who have applied for and received work authorization.

- Short-term, subsidized workforce training opportunities – Classroom and/or work-based training opportunities, or a combination of the two, lasting no longer than 12-months in duration that demonstrate a clear attachment to the labor market following completion.

## V. Use of Funds

The authority for the WAI program primarily comes from 31 C.F.R. § 35.6(b)(4), which allows States receiving Coronavirus State and Local Fiscal Recovery Funds (CSFRF/CLFRF) to provide assistance to unemployed workers, including job training, for individuals who want and are available for work, including those who have looked for work sometime in the past 12 months or who are employed part time but who want and are available for full-time work. The WAI is also authorized in part by 31 C.F.R. § 35.6(b)(8), to the extent that that authority permits States to provide job training to address negative economic impacts of the pandemic experienced due to a worker's occupation or level of training.

Pursuant to these authorities for the purposes of the WAI program, WDBs may provide assistance to eligible participants as described below.

### A. Eligible Participants:

To be eligible for WAI funding an individual must be age 16 or older, eligible to work in the United States, **and** must fall into one of these categories:

- Unemployed workers;

- Part-time workers;
- Underemployed workers, to the extent that the recipient is providing short-term, subsidized workforce training services to address negative economic impacts of the pandemic experienced due to a worker's occupation or level of training; or
- Incumbent workers to extent that the recipient is providing short-term, subsidized workforce training services to address negative economic impacts of the pandemic experienced due to a worker's occupation or level of training.

In striving towards expanding eligibility, recipients should conduct targeted outreach and perform community engagement efforts aimed at enrolling eligible participants, as outlined above, who were presumptively impacted or disproportionately impacted by the COVID-19 public health emergency or its negative economic impacts, as identified at [31 CFR 35.6\(b\)\(2\)](#).

## B. Eligible Costs

Under the WAI program, WDBs may incur costs to provide assistance to eligible participants. All costs must be incurred within the period of performance for the award. All costs must also be reasonable, allocable to the WAI program, and allowable under this PIP and the Cost Principles found in 2 C.F.R. Part 200 Subpart E. In addition, all expenditures under this award must be identifiable and verifiable; WDBs should be prepared to present documentation to DWD in the case of an audit.

### Eligible costs include:

- Short-term, subsidized workforce training opportunities, including hard or soft skills development. Allowable ASSET services:
  - English Language Learning
  - Financial Literacy Services
  - Occupational Classroom Training
  - Work-Based Learning
- Wrap-around services to enable successful participation in and/or completion of workforce training opportunities. These may include, but are not limited to, childcare assistance or transportation assistance for participants. **Note:** These may be provided as stipends paid to program participants or direct payments to providers. This may include incentives for completion of allowable grant-funded activities and stipends for participants in grant-funded training programs. Allowable ASSET services:
  - Career Planning
  - Childcare Assistance
  - Eligibility Determination
  - Housing Assistance
  - Incentive/Stipend
  - Initial Assessment of Interests, Skill Levels & Supportive Service Needs
  - Job Search Assistance

- Other Wraparound Service
    - May include, but is not limited to, exam fees for participants in training, work-related equipment, broadband internet access, other technology needs, utility payments, mental health counseling, relevant healthcare costs, etc.
  - Referral
  - Transportation Assistance
    - May include, but is not limited to, driver's license recovery and vehicle repairs.
  - Work Readiness Skills Development
- Incentives/Stipends. May include cost-of-living stipends for individuals participating in short-term workforce training opportunities and/or incentives for goal attainment (e.g., completing training, obtaining a credential, obtaining unsubsidized employment, etc.).
  - Outreach costs to reach participants for the WAI program; and
  - Costs to administer the WAI program (limited to 10% of the total award).

**Note:** Other costs may be eligible if the recipient can show that they will accelerate rehiring and thus reduce unemployment or will lead to upskilling, reskilling, or career advancement. However, services provided must align with the initial approved proposal submitted for this project or receive approval from DWD before being provided.

