

TOMPKINS COUNTY WORKFORCE DEVELOPMENT BOARD

March 23, 2021

8:30 A.M.

Zoom Platform

PRESENT: S. Pronti, A. Bishop, D. Burrows, J. Cometti, L. Dillon, B. Forrest, K. Franzese, Kit Kephart, K. Kersey, J. Matteson, K. Shanks-Booth, J. Tavares, C. Whitmore, J. Shapiro, K. Cerasaro, T. Bruer

EXCUSED: A. Iles, P. Levesque, H. McDaniel, T. Tarshus

EX-OFFICIO: J. Mouillesseaux, A. Hendrix

GUESTS: C. Walters, Tompkins Seneca Tioga BOCES; D. Mohlenoff, Tompkins Cortland Community College; D. Goodness, Workforce Development Institute

STAFF: N. Branosky, S. Alvord, D. Achilles

CALL TO ORDER

Chairman Pronti called the meeting to order at 8:36 a.m.

BOARD ACTION ITEMS

APPROVAL OF MINUTES – February 23, 2021

It was moved by Ms. Whitmore, seconded by Mr. Forrest, and unanimously adopted by voice vote of members present to approve the minutes of February 23, 2021 as written.

APPROVAL OF ONE STOP RECERTIFICATION

Mr. Bishop reported to the Board that the One Stop recertification process is done every three years. The Committee moved forward with the recertification process in 2021 without any guidance from the State on how to proceed during the pandemic. The Committee has responded to all questions and have a 100% yes approval, with all that the One Stop Center has put into place throughout the pandemic.

Mr. Bishop thanked Ms. Mouillesseaux, Mr. Cerasaro, and Ms. Achilles for all their work to accomplish the recertification process.

It was moved by Mr. Matteson, seconded by Mr. Bruer, and unanimously adopted by voice vote of members present to approve the One Stop recertification as written.

APPROVAL OF AMENDED INTAKE FORMS

Ms. Mouillesseaux reported that there are several forms (Individual Employment Plan, WIOA A-

DW Program Designation Form, ES-100 Career Center Registration Form, and ES-102 Supplemental Questionnaire) that have been updated and improved that will give customers a better experience with Career Center services.

It was moved by Mr. Bishop, seconded by Ms. Whitmore, and unanimously adopted by voice vote of members present to approve the amended intake forms as written.

WDB DIRECTOR UPDATE

Ms. Branosky shared a presentation on ILR Research, Career Center, unemployment insurance, and Workforce information. Ms. Branosky reported that the Career Center is still not open to the public and continue to work remotely. The State is now offering an online package to serve customers. Ms. Branosky reported that the unemployment insurance has an extra \$300.00 extended to September 6, 2021. A new tax waiver has been implemented for unemployment benefits. Ms. Branosky reported that the local economy has stabilized, and we are moving forward. The next steps that are being worked on nationally include: a large infrastructure plan (The “Build Back Better” Plan), national minimum wage increase and increased Workforce Development funds.

COMMITTEE REPORTS

A. EXECUTIVE COMMITTEE

Mr. Pronti reported that the Executive Committee has been discussing the preliminary findings from Cornell’s ILR School and how to utilize the information as we plan for 2021. Particular interest in how the Tompkins County unemployment rate is changing and how to move forward to help the workforce. The Committee is discussing our next industry briefing for the board, featuring commercial real estate.

B. ONE STOP OPERATIONS AND OVERSIGHT COMMITTEE

Mr. Bishop reported that the One Stop Operations and Oversight Committee has been working on the recertification for the Career Center and that task now is complete. Mr. Bishop reported the Committee will be looking at updating the demand occupations list, to include possible changes due to the pandemic.

C. YOUTH OVERSIGHT COMMITTEE

Ms. Shanks-Booth reported that the Youth Oversight Committee are reviewing two bids for the 2021 Summer Youth Employment Program. Ms. Shanks-Booth reported that the Committee are having discussions around looking for new members to join the Youth Oversight Committee, which can include members of the community who are not on the Board.

D. GOVERNANCE AND MEMBERSHIP COMMITTEE

Mr. Burrows reported that the Governance and Membership Committee will have their next meeting in May. Mr. Burrows reported that the Board has a full slate of members, and now the Committee will concentrate on reappointment of any Board members with upcoming expiring terms.

ADJOURNMENT

The meeting adjourned at 9:15 a.m.

Career Center	Certified
Required	✓
Enhancement 1	11 /11
Enhancement 2	14 /14
Total	25 /25

Required		
Question #	Y/N	✓
1	Y	✓
2	Y	✓
3	Y	✓
4	Y	✓
5	Y	✓
6	Y	✓
7	Y	✓
8	Y	✓
9	Y	✓
10	Y	✓
11	Y	✓
12	Y	✓
13	Y	✓
14	Y	✓
15	Y	✓
16	Y	✓

Enhancement 1	
Question #	Y/N
1	Y
2	Y
3	Y
4	Y
5	Y
6	Y
7	Y
8	Y
9	Y
10	Y
11	Y

Enhancement 2	
Question #	Y/N
12	Y
13	Y
14	Y
15	Y
16	Y
17	Y
18	Y
19	Y
20	Y
21	Y
22	Y
23	Y
24	Y
25	Y

Required - Attributes and Standards

Attribute: The physical location and facility provides a safe customer experience		
	Y/N	✓
1. ADA Compliance		
The Career Center is ADA compliant.*	Y	✓
2. Emergency Preparedness		
Emergency evacuation procedures are in place and address the needs of individuals with disabilities.	Y	✓

Attribute: The Career Center ensures meaningful access to services for all customers		
	Y/N	✓
3. Interpretive Services		
Interpretive services are available in sign language and other languages for Limited English Proficiency (LEP) customers to receive staff assisted services within Career Center.	Y	✓
4. Reasonable Accommodations		
Staff are able to provide reasonable accommodations and can do so upon request.	Y	✓
5. Registration Forms		
Career Center Registration forms are available in the seven identified languages per NYS Executive Order.	Y	✓

Attribute: The Career Center is welcoming and customer-centered		
	Y/N	✓
6. Customer Orientation		
Customers who are new to the Career Center are provided an orientation/overview of available services, including partner services.	Y	✓
7. Customer Flow		
Customer flow procedures are in place that respond to customer need and move		✓

Attribute: The Career Center provides integrated, customer-centered services via effective partnerships		
	Y/N	✓
9. Staff Meetings		
Partners meet at least once per year to discuss system and Center contribution to the system and make recommendations for improvements (Note: if a single partner site, check "Yes").	Y	✓
10. Cost Sharing		
Partners share in Center operating costs (Note: if a single partner site, check "Yes").	Y	✓

