

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

<b>Field #</b>	<b>Field Name</b>	<b>Description</b>
11	<b>Citizen/Right to Work</b>	The person's work status in the United States. Select "Citizen" if the person is a citizen of the United States. Select "Right to Work" if the person possesses documented authorization to work in the United States. Select "No" if the person is not a citizen, nor do they have any authorization to work in the United States.
15	<b>Alien Registration Card Number</b>	A unique number which identifies an alien as being registered in the United States.
15a	<b>Expiration Date</b>	The date the Alien Registration Card expires.
15b	<b>Permanent</b>	Indicates that person's alien registration in the United States is considered permanent – i.e. no expiration date.
16	<b>Veteran Status</b>	Indicates whether the person is a veteran, a veteran who served for less than 180 days, a spouse or family caregiver of a veteran, not a veteran, or a transitioning service member.
17	<b>Application Date</b>	The date on which the initial application was created. This date cannot be after the decision date.
18	<b>Program Type/Project</b>	Indicates the specific program of the person's enrollment.
19	<b>Decision Date</b>	The date on which staff made the determination of eligibility. This date cannot be after than the enrollment date.

# Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
20	<p><b>Meets Local Priority of Service:</b>                      Individuals in the targeted groups are given priority to receive services funded by the WIOA Adult program over other individuals who may also meet eligibility requirements for the program. Veterans and eligible spouses within these groups receive priority over non-veterans. This priority of service is in place at all times, regardless of availability of funds. Priority of service must always be given to veterans and eligible spouses (including widows and widowers) for the state and federal DW programs. Under WIOA, the priority of service must be applied at all times, not just when funding is limited. This applies to the State DW Program as well. Priority of service should be determined on an individual basis.</p>	<p>Indicates whether or not the person meets priority of service. If YES, list 1, 2, 3, 4 or 5 for the Justification. Priorities of Service are:</p> <ul style="list-style-type: none"> <li>• <b>1st Priority of Service</b> - Veterans and eligible spouses (covered persons) who are:                             <ul style="list-style-type: none"> <li>o Low income, or</li> <li>o Recipients of public assistance, or</li> <li>o Who are basic skills deficient</li> </ul>                             *Note: military earnings should not be included when calculating income for veterans or transitioning service members for this priority.                         </li> <li>• <b>2nd Priority of Service</b> - Individuals who are not Veterans and eligible spouses (non-covered persons) who are:                             <ul style="list-style-type: none"> <li>o Low income, or</li> <li>o Recipients of public assistance, or</li> <li>o Who are basic skills deficient</li> </ul> </li> <li>• <b>3rd Priority of Service</b> - Veterans and eligible spouses who are:                             <ul style="list-style-type: none"> <li>o Not low income, or</li> <li>o Not recipients of public assistance, and</li> <li>o Are not basic skills deficient</li> </ul> </li> <li>• <b>4th Priority of Service</b> – Any individuals identified in this category receive priority of service after priority has been given to individuals in Priority Categories 1, 2 and 3. Customers who are:                             <ul style="list-style-type: none"> <li>o People of color, Native (self attest), or</li> <li>o Older individuals (55+), or</li> <li>o Justice impacted (criminal record) (self attest), or