## C. Limitations on Use of Funds

The limitations on the use of funds described in this section are applicable to all costs incurred under the WAI program.

### 1. Policy-Based Thresholds

Recipients and/or their program operators must have local policy to identify the payment thresholds and/or limitations for funded services. This includes any limitations for funding tuition, hourly rates of pay for work-based training, stipends for individuals in classroom training, and/or supportive service payments. Where applicable, local WDBs may apply existing WIOA policy/procedure, or may choose to develop WAI program-specific policies and procedures. Payment thresholds must be reasonable and, where possible, should be aligned with standard costs and/or pay ranges in the local area as determined through evidence-based analysis.

### 2. Administrative Costs

Recipients may use funds provided under this Grant Agreement to cover both direct and indirect costs. For the purpose of this Grant Agreement, administrative costs are defined as the cost of performing the overall general administrative functions and coordination of those functions under WAI.

Recipients should look to 20 C.F.R. § 683.215 for guidance on what the Department will consider administrative costs for the purpose of this Grant Agreement.

## VI. Documentation Requirements

### A. Programmatic Documentation

Recipients and/or their program operators must retain sufficient documentation to show that they are providing assistance to eligible participants as outlined in this PIP. This section describes what DWD considers to be sufficient documentation. All program applicants must be entered in ASSET, and at minimum, must receive an Eligibility Determination service.

- Eligible to Work in the United States
  - One verification source from List A of [I-9 form](#)  
**OR**  
One verification source from List B of [I-9 form](#) **AND** one verification source from List C of [I-9 form](#)
  - These documents may be photocopied and retained except where prohibited by federal or state law, or may be recorded using a document verification process (see Appendix C – Sample Program Application) that collects the document name, document identification number (if applicable), and expiration date (if applicable). Any photocopies of Wisconsin driver's licenses and/or Wisconsin identification cards must be marked "For Administrative Use Only."
- Eligibility Category (unemployed, part-time worker, underemployed worker negatively impacted by the pandemic, incumbent worker negative impacted by the pandemic).
  - Self-attestation clearly showing that the participant meets the definition of one of the eligibility categories, as defined previously in this document. This may be accomplished through development of local forms, or other means, as determined appropriate by the WDB.
- [OPTIONAL] Targeted Population Barriers – Demographic information, including information about barriers to employment, may be collected and entered in ASSET for the purpose of programmatic evaluation. These are not required for determining program eligibility and project operators will not be penalized for not collecting and/or documenting this information.
  - Self-attestation
- Services –Provision of services must be documented in ASSET with accurate open and close dates. An Eligibility Determination showing the participant is eligible must be entered prior to the delivery of any other allowable service. **At a minimum, the provision of all services must be documented in ASSET case notes.** For the services identified below additional documentation requirements apply:
  - Childcare Assistance
    - Copy of billing statement(s) from childcare provider; and

- Copy of schedule showing when participant will be engaged in allowable activities.
- Eligibility Determination
  - See required Eligibility documentation outlined previously in this document.
- Housing Assistance
  - Copy of billing statement from housing provider.
- Incentive/Stipend
  - Documentation clearly showing what activity is being incentivized or paid via stipend; and
  - Documentation showing the amount(s) paid.
- Initial Assessment of Interests, Skill Levels & Supportive Service Needs
  - Copy of assessment results (if applicable)
- Occupational Classroom
  - Copy of class schedule; and
  - Copy of billing statement, if grant funds are used to support tuition.
  - Comments field in ASSET service must identify the training provider, training program, and duration of training. Please note that training programs are not restricted to those on the Eligible Training Provider List.
- Other Wraparound Service
  - Documentation showing the nature of the service being provided and any related costs (if applicable).
- Transportation Assistance
  - Copy of schedule showing when participant will be engaged in allowable activities; and
  - Billing statement(s) or other documentation of costs (if applicable).
- Work-Based Learning
  - Work Site Agreement.
  - Comments field in ASSET service must identify the job placement site and rate of pay.