Attribute: The Career Center actively supports Business Service strategy		
	Y/N	✓
11. Labor Market Information		
Staff are knowledgeable and focused on providing labor market information such as the state of the local and regional economy, labor market trends, and in-demand occupations.	Y	✓
12. Job Referrals		
Job Search Ready customers receive job referrals, both during staff-assisted services and virtually.	Y	✓
13. Skill Development/Training Opportunities		
The Career Center has skill development and training opportunities for customers at all skill and experience levels, including but not limited to: English as a Second Language (ESL); High School equivalency; integrated education and training; workforce preparation; work-based learning; and apprenticeship opportunities.	Y	✓

Attribute: The Career Center promotes and environment of Continuous Improvement		
	Y/N	✓
14. Business Feedback		

customers seamlessly between entry and service delivery with as few hand-offs as possible.	Y	✓
8. Partner Programs		
Staff understand partner program services well enough to provide customers with, or provide referrals to, appropriate services.	Y	✓

*For information on ADA compliance visit:

<https://labor.ny.gov/equal-opportunity/americans-with-disabilities-act.shtm>

<https://www.access-board.gov/guidelines-and-standards>

A process is in place, and utilized, for collecting feedback from businesses regarding the delivery of business services.	Y	✓
15. Customer Feedback		
A process is in place, and utilized, for capturing and responding to customer feedback.	Y	✓
16. Performance		
Staff are trained on how to record data representing the services they have provided to individuals to support WIOA Primary Indicators of Performance.	Y	✓

Enhancement 1: Accessibility - Attributes and Standards

Physical Accessibility

Attribute: The physical location and facility provide a safe and functional customer experience		
	Y/N	
1. External Signage		
External signage clearly identifies the location as a NYS Career Center and American Job Center.	Y	Signs are placed at the front entrance of the building which houses the Career Center, and throughout the walkway leading to the Career Center location. The few that are temporary are being updated. The Career Center displays stickers for windows that identify the NYS Career Center location as an American Job Center.
2. Internal Signage		
Internal signage helps customers easily navigate the Career Center and is inviting and welcoming.	Y	The Career Center includes questions in customer satisfaction surveys to assess the visibility of internal and external signage. Feedback from these surveys is used to make modifications. For example: PPT display for the TV has been updated to include all partners and
3. Appearance		
The Career Center is clean and has a professional appearance.	Y	The Career Center includes questions in customer satisfaction surveys to assess customers' views on the Center's cleanliness and professional appearance. Feedback is continually used to make improvements.
4. Physical Access to Services		
The Career Center is designed for customers' easy access to services, resources, and staff assistance; including adequate space for workshops, recruitments, partners, center staff and reception.	Y	Conference room space for large events and Meet-the-Employer sessions is scheduled, when necessary (and allowable), at the Tompkins County Public Library. The latter are currently being delivered via Zoom.
5. Resource Room		
The Resource Room has an adequate number of workstations to meet customer demand, and equipment is in working order.	Y	A review of DOL-owned Resource Room equipment has occurred and all computers have been updated by Tompkins County.
6. Adaptive Technology		
Adaptive technology is available in the Resource Room for customers with disabilities.	Y	Adaptive tech has been updated to equitably serve customers with disabilities. Includes: a photo scanner, privacy screen, Ergo keypad and mouse, large print keyboard, trackball mouse, headphones and mic, YX HD desk set CCTV, Zoom text magnifier, JAWS, Zoom text
7. Safety and Security		
The Career Center has adequate safety and security precautions in place.	Y	Center management reviews procedures twice annually. This includes evacuation plans, how to handle disruptive customers, active shooter skills, and when to call 911. This is also a component of the onboarding checklist for new staff.
		7 out of 7

Programmatic Accessibility

Attribute: The Career Center ensures meaningful access to services for all customers		
	Y/N	
8. Assistive Posters and Materials		
"Auxiliary Aids and Service Available" language is placed on all appropriate materials, and the Center prominently displays the following posters: "I Speak" for Limited English Proficient customers; Veteran Priority of Service; "WIOA Equal Opportunity is the Law"	Y	A review of all materials and posters is conducted every 6 months to ensure that any changes or updates are kept current.
9. Staff Training for a Diverse Customer Base		
		Staff participate in on-going training to inform interactions with marginalized populations including: individuals with disabilities,

<p>Training is available for staff regarding working with diverse populations of customers, including customers with disabilities and/or cultural differences, and all individuals with barriers to employment.</p>	<p>Y</p>	<p>marginalized populations including: individuals with disabilities, individuals who identify as LGBTQ+, individuals with experience in the justice system and those going through re-entry, individuals from a variety of cultures and socioeconomic backgrounds.</p>
<p>10. Assistive Resources</p> <hr/> <p>Center-based and virtual services and resources are available for individuals with disabilities.</p>	<p>Y</p>	<p>Career Center management and staff annually review resources available to customers. A review of assistive resources is also a component of the Center's new employee checklist.</p>
<p>11. Complaint Procedure</p> <hr/> <p>Employment Services and WIOA Complaint system is in place and utilized. Appropriate staff are identified and trained on how to receive and process complaints.</p>	<p>Y</p>	<p>The Career Center follows the complaint process issued by Technical Advisory #18-4 issued by NYSDOL, and follows the accompanying guidance. Additional resources such as archived webinars are being sought out to keep current.</p>
<p>4 out of 4</p>		
<p>Total</p>	<p>11 out of 11</p>	

Enhancement 2: Effectiveness - Attributes and Standards

Center Effectiveness

Attribute: The Career Center is welcoming and customer-centered		
	Y/N	Improvement Action
12. Greeting & Intake		
Customers are promptly greeted, asked the reason for today's visit, and directed to the appropriate staff member, resource, or service.	Y	The Career Center has a knowledgeable and friendly staff member assigned to the front desk to ensure a professional greeting and assistance with resources and services.
13. Customer Service Training		
Front line staff have been given the opportunity to, and have participated in, customer service training.	Y	All staff participate in customer service training as part of their orientation to services and on-going staff development. This includes virtual customer service training.
		2 out of 2

Attribute: The Career Center provides integrated, customer-centered services via effective partnerships		
	Y/N	Improvement Action
14. Referrals		
Referrals are recorded and a process/procedure is in place for partners to follow through and to report progress on referrals made.	Y	Staff have created and agreed a process with partners to track and follow all referrals. This is an essential part of the on-boarding of new staff, and is adjusted as needed.
15. Virtual Resources		
Staff provides information about JobZone and other virtual resources that are available both during and outside of regular business hours.	Y	Virtual resources are continually reviewed during bi-weekly staff meetings. This process is expected to evolve and change as decisions are made at the State level about maintaining an on-site presence and bringing on any new virtual services / training platforms.
16. Connection to the Community		
The Center connects to the community through community partnerships and community access points.	Y	The Center will continue to measure community access points, both on-site and for virtual services, as ways of delivering services continue to change.
17. Staff Meetings		
Career Center staff meetings are held with all staff (regardless of program) to build relationships, provide updates on center activities, and discuss strategies for improvement.	Y	Both bi-weekly meetings among Career Center staff, and weekly meetings between the Career Center Director and the Supervising Labor Services Representative are standard practice and will continue into the future to ensure services are current and of high quality.
18. Primary Indicators of Performance		Improvement Action

Primary Indicators of Performance are discussed with all Career Center staff on a regular basis, in accordance with most current Performance TA.	Y	Staff training continues, based on the most recent WIOA performance measures and State advisories.
19. Capacity-Building Plan		Information and updates on training from partner and non-partner agencies are shared at bi-weekly staff meetings. Connection with partners and community service providers has been enhanced and is
A capacity-building plan is in place to provide continuous staff training on serving customers effectively, including customers with barriers to employment.	Y	approached by focusing on the needs of specific customer groups and their barriers to employment.
6 out of 6		

Workforce Effectiveness

Attribute: The Career Center actively supports Business Service strategy		
	Y/N	Improvement Action
20. In-Demand Occupations		
Career Center staff focus on in-demand jobs by actively promoting targeted sector opportunities and in-demand occupations to all customers.	Y	The Center actively connects customers to training which leads to industry-recognized credentials, and the Center works with partners to ensure opportunities are current. The list of in-demand occupations is continually reviewed and may change following Workforce Development Board approval.
21. Business Services		
Business services are available (such as referral of qualified candidates, on-site recruitment, and skill verification), and hiring incentives are marketed.	Y	Career Center resources have been re-directed to enhance business services since the previous certification process and throughout the pandemic months of 2020. A noticeable difference has been expressed by business-focused organizations locally. Future-planning includes a full range of services to connect job-seekers and employers
		2 out of 2

Attribute: The Career Center facilitates skill development and attainment of industry-recognized credentials		
	Y/N	Improvement Action
22. Supportive Services		
Supportive services are available to customers where appropriate, to facilitate participation in training services.	Y	Training of on- and off-site partner staff takes place to ensure they know of resources available for supportive services. These services include: transportation, tutoring and mentoring services, financial assistance with training expenses, and assistance with child care, housing, and mental health services.
23. Skill Development		
Staff recognize the value of skill development and tailor services accordingly.	Y	Staff meetings are utilized to remind staff of the value of skill development and how to write an effective tailored employment plan.
24. Employment Outcomes		
Staff recognize the value of employment outcomes and tailor services as a result.	Y	Staff are trained with emphasis on employment plans that focus on skill development with the end goal of an employment outcome.
25. Industry-Recognized Credentials		
Center promotes easy access to education and training that leads to industry-recognized credentials.	Y	The Center promotes and connects customers to training which leads to industry-recognized credentials, as offered by partners based on the list of in-demand occupations. This list is continually reviewed with the Workforce Development Board.
		4 out of 4

14 out of 14



Tompkins Workforce New York Career Center
Tompkins County Office of Employment & Training
171 E. State St./ MLK Jr St, Center Ithaca, Ithaca, NY 14850
Jackie Mouillesseaux, Interim Director, Office of Employment & Training
ph: 607.272.7570 | email: jmouillesseaux@tompkins-co.org

Customer's Name: Click or tap here to enter text. NY# (office use only): Click or tap here to enter text.

SECTION 1: EQUAL OPPORTUNITY POLICY

Equal Opportunity is the Law

It is against the law for Tompkins County Office of Employment & Training, as a recipient of Federal financial assistance, to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA) (which replaced the previous Workforce Investment Act (WIA) of 1998, on the basis of the beneficiary's citizenship / status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1-financially assisted program or activity.

Tompkins County Office of Employment & Training must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIA Title 1-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION:

If you think that you have been subjected to discrimination under a WIOA Title I -financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Tompkins County Office of Employment & Training's Equal Opportunity Officer, Jackie Mouillesseaux, OET Interim Director, Tompkins Workforce New York, 171 E. MLK Jr. St, Center Ithaca Bldg, Suite 241, Ithaca, NY 14850; or The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

My signature (on the last page of this document) acknowledges receipt and/or verbal explanation of the New York State Department of Labor's policy regarding equal opportunity and discrimination.

SECTION 2: GENERAL GRIEVANCE

Referring to the Tompkins County Employment & Training Program

If you, as an Employment & Training Program participant, feel that you have been discriminated against or treated unfairly, you have the right to file a complaint. The complaint will be processed in accordance with the participant's worksite's grievance procedure if one is established by the worksite (employer).

If a particular complaint cannot be settled by the worksite, the Employment & Training Program participant may have the option of using the following Employment & Training Program grievance procedure:

Step one: The employee should take his/her complaint to the on-site supervisor. If this step does not resolve the complaint, the participant shall meet with the appropriate staff.

Step two: If the complaint is not solved using step one, you should request a meeting with the designated Workforce Development Board Executive Director: Natalie Branosky, 401 E. MLK Jr. St, Suite 402B, Ithaca, NY 14850, Office Phone: 607-274-7526, nbranosky@tompkins-co.org

Step three: If step two does not solve the complaint to your satisfaction, you should submit a Complaint Resolution Form that states your complaint in writing to the Workforce Investment Director.

Step four: If the complaint has not been resolved at step three, you may request a hearing to be held in front of an Impartial Hearing Officer.

Step five: Complaint Review; your complaint is reviewed by the Government (State level). The Governor's decision is final. If the Governor does not issue a decision within 30 days the complainant may elevate the complaint.

Step six: Complaint Resolution (Federal level). Within 10 days of the date the Governor should have issued a decision, you may request a determination from the Secretary of the United States Department of Labor.



Tompkins Workforce New York Career Center
Tompkins County Office of Employment & Training
171 E. State St./ MLK Jr St, Center Ithaca, Ithaca, NY 14850
Jackie Mouillesseaux, Interim Director, Office of Employment & Training
ph: 607.272.7570 | email: jmouillesseaux@tompkins-co.org

SECTION 3: RELEASE OF INFORMATION

CUSTOMER FIRST & LAST NAME: Click or tap here to enter text.

I authorize the staff at Tompkins Workforce New York to obtain and/or release the information specified below from/to the individual/organization named below.

Specific information to be obtained/released:

- Information related to education/training and/or employment of Customer listed above.

Organizations from/to whom material will be obtained/released:

- Tompkins Workforce New York Career Center Staff directly involved with the services the Customer is participating in.
- Employers and/or training providers directly involved in the Customer’s pursuit of training and/or employment.
- Non-profit, government, or human service agencies the Customer had identified (please list below).
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

Purpose/Need for Disclosure:

To improve options related to training, employment, retention, and advancement opportunities.

By signing below, I certify all information is true and correct to the best of my knowledge, and I am aware of the Tompkins County Office of Employment & Training’s Equal Opportunity Policy (pg.1), General Grievance Procedures (pg.2) and am agreeing to the above listed Release of Information (pg.3).