DWD-DET strongly recommends that all file documentation be maintained in ASSET using the available document upload functionality.

Individuals' records must be retained in a manner that protects the confidentiality of their Personally Identifiable Information (PII) (defined at 2 CFR § 200.79). DWD-DET strongly recommends that recipients consider safeguards for participants' equal opportunity, personal health information, and other sensitive information in their local records maintenance and retention practices. WDBs' existing policies and practices around the maintenance and retention of confidential records may be applied.

## B. Fiscal Documentation

Recipients and/or their program operators must retain sufficient documentation to prove all program expenditures. This documentation must be available to DWD staff upon request and will be subject to on-going DWD monitoring. The recipient, following final payment, shall retain all records produced or collected under this Program for **five (5) years**.

DWD-DET requires, when issuing stipend payments using WAI funds, that WDBs follow these standards:

- a. Stipend payments must be related to the participant's engagement in another allowable grant activity.
- b. The WDB must have a policy or other written guidance outlining any local requirements and/or limitations for providing such stipends, including the methodology used to determine appropriate payment amounts.
- c. The WDB must document, at minimum:
  - The name of the participant receiving the stipend,
  - The dollar amount of payment,
  - The vendor (if applicable); and
  - A basic justification for the payment (e.g., "*Weekly stipend for participation in training activities.*" or "*Stipend to support transportation to and from work-based learning activity.*")

### C. Outreach Documentation

All outreach materials developed for this grant must include the following:

- A statement indicating that the project is partially or fully funded using American Rescue Plan Act State and Local Fiscal Recovery Funds (ARPA SLFRF); and
- A statement indicating that the recipient is an equal opportunity service provider.

Recipients may include applicable [American Job Center Network branding](#) if appropriate.

Sample Language:

*This program is made available by a grant from the American Rescue Plan Act Coronavirus State and Local Fiscal Recovery Funds.*

***[WDB/Subrecipient]** is an equal opportunity employer and service provider. If you have a disability and need assistance with this information please dial 7-1-1 for Wisconsin Relay Service. Please contact **[phone number]** to request free of charge information in an alternate format, including a translation to your preferred language.*

## VII. WAI ASSET Service Management

### A. Service Completion Codes

Each service recorded in ASSET must be updated with a completion code when a Completion Date is added or when the career planner determines the planned service will never start. Completion codes may include:

- *Complete* – The service was successfully completed by the participant;
- *Withdrew* – The service was started by the participant but was not successfully completed as intended; and/or

- *Cancelled* – The service was not started by the participant.

## B. Participation

Participation in the WAI grant occurs when a participant receives a grant-funded service. An enrolled individual will become active in Participation when they have *Completed* the service or *Withdrew* from the service. Services that are *Cancelled* service will not cause participation in the program. Participation-causing services for WAI include:

- Assessment of Interests, Skill Levels, & Service Needs
- Career Guidance/Planning
- Childcare Assistance
- English Language Learning
- Financial Literacy Services
- Housing Assistance
- Incentive/Stipend
- Job Search/Placement Assistance
- Occupational Classroom Training
- Other Wraparound Service
- Referral(s) to Other Programs/Resources
- Transportation Assistance
- Work-Based Learning
- Work Readiness Skills Development

**Note:** Eligibility Determination service is not a participation-causing service for the WAI grant.

## VIII. Reporting Requirements

### A. Programmatic Reporting Requirements

Measurable skill gains achieved by participants must be recorded by project operators in the following way:

- Record the measurable skill gain in ASSET Assessments screen; and
- Upload the supporting documentation in ASSET Documents screen; or
- Case Note with simple description of measurable skill gain, date obtained, and occupation field of measurable skill gain.

Participant data is not required to be documented after the participant is exited. Employment information will be reviewed and evaluated by DWD-DET using Unemployment Insurance wage records, in cases where the social security number has been collected. The UI information that will be collected will occur following the period of performance of the grant.

**Note:** Collection of each participant's Social Security Number (SSN) is optional, but strongly recommended to ensure streamlined collection of performance and wage data. If no SSN is available or entered, reporting on that participant will not be completed.