Customer Printed Name: Click or tap here to enter text.

Customer Signature: _____ Date: _____
Please note that you will need to sign this in person on your paperwork appointment day.

WFNY Staff Printed Name: Click or tap here to enter text.

WFNY Staff Signature: _____ Date: _____



Career Center Customer Registration Form

Required items are indicated with asterisk * and bold type. Please print clearly.

We must collect additional personal information from customers to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on handling and the protection of personally identifiable information. **Auxiliary aids and services are available upon request to individuals with disabilities.**

What is your preferred language? [Click or tap here to enter text.](#)

If other than English, do you need an interpreter? Yes No

Check here to indicate that you have been made aware of the provisions of the "Equal Opportunity is the Law" notice.

CUSTOMER DATA

Social Security Number: [Click or tap here to enter text.](#) OR NY ID#: [Click or tap here to enter text.](#)

***Last Name:** [Click or tap here to enter text.](#) ***First Name:** [Click or tap here to enter text.](#)

MI: [Click or tap here to enter text.](#)

Preferred Name: [Click or tap here to enter text.](#) Legal/Birth Name: [Click or tap here to enter text.](#)

Gender: Choose an item. Pronoun: Choose an item.

***Date of Birth:** [Click or tap to enter a date.](#)

NY State Driver's License Number or NY State Non-Driver's License ID Number: [Click or tap here to enter text.](#)

OR Other verification of Date of Birth using acceptable source document (see staff): [Click or tap here to enter text.](#)

If you are a male born after 12/3/59, are you registered with the US Military Selective Service? Yes No

***Street Address:** [Click or tap here to enter text.](#)

***City:** [Click or tap here to enter text.](#) ***State:** [Click or tap here to enter text.](#)

***Zip Code (+4 not required):** [Click or tap here to enter text.](#)

Mailing Address: [Click or tap here to enter text.](#)

County: [Click or tap here to enter text.](#)

Cell Phone: [Click or tap here to enter text.](#) Home Phone: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

How do you prefer to be contacted: Choose an item.

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

If yes, alien registration number: [Click or tap here to enter text.](#)

ETHNICITY/RACE

Note: The ethnicity/race answers are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Ethnicity: Choose an item.

Race (check all that apply):

- American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American

EDUCATION

***Education (select highest level completed)**

- No HS Diploma or Equivalency- Grade: Choose an item.
 HS Diploma HS Equivalency IEP Diploma/Disabled with Certification of Attendance/Completion
 College- Select years completed: Choose an item.

If college, check all that apply:

- Some College Vocational Degree Associate Degree
 Bachelor Degree Master Degree Doctoral Degree

***Are you attending a secondary, post-secondary, vocational, technical, or academic school full-time?** Yes No

If you are between terms, do you intend to return to school? Yes No

EMPLOYMENT

***Are you currently employed?** Yes No

If yes, do you work full time or part time? Choose an item.

How many hours per week do you work? Click or tap here to enter text.

If no, how many weeks have you been out of work? Click or tap here to enter text.

Have you applied for Unemployment Insurance Benefits? Yes No

If yes, when did you apply? Click or tap here to enter text.

Are you currently claiming Unemployment Insurance Benefits? Yes No

MILITARY

Note: Veterans and "eligible spouses" receive priority of service.

***Did you serve in the United States Armed Forces?** Yes No

If yes, what US Military branch? Click or tap here to enter text.

Dates of Active Service: from Click or tap to enter a date. to Click or tap to enter a date.

***Are you an eligible spouse of a veteran?** Yes No

EMPLOYMENT PREFERENCES

Select your work preferences.

Work Week: Choose an item. Duration: Choose an item.

Minimum Wage Accepted: Click or tap here to enter text. per Choose an item.

Date you are available for work: Click or tap to enter a date.

Which shifts are you willing to work? (check all that apply)

- First (begins in the morning) Second (begins afternoon/early evening) Third (begins at night)
 Split Rotating Any

***Are you a Migrant or Seasonal Farm Worker?** (for definitions, please ask staff or see Supplemental Questionnaire)

Yes No

ACCEPTABLE JOB LOCATIONS

***I am willing to work within the following zip code, county, or state:**

Within Choose an item.

Of the following:

- Zip Code (specify) Click or tap here to enter text.
 County (specify) Click or tap here to enter text.
 State (specify) Click or tap here to enter text.

NOTE: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 ½ hours by public transportation.

EMPLOYMENT OBJECTIVE

***Employment Objective/Type of Work Seeking**

Job Title: Click or tap here to enter text.

Job Title: Click or tap here to enter text.

***List most recent occupation(s)/Job(s):**

Job Title: Click or tap here to enter text.

Length of experience in this job: Years Click or tap here to enter text. Months Click or tap here to enter text.

Job Title: Click or tap here to enter text.

Length of experience in this job: Years Click or tap here to enter text. Months Click or tap here to enter text.

WORK HISTORY

If you have job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer:

***Job Title:** Click or tap here to enter text. ***Employer:** Click or tap here to enter text.

***Employer address:** Click or tap here to enter text. ***City:** Click or tap here to enter text.

***State:** Click or tap here to enter text. ***Country (if not USA):** Click or tap here to enter text.

***Start Date:** Click or tap to enter a date. ***End Date:** Click or tap to enter a date.

Supervisor: Click or tap here to enter text. Phone number: Click or tap here to enter text.

***Wage:** Click or tap here to enter text. per Choose an item.

If wage frequency is other, please specify: Click or tap here to enter text.

***Reason for leaving:** Click or tap here to enter text.

***Job Duties:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text. ***Employer:** Click or tap here to enter text.

***Employer address:** Click or tap here to enter text. ***City:** Click or tap here to enter text.

***State:** Click or tap here to enter text. ***Country (if not USA):** Click or tap here to enter text.

***Start Date:** Click or tap to enter a date. ***End Date:** Click or tap to enter a date.

Supervisor: Click or tap here to enter text. Phone number: Click or tap here to enter text.

***Wage:** Click or tap here to enter text. per Choose an item.

If wage frequency is other, please specify: Click or tap here to enter text.

***Reason for leaving:** Click or tap here to enter text.

***Job Duties:** Click or tap here to enter text.

***Job Title:** Click or tap here to enter text. ***Employer:** Click or tap here to enter text.

***Employer address:** Click or tap here to enter text. ***City:** Click or tap here to enter text.

***State:** Click or tap here to enter text. ***Country (if not USA):** Click or tap here to enter text.

***Start Date:** Click or tap to enter a date. ***End Date:** Click or tap to enter a date.

Supervisor: Click or tap here to enter text. Phone number: Click or tap here to enter text.

***Wage:** Click or tap here to enter text. per Choose an item.

If wage frequency is other, please specify: Click or tap here to enter text.

***Reason for leaving:** Click or tap here to enter text.

***Job Duties:** Click or tap here to enter text.

TRADE ADJUSTMENT ASSISTANCE (TAA)

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for **Trade Adjustment Assistance**? Yes No

If yes, TAA petition #: [Click or tap here to enter text.](#)

If no, were you separated from your employment due to foreign trade? Yes No

DRIVER'S LICENSE

Do you have a driver's license? Yes No Issuing State: [Click or tap here to enter text.](#)

What type of license do you have?

- Class A (Tractor Trailer) Class B (Truck/Bus) Class C (Light Truck Com'l)
 Class Cn (C non-CDL) Class D (operators) Class E (Taxi) Class M (motorcycle)

Endorsements:

- Passenger Transport Hazardous Materials Tank Vehicles Motorcycles School Bus
 Doubles/Triples Tank Hazzard Air Brakes

Do you need public transportation? Yes No

Do you have reliable transportation to and from work? Yes No

CERTIFICATES/LICENSES

***Certificate/License:** [Click or tap here to enter text.](#)

***Issuing Organization or Locality:** [Click or tap here to enter text.](#)

Issue Date: [Click or tap to enter a date.](#)

State: [Click or tap here to enter text.](#) ***Country:** [Click or tap here to enter text.](#)

Additional Certificate or License:

***Certificate/License:** [Click or tap here to enter text.](#)

***Issuing Organization or Locality:** [Click or tap here to enter text.](#)

Issue Date: [Click or tap to enter a date.](#)

State: [Click or tap here to enter text.](#) ***Country:** [Click or tap here to enter text.](#)

SCHOOLS

Do you have a college degree, diploma, or educational certificate? Yes No

***Course of Study:** [Click or tap here to enter text.](#) ***Degree:** [Click or tap here to enter text.](#)

Date Completed: [Click or tap to enter a date.](#) ***Issuing Institution:** [Click or tap here to enter text.](#)

***State:** [Click or tap here to enter text.](#) ***Country:** [Click or tap here to enter text.](#)

***Course of Study:** Click or tap here to enter text. ***Degree:** Click or tap here to enter text.

Date Completed: Click or tap to enter a date. ***Issuing Institution:** Click or tap here to enter text.

***State:** Click or tap here to enter text. ***Country:** Click or tap here to enter text.

JOB SKILLS and QUALIFICATIONS

***List at least one.**

***Include skills and abilities** that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, or computer assisted design. Also, include languages in which you are fluent.

Click or tap here to enter text.

List qualities or accomplishments related to your employment goal:

Click or tap here to enter text.

List any honors you have received or outside activities you participate in:

Click or tap here to enter text.

I certify that the information given on this document is true and accurate to the best of my knowledge.

***Signature:** _____ ***Date:** _____

Please note that you will need to sign this in person on your paperwork appointment day.

Customer Name: Click or tap here to enter text.

Customer NY ID#: Click or tap here to enter text.



Tompkins Workforce New York Career Center
 Tompkins County Office of Employment & Training
 171 E. State St./ MLK Jr St, Center Ithaca, Ithaca, NY 14850
 Jackie Mouillesseaux, Interim Director, Office of Employment & Training
 phone: 607.272.7570 | email: jmouillesseaux@tompkins-co.org

This document is an ongoing, working document that provides information and is an assessment of the customer’s skills, education and employment goals as identified together by the customer and Workforce NY Staff. This document is linked to WIOA eligibility for career services and training benefits.

A. CUSTOMER IDENTIFICATION

NY OSOS#: Click or tap here to enter text.

LEGAL- Last Name: Click or tap here to enter text. **First Name:** Click or tap here to enter text.

Middle Initial: Click or tap here to enter text. **PREFERRED NAME:** Click or tap here to enter text.

Are you a veteran: Yes No

Are you unemployed? Yes No **Date you became unemployed:** Click or tap to enter a date.

Are you employed? Yes No

If yes, list employer, title, estimated schedule, and pay: Click or tap here to enter text.

B. EMPLOYMENT EXPECTATIONS

Occupational Job Title of Interest: Click or tap here to enter text.

Note-Specify if title is from Tompkins County/Regional In-Demand Occupation List, Job offering on letterhead from employer, or 3 current local/regional job posts and include proof with customer file OR title of OJT Placement.

Short term employment goal: Click or tap here to enter text.

Long term employment goal: Click or tap here to enter text.

Labor Market Outlook for Goal

ONET: Click or tap here to enter text.

LOCAL: Click or tap here to enter text.

Average Salary/Range: Click or tap here to enter text.

Previous Work History (detail below)

Documented in OSOS Attached resume or Career Center application

Previous Work History Detail: Click or tap here to enter text.

Transferable Skills

Transferable Skills are developed over one’s lifetime and can be used in a variety of situations and occupations. They are often skills that we use socially (with friends and family), professionally (at work/formal settings), and in school. Some examples of Transferable Skills include verbal/written communication, leadership, customer service, listening, negotiating, problem-solving, computer software, organization, documentation, and coordinating. Transferable Skills should also be pulled from personal roles such as caretaker or parent and should include household responsibilities.

List Transferrable Skills: Click or tap here to enter text.

Customer Name: Click or tap here to enter text.

Customer NY ID#: Click or tap here to enter text.

C. SERVICES RECEIVED FROM WFNY (documented in OSOS)

- | | |
|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Job Referrals | <input type="checkbox"/> Resume Development |
| <input type="checkbox"/> Labor Market Information | <input type="checkbox"/> On-Line Training |
| <input type="checkbox"/> Resource Room Orientation | <input type="checkbox"/> Job Placement Testing |
| <input type="checkbox"/> Remediation or Literacy Training | <input type="checkbox"/> Appointments |
| <input type="checkbox"/> In-House Training/Workshops | |

D. LEISURE ACTIVITIES, HOBBIES, OR COMMUNITY INVOLVEMENT (list)

Click or tap here to enter text.

E. EDUCATION AND TRAINING (list, then check when documented in OSOS)

- Highest Grade Level Completed:** Click or tap here to enter text.
- Special Licenses/ Certificates:** Click or tap here to enter text.
- Post-Secondary Education:** Click or tap here to enter text.
- Other:** Click or tap here to enter text.

F. BASIC SKILLS DEFICIENT?

The WIOA Adult Program definition of “basic skills deficient” is: “...the individual is unable to compute or solve problems, or read, write, or speak English at a level necessary to function on the job, in the individual’s family, or in society.” Examples of adults who meet this priority for “basic skills deficient” are those who:

- Have no High School Diploma or High School Equivalency
- Are enrolled in a Title II Adult Education/Literacy Program
- Are determined by assessment to have English, reading, writing, or computing skills at or below an 8.9 grade level
- Are determined by the Workforce Advisor and/or through customer self-attestation that they are an English Language Learner
- Are determined by the Workforce Advisor to be “basic skills deficient” through observation and the initial assessment interview.