All WDBs must also submit a Quarterly Narrative Report to DWD (see Appendix A), due 30 days after the end of each calendar quarter. Extensions may be granted upon request. Requests should be submitted to [DETBWTWAIGrants@dwd.wisconsin.gov](mailto:DETBWTWAIGrants@dwd.wisconsin.gov).

## B. Fiscal Reporting Requirements

The recipient must report all fiscal data in the DWD-DET Contract Management and Expenditure Tracking System (COMET).

All WDBs receiving funding under this program are required to meet the following reporting requirements:

- Submit monthly Financial Status Report (FSR) in COMET;
- Submit a Final Financial Status Report (FSR) in COMET; and
- Request Cash Reimbursements following the procedure outlined in [WIOA Policy 4.4 Cash Management and Invoicing Standards](#).

## IX. Communication and Technical Assistance

DWD-DET will host quarterly WAI conference call via Microsoft Teams. Recipients are strongly encouraged to have at least one staff member participate, which may include WDB staff, service provider staff, and/or career planners assigned to this project. There is no limit on the number of participants a recipient may include in these calls. During these calls, DWD-DET will answer questions, discuss progress, and facilitate discussion on challenges and successful practices. DWD-DET reserves the right to cancel these calls on a case-by-case basis or entirely if they are no longer needed.

## X. Modification of this Project Implementation Plan

DWD-DET reserves the right to modify this Project Implementation Plan at any time during the life cycle of the grant. WDBs will be notified of any modification and must become compliant with any changes to the Project Implementation Plan within ten (10) business days of such notification.

## APPENDIX A

### Worker Advancement Initiative – Round 2 (WAI-2) Grant Quarterly Narrative Report

DWD will use the information from this quarterly report to monitor the progress of the subaward, help the local WDB identify implementation challenges, and identify any best practices to be shared with others. DWD will also use this information to complete required State and Federal reporting.

Reports are due no later than 30 days after the last day of the calendar quarter. Submit reports to: [DETBWTWAIGrants@dwd.wisconsin.gov](mailto:DETBWTWAIGrants@dwd.wisconsin.gov).

#### Section I: Grant Recipient Information

- A. Grant Recipient:
- B. Quarter Reporting (quarter end date):
- C. Subawards / Service Providers:

#### Section II: Progress of Subaward

- A. Provide a brief description of your project(s) and an update of your project(s)' progress for the quarter as it aligns with the goals and objectives outlined in the submitted project proposal. Include a description of key accomplishments and outcomes achieved.
- B. Provide a detailed update of outreach activities conducted this quarter. Provide a copy of any outreach documents (i.e., flyers, mailers) developed this quarter.
- C. Provide detailed updates on training services provided this quarter, including information on the types of training services provided.
- D. Provides detailed updates on work-based learning services provided this quarter.
- E. Provide detailed updates on wraparound services, including supportive services, provided this quarter. Include any new or innovative service delivery strategies and how the services contributed to a participant's ability to fully participate in grant-funded activities.
- F. Provide a detailed update of any performance improvement efforts conducted this quarter including monitoring, training, and technical assistance efforts directed to grant staff.
- G. Describe next steps or key areas of emphasis planned for the grant in the next quarter.
- H. If you have no updates for this section for this quarter, explain why.

#### Section III: Status Update on Employer Engagement Strategies

- A. Describe efforts taken this quarter to engage employers in this project. Examples could include:
  - Seeking input from local employers to identify their employee pipeline needs;
  - Securing employer commitment to interview, assess, train, and/or hire participants from this project;
  - Developing new employer partnerships;
  - Recruiting employers to serve as mentors to project participants;
  - Identifying new work-based training opportunities.
- B. Describe any positive employment outcomes for project participants.
- C. If you have no updates for this section for this quarter, explain why.