Details or results of Academic (Math or Reading) Assessments: Click or tap here to enter text.

G. TRAINING: COMPLETE ONLY IF OCCUPATIONAL SKILL TRAINING OR WIOA TRAINING IS REQUESTED

Training Provider: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Address of Training Provider: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Course Title(s): Click or tap here to enter text.

Start Date: Click or tap to enter a date.

End Date: Click or tap to enter a date.

Weekly Schedule / Total number of instructional days/weeks:

Click or tap here to enter text.

Is training course on the New York State Eligible Training Provider List? Yes No

Is occupation on the in-demand occupational list for Tompkins County/Region? Yes No

If no, is this an OJT? Yes No OR Is there an employer job offer contingent on completion of this training? (must be on file, on employer letterhead) Yes No

Will the customer need prerequisite course(s)/remedial training to enroll in this training? Yes No

If yes, summarize schedule, costs, and other details here:

Click or tap here to enter text.

Customer Name: Click or tap here to enter text.

Customer NY ID#: Click or tap here to enter text.

H. TRAINING COSTS:

Tuition: Click or tap here to enter text.

Misc Fees: Click or tap here to enter text.

Required Books: Click or tap here to enter text.

Required Supplies: Click or tap here to enter text.

Certification Testing: Click or tap here to enter text.

Required Equipment: Click or tap here to enter text.

Supportive Services such as transportation/mileage reimbursement: Click or tap here to enter text.

Other: Click or tap here to enter text.

This training cannot be obtained at another institution/organization at a lower cost: Yes No

Is customer eligible for any financial assistance other than WIOA? Yes No

Veteran's Assistance TAP TAA ACCESS VR

Needs Related Payment Pell Other

Customer's plans for financially sustaining themselves while in training (may include supports such as DSS, TANF, Section 8, etc.). Consider costs including listed, and detail each, as well as providing a narrative. If employed, include current employment details (employer, job title, schedule, salary, etc.).

Detail how COSTS will be covered-

Transportation: Click or tap here to enter text. Computer Access: Click or tap here to enter text.

Internet Access: Click or tap here to enter text. Childcare: Click or tap here to enter text.

Housing: Click or tap here to enter text. Food: Click or tap here to enter text.

Healthcare: Click or tap here to enter text.

Please provide a narrative of plans to financially sustain:

Click or tap here to enter text.

Please identify plans for managing the following potential challenges while in training (other than just cost):

Transportation: Click or tap here to enter text.

Computer Access: Click or tap here to enter text.

Internet Access: Click or tap here to enter text.

Childcare: Click or tap here to enter text.

Schedule (class, homework, childcare, work, etc.): Click or tap here to enter text.

Additional concerns/challenges to address? Click or tap here to enter text.

Possible solutions: Click or tap here to enter text.

Referrals made to other partners or agencies: Click or tap here to enter text.

Attach or include in customer file: (check when attached/placed in file)

Course description from school catalog

Academic calendar inclusive of all vacations and holidays

Refund Policy

Proof of Eligible Training Provider List (ETPL)

I. JUSTIFICATION and OVERALL ASSESSMENT and PLAN

Is the customer able to return to former occupation? Yes No

Is the customer able to return to former industry? Yes No

There is no suitable employment available for the customer based upon:

Customer Name: [Click or tap here to enter text.](#)

Customer NY ID#: [Click or tap here to enter text.](#)

- Length and effort of recent unsuccessful job search
- Local labor market information
- Other: [Click or tap here to enter text.](#)

Barriers to Employment- Please provide as much detail as possible to explain request for funding assistance:
[Click or tap here to enter text.](#)

There is a direct correlation between the customer's need for skills training or remedial education and the training provided by this program, and the customer will be more job ready upon completion of training:
 Yes No

Given the job market conditions expected to exist at the time of the completion of training, there is an objective expectation the customer will find a job using the skills acquired while in training:
 Yes No

The customer is qualified to undertake and complete this training: Yes No

Satisfactory completion of the training will result in receipt of:

- Additional skills in demand by local employers
- Certificate License Associate Degree Bachelor Degree Other

J. TRAINING DETERMINATION AND AGREEMENT:

I have participated in the development of this employment and training plan. I agree to the following:

- I will regularly attend scheduled classes.
- I will abide by the rules and regulations of the training provider.
- I will make good faith effort to satisfactorily complete this training.
- I will notify my Workforce Specialist, [Click or tap here to enter text.](#), before any changes are made to this training program/plan.
- I will report my grades to my Workforce Specialist as requested and at the end of each training period.
- I will immediately notify my Workforce Specialist AND the training facility in writing if I am experiencing difficulties in the course. I will do this before considering dropping out.
- I will make an appointment with my Workforce Specialist during the week of [Click or tap to enter a date.](#) to create a job search plan.
- I will advise my Workforce Specialist as soon as I secure employment.
- I will provide information through follow up surveys about my post-training circumstances (employment, employment dates, job title, salary, etc.).

ADDITIONAL NOTES/COMMENTS:

[Click or tap here to enter text.](#)

Signature of Trainee: _____ Date: _____

Please note that you will need to sign this in person on your paperwork appointment day.

Signature of WFNY Workforce Specialist: _____ Date: _____



Career Center Supplemental Questionnaire Additional Information & Program Eligibility

Name: [Click or tap here to enter text.](#)

NY ID#: [Click or tap here to enter text.](#)

Please answer these questions to help us determine if you qualify for other Workforce System programs and services. This information is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary.

1. Are you or any member of your family receiving any Public Assistance/Low income?

Yes No

Check all that apply:

- TANF (Temporary Assistance for Needy Families)- Issued Date [Click or tap to enter a date.](#)
- Food Stamps/SNAP- Issued Date [Click or tap to enter a date.](#)
- GA (General Assistance State/Local)- Issued Date [Click or tap to enter a date.](#)
- RCA (Refugee Cash Assistance)- Issued Date [Click or tap to enter a date.](#)
- Safety Net/Home Relief- Issued Date [Click or tap to enter a date.](#)
- SSI (Supplemental Security Income)- Issued Date [Click or tap to enter a date.](#)
- SSDI (Social Security Disability Insurance)- Issued Date [Click or tap to enter a date.](#)
- Exhausting TANF within two years- Issued Date [Click or tap to enter a date.](#)

Low-income individual with a total family income that does not exceed the higher of:

- The poverty line **OR** 70% of the lower living standard income level.
- Other: [Click or tap here to enter text.](#)

2. Are you a person with a disability? Yes No Prefer not to answer

Do you have a physical or mental condition that affects your daily life or daily activities?

If yes, do you have a:

- Physical/Chronic Health Condition
- Physical/Mobility Disability
- Mental or Psychiatric Disability
- Vision-related Disability
- Hearing-related Disability
- Learning Disability
- Cognitive/Intellectual Disability

3. Are you a Migrant or Seasonal Farm Worker? Yes No

If yes, check one of the following:

- Seasonal Farm Worker:** someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.
- Migrant Farm Worker:** a seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.
- Migrant Food Processor:** (see Migrant Farm Worker)

4. **Are you a spouse of a US Armed forces member on active duty and lost your job as a direct result of relocation due to a permanent change of your spouse's duty station?** Yes No
5. **Are you a Displaced Homemaker?** Yes No
Have you been providing unpaid services to family members in the home and:
- Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member, **AND**
 - Are unemployed or underemployed and are having trouble finding or keeping employment.
6. **Are you a single parent?** Yes No
Are you a single, separated, divorced, or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).?
7. **Are you homeless?** Yes No
Do you lack a permanent and suitable nighttime residence? This includes:
- Sharing housing with other persons due to loss of housing, economic hardship, or a similar reason.
 - Living in a motel, hotel, trailer park, or campground due to a lack of other suitable options.
 - Living in an emergency or temporary shelter.
 - Abandoned in a hospital.
 - Awaiting foster care placement.
 - Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus, or train station, airport, or campground.
8. **Do you have experience in the justice system?** Yes No
Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses, or other crimes?
9. **Are you an English Language Learner?** Yes No
Do you have limited ability in speaking, reading, writing, or understanding English? Do you meet one of the following two conditions?
- Is your native language a language other than English?
 - Do you live in a family or community where a language other than English is the main language?
10. **Have you experienced systemic barriers in the hiring or employment process?** Yes No
If yes, please describe: [Click or tap here to enter text.](#)
11. **Do you lack basic skills?** Yes No
Are you unable to solve problems, read, write, or speak English at a level necessary to function in your job, in your family, or in society?

I certify that the information given on this document is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Please note that you will need to sign this in person on your paperwork appointment day.

Dear WDB Members:

We are proposing several updates to Career Center forms and procedures. We appreciate your consideration of these updates as we are committed to reducing systemic barriers for marginalized individuals we currently serve and for potential customers who may have previously been excluded from our services. We have some "low hanging fruit" in the forms we require customers to complete to access Career Center services. These are very simple changes that will not affect the information NYSDOL requires us to collect; however, will ensure a more accessible and equitable experience for customers and staff.

We have determined specific changes based on direct feedback from customers, staff observations, professional recommendations and the necessity of virtual delivery of Career Center services. Additionally, we are in the process of creating new surveys to gather customer feedback about their Career Center experience so we can continue to monitor and assess, thus maintaining what works and resolving what does not, along the way.

The forms we have made changes to:

- **ES 100 – Career Center Registration Form (NYSDOL required; changes already approved)**
- **ES 102 – Supplemental Questionnaire (NYSDOL required; changes already approved)**
- **IEP – Individual Employment Plan (TWFNY)**
- **Combined Form – EEOC / Grievance / Release of Information (TWFNY)**
- **WIOA A-DW Program Designation Form – (TWFNY)**

Details about the changes and why we are requesting them:

ES 100 – Career Center Registration Form (NYSDOL)

- Where it says "Choose an Item" throughout the form, there is a drop down box with options that are not visible when printed unless an option is chosen. For example: Under "Work Week", a registrant can choose "Full-Time", "Part-Time" or "Any".
- Core Changes: Preferred Name, Birth/Legal Name, Gender options expanded, Pronoun options provided.
- This is a NYSDOL required form and they have granted permission for the changes we requested and have committed to changing the OSOS database to reflect the form changes. Additionally, NYSDOL has stated they will inform the Feds that these updates have been made and will request that the federal reports also include space for this new data to be reported.

Explanation of Changes: *We know that many LGBTQ+ individuals do not identify as "Male" or "Female". The current ES-100 only provides "Male" or "Female" options. Workforce customer and professionals have recommended expanding the options under the gender and identification sections of the Customer Registration form will help people to feel included and respected as customers of the Career Center. Additionally, transgender individuals may no longer identify with their birth or legal name (sometimes referred to as their "dead name") and oftentimes have a "preferred name". We can gather the required information (birth/legal name) to report to NYSDOL and in OSOS, while simultaneously demonstrating respect and concern for the individual's well-being by asking if they have a "preferred name" they would like our staff to refer to them by while they are participating in our services.*

ES 102 – Supplemental Questionnaire (NYSDOL)

- **"Experience in the justice system" could replace "Ex-offender".** *First, "ex-offender" language can be provocative for people who have lived experience and using that language assumes a person's "guilt" as a result of the experience they had with the justice system. We know historically that racism has permeated our justice system and the examples of police brutality (just one aspect of our justice system) we've seen repeatedly over the last year have further demonstrated this. The term "offender" has negative connotations and staff are left to their biases / assumptions when someone checks the "ex-offender" box. We have been told by professionals and allies that people who do have experience in the justice system are less likely to "check the box" because they are well-aware of those negative connotations and may have personal experience with a biased justice system. A simple change of language could be: "Experience in the justice system".*

- **In the disability section, we are requesting to remove "substantially limited by" and "impairment" and replace with language below.** *The language currently states: "Are you a person with a disability? Do you have a physical or mental impairment that substantially limits one or more of your major life activities?": There are negative connotations associated with terms like "impairment" and "substantially limits". That language affirms the belief that people who have disabilities are "substantially limited" by their disability. Another way to frame this question might be: "Do you have a physical or mental condition that affects your daily life or daily activities?" This language doesn't reinforce the negative connotations or the perception that someone with a disability is "substantially limited" or that they have an "impairment".*
- **Rephrase language in the section that inquires about "cultural barriers" to avoid further marginalizing people who have experienced systemic barriers.** *Currently, the questionnaire asks: "Do you think you have a cultural barrier? Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?" The implication here is that a person has a cultural barrier due to their own attitudes, beliefs, customs or practices, rather than there being a barrier due to someone who does not share the same attitudes, beliefs, customs or practices being in a position of power/authority in the hiring or employment process. To change this, the language might say something like: "Have you experienced systemic barriers in the hiring / employment process?"*

IEP – Individual Employment Plan (TWFNY)

- Several changes were made to the IEP to minimize redundancy, to capture important information regarding the customer's training and employment goals and to ensure we are gathering information about barriers that could hinder the customer's success.
- We also added to the customer responsibility section so customers understand their obligation to provide follow-up information (post-training and post-employment) that TWFNY staff need to document Performance Outcomes.

Combined Form – EEOC / Grievance / Release of Information (TWFNY)

- The EEOC, Grievance Procedure and Release of Information have all been combined to make the virtual paperwork experience more palatable. Staff will guide customers through each section and will respond to questions accordingly.
- The EEOC has been updated with Jackie Mouillesseaux's contact info.
- The Grievance Procedure has been updated with Natalie Branosky's contact info.