#### Section IV: Key Issues and Technical Assistance Needs

- A. Summarize significant issues, or challenges (such as under-enrollment or dropouts) encountered during the quarter and any resolution of issues and challenges identified in previous quarters. Describe actions taken or plans to address the identified issues.
- B. Describe any questions you have for DWD-DET and/or any technical assistance needs you have.

**Section V: Significant Activities, Accomplishments, and Success Stories**

- A. Describe in detail any promising practices, innovative processes, and/or strategic partnerships your project developed or engaged in during this quarter.
- B. If applicable, please provide any participant-level success stories from this quarter. In documenting the success story, please describe:
  - Background, problem, issue, or concern prior to project involvement;
  - Response or intervention provided by the project;
  - Results and outcomes, including who benefitted and what changed or improved; and
  - Evidence of the success, including how the data was obtained and the methods used to measure success.

**Section VI: Data and Performance**

- A. Fill in the Data Report Table for the end of the reporting quarter. **\*Data entered will be cumulative, from the grant start to the present reporting quarter:**

Program Service	Round 2 Cumulative Participants	Round 2 Cumulative Services
Career Services (Excluding Work Experience)		
Training Services (Excluding OJT)		
On-the-Job Training (OJT) Only		
Work Experience		
Supportive Services/Wrap Around Services		
Incentive/Stipend Payments		
Other:		
Other:		

	Round 2 Cumulative Total
Services Rendered	
Participants Served	
Exits	

- B. Fill in the Data Report Table for the end of the reporting quarter. **\*Data entered for this table is only from the quarter:**

	Quarter Total
Services Rendered in Quarter	
Participants Served in Quarter	
New Participants Entered this Quarter	
Exits Occurred in Quarter	

## APPENDIX B

### SAMPLE - WORKER ADVANCEMENT INITIATIVE WORK-SITE AGREEMENT

\*\*Project operators may use this agreement as-is, modify it to suit their local needs, or develop their own agreement. The use of this sample agreement is not required by DWD-DET.\*\*

#### Purpose of the Agreement

The purpose of this agreement is to define the terms of the participant's work-based learning placement under the Worker Advancement Initiative (WAI). If, during the course of the work-based learning opportunity, any of the information found in this form changes, a new agreement must be completed and signed by all parties.

#### Participant Information

Participant's Name	
Participant's Address	
Participant's Email	
Participant's Phone Number	

#### Participant's Emergency Contact

In case of an emergency, the project operator or placement site staff will contact:

Contact Name	
Relationship to Participant	
Contact's Phone Number	
Contact's Address	

#### Employer of Record

The employer of record will pay the participant's wages and, if applicable, fringe benefits. If applicable, the employer of record will provide worker's compensation coverage for the participant, or, if not applicable, provide another adequate form of insurance coverage for work-related injuries. The employer of record will also pay unemployment insurance taxes, if applicable. The employer of record will file with the Social Security Administration and furnish to the participant Form W-2, Wage and Tax Statement, showing the wages paid and taxes withheld for the year.

Employer of Record Name	
Name of Contact Person	
Contact's Email	
Contact's Phone Number	
Benefits to be Provided (if applicable)	

### Placement Site

The placement site is the physical location where the participant will perform the work-based learning activities or, if working off-site, where they will check in (in person, by phone, or some other method)..

Placement Site Name	
Site Address	
Name of Supervisor	
Supervisor's Email	
Supervisor's Phone Number	

Participant's Job Title: \_\_\_\_\_

### Tasks and Skills to Be Learned

Describe the **tasks** the participant will be expected to perform and skills the participant will learn during the work-based learning opportunity.

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### Job Specific Needs

Identify any specific needs the participant may have related to job safety and/or performance including tools, uniforms, personal protective equipment (PPE), etc.

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### Wages, Hours, and Work Schedule

Rate of Pay	\$ . per hour
Anticipated Start Date	
Anticipated End Date	
Estimated Hours per Week	

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

-OR-

Variable work schedule

### Assurances

- Adequate supervision will be provided by the placement site supervisor at all times while the trainee is present at the work site.
- The participant will be provided with a copy of applicable placement site rules, including the procedure for maintaining accurate time and attendance records, relevant codes of conduct, etc.
- The placement site will adhere to applicable equal opportunity and non-discrimination statutes.
- The participant will be made aware of appropriate grievance procedures.