WIOA A-DW Program Designation Form – (TWFNY)

There are three updates to this form:

- Under the "Program Selection", "ADULT - a" designation, and "DISLOCATED" "DW1 - d", we changed the language to read: ". . . employed and earning less than federal poverty guidelines or 70% of the Lower Living Standard Income Level (LLSIL)- **refer to attached charts." In the past, there was an income cap listed, but staff were confused as to whether it referred to a single person's income or a household income. So we copied the LLSIL chart from the federal poverty guidelines for ease of reference.
- Under the "DISLOCATED" designation, "DW 2 Plant Closing or Substantial Layoff", we removed the language that said "a newspaper article or heading" could be used as proof of a plant closure or substantial layoff. Given the circumstances of the pandemic, it seems unnecessary to show proof of a closing / substantial layoff and this information is automatically entered into the OSOS database by NYSDOL when a customer applies for Unemployment Insurance Benefits.

Again, thank you for your consideration of our recommended changes.

With gratitude for your time,

Jackie Mouillesseaux, OET Interim Director and Career Center Staff



Name: Click or tap here to enter text.

NY #: Click or tap here to enter text.

WIOA Enrollment Date: Click or tap to enter a

Determination Date: Click or tap to enter a date.

TOMPKINS WIOA PROGRAM DESCRIPTION

Program Selection: (This designation may be changed as circumstances change. Documentation is required.)

ADULT:

- a. Employed and earning less than federal poverty guidelines or 70% of the Lower Living Standard Income Level (LLSIL)- **refer to attached charts
- b. Unemployed and not eligible for Dislocated

DISLOCATED:

- DW 1** (must meet all three criteria: a, b, AND c)
 - a. Unemployed- Terminated or laid off; or has received notice of termination or layoff; OR other (need written or documented rationale to use)
 - b. Eligible for or Exhausted UI (per definition of 9 (B) (3) of WIA law)
 - c. Unlikely to return to previous industry or occupation *Use Tompkins County Expanded Definition (attached)
 - d. Designated as dislocated through plant closure general announcement, AND still employed but earning less than the federal poverty guidelines or 70% of the Lower Living Standard Income Level (LLSIL)- **refer to attached charts
- DW 2 Plant Closing or Substantial Layoff**
- DW 3 Formerly Self-Employed / Now Unemployed**
- DW 4 Displaced Homemaker*****
- Spouse of a member of the Armed Forces**
 - An individual who is a spouse of a member of the Armed Forces on active duty (as defined in section 101 (d) (1) of the title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or
 - (ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in WIOA Section 3 (16) (B). (Category DW-1)
- DW 6 Dislocated due to foreign trade**

TOMPKINS WIOA PROGRAM DESIGNATION
Tompkins County Expanded Definition of Dislocated Worker

Dislocated Worker Definitions
Reference WIOA Section 133(b)(2)(B)

Category 1- DW

- Has been terminated or laid off, or who has received a notice of termination or layoff from employment; AND
- Is eligible for or has exhausted entitlement to unemployment compensation; or has been employed for a duration sufficient to demonstrate to the appropriate entity at a one-stop center, referred to in section 121(e), attachment to the workforce but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State Unemployment Compensation Law; AND
- Is unlikely to return to a previous industry or occupation. Evidence to support this can include Career Center staff assessment based on LMI, profiling score of 50 or higher, or that customer has exhausted UI.

Category 2- DW mass layoff or closure

- Has been terminated or laid off or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise.
- Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days: OR
- For purposes of eligibility to receive services other than training services described in WIOA section 134(c)(3), career services described in section 134(c)(2)(A), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

Category 3- DW self-employed

An individual who was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.

Category 4- DW displaced homemaker

An individual who has been providing unpaid services to family members in the home and who:

- Has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment, a call or order to active duty pursuant to a provision of law, death, or disability of the family member, AND
- Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Category 5- DW spouse of a member of the Armed Forces

- An individual who is a spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of the title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member: OR
- (ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in WIOA Section 3(16)(B). (Category DW-1)

Category 6- Dislocated due to foreign trade

Job lost due to the impact of foreign trade and the phenomenon commonly known as “off shoring” and is part of a worker group covered under a certified trade petition. TAA Certified Customer.

TOMPKINS WIOA PROGRAM DESIGNATION

Tompkins County Expanded Definition of DW Category 1

DW1- Must meet all 3 criteria:

1. Terminated or laid off or has received notice of termination or layoff.
2. Eligible for or exhausted UI.
3. Unlikely to return to previous industry or occupation (further defined below).

LABOR MARKET:

1. TA states "no job openings within 1 hour drive time- for our purpose 50-mile radius works.
2. Local supply of persons with the specific skills of the applicant exceeds the current demand for those skills.
3. Only stop-gap jobs available- meaning jobs available to applicant would be temporary or substantially below the applicant's accustomed skill, hour, or wage level.
4. No job offers received; Applicant has been looking for work for a number of weeks and has not received a job offer. Number of weeks can range from 4-12 depending upon the occupation, economy, and/or applicant's verified job search efforts.
5. Laid off from a no-growth occupation.
6. Laid off from a declining industry.
7. Laid off from an occupation with fewer than 50 annual job openings on a statewide basis.
8. If REOS indicates that the occupation is not a regional demand occupation.

OTHER CRITERIA:

1. Lacks required education for a specific industry or occupation (this includes lack of high school or GED if required, lack of level of education for occupation e.g., tests too low for job requirements).
2. Lack of job skills/certificates or obsolete skills necessary to obtain employment in previous field (e.g., welder for 20 years, no certificate but job listings require certificate; secretary for 15 years but is not familiar with MS Word, Outlook, etc.)
3. Transportation issues
4. Language barriers
5. Disability: medical, physical, emotional, alcohol/drug, learning
6. Poor work history/job retention (cannot keep a job)
7. Experience in the justice system (e.g., have restrictions on work locations, distance can/cannot travel, etc. – how their status relates must be documented in OSOS)
8. Daycare/family issues
9. Loss of certification/license for occupation
10. Any type of restrictions imposed by court, family, health care providers
11. Higher education (e.g., a PhD gets laid off from Cornell, was archeologist- there are not a lot of openings for archeologists in this area; Can be any number of fields)
12. Government jobs (local, state, federal- e.g., those jobs tied to civil service or non-profit government agencies- unable to obtain another local gov't job in the area because there are not many/any available)
13. Military (recently separated vets) and spouses of military personnel

*Income Guideline Charts

Persons in family/household	Poverty guideline
1	\$12,880
2	17,420
3	21,960
4	26,500
5	31,040
6	35,580
7	40,120
8	44,660

2021 Poverty Guidelines for the 48 Contiguous States
and the District of Columbia

70% Lower Living Standard 2020

2020 Family Size at the 70% Level ¹						
Area Name	1	2	3	4	5	6
New York-Northern NJ-Long Island, NY/NJ/CT/PA	\$12,123	\$19,870	\$27,273	\$33,669	\$39,730	\$46,472