### Termination

This agreement may be terminated at any time by any party to the agreement. In the event that a party opts to terminate this agreement, notification must be given to the other parties, in writing, as soon as is practicable.

### Signatures

By signing below, I agree to all of the information listed in this agreement, as they are applicable to me and/or my organization for the purpose of carrying out the Worker Advancement Initiation work-based learning opportunity.

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Authorized Representative with Placement Site Date

\_\_\_\_\_  
Authorized Representative with Project Operator or Service Provider Date

**APPENDIX C**

**SAMPLE - WORKER ADVANCEMENT INITIATIVE PARTICIPANT APPLICATION FORM**

\*\*Project operators may use this form as-is, modify it to suit their local needs, or develop their own application. The use of this sample application form is not required by DWD-DET.\*\*

First Name:		Last Name:	
Date of Birth:		SSN: <small>*Optional. Used solely for the purpose of collecting employment and educational outcome information for federal reporting. Failure to provide an SSN will not impact your ability to access services.</small>	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

Street Address:	
City/State/ZIP	
Phone #	
Email Address	

Employment Status	<input type="checkbox"/> Employed – Full-time (32+ hours/week) <input type="checkbox"/> Employed – Part-time (< 32 hours/week) <input type="checkbox"/> Employed – Working multiple jobs <input type="checkbox"/> Not employed
Wage	\$ / hour x hours/week

<p>Has your employment been negatively impacted by the COVID-19 pandemic in any of the following ways?</p> <input type="checkbox"/> I have experienced a pandemic-related layoff (any time, any duration) <input type="checkbox"/> I have experienced reduced hours or wages due to the pandemic <input type="checkbox"/> I have had to change jobs due to the pandemic <input type="checkbox"/> I am working in a job outside my chosen occupation/career due to the pandemic <input type="checkbox"/> Other, please explain:
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**Do any of the following apply to you (check all that apply):**

- I am an Indian, Alaska Native, and/or Native Hawaiian
- I am a tribal member
- I am a non-custodial parent
- I belong to a racial/ethnic minority group
- I am a veteran of the U.S. Armed Forces
- My first/primary language is not English
- I am currently an Unemployment Insurance (UI) claimant, or have exhausted UI
- I am a single parent
- I have a disability
- I have been involved in the criminal justice system
- I have been unemployed for longer than 26 weeks (6 months)
- I am retired
- I have separated from my most recent employment (laid off, terminated, etc.)
- Cultural differences make it hard for me to get or keep a job
- I am a migrant and/or seasonal farmworker
- I am part of the LGBTQ+ community
- I receive public assistance benefits (FoodShare/SNAP, TANF/W-2, etc.)
- I am within 2 years of exhausting my eligibility for TANF/W-2
- I do not have a fixed, permanent residence
- I am or have been a victim of human trafficking
- I am or have been a victim of domestic violence
- I am or have been a victim of sexual assault
- Current or previous drug and/or alcohol use has impacted my employment or home life
- I am, or have been, in the foster care system
- I have less than one year of work experience
- The average length of my employment with a single employer is less than one year
- My employment has mostly been through staffing/placement agencies

I attest that all information provided in this application is true and accurate, to the best of knowledge.

Participant Signature:	Date:
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<b>Internal Use Only</b>		
Eligible to Work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <a href="#">I-9</a> List A Document	Document Title:	
	Document Number:	
	Expiration Date (if applicable):	
<input type="checkbox"/> <a href="#">I-9</a> List B Document	Document Title:	
	Document Number:	
	Expiration Date (if applicable):	
<input type="checkbox"/> <a href="#">I-9</a> List C Document	Document Title:	
	Document Number:	
	Expiration Date (if applicable):	
Verified by:	Date Verified:	
Participant is: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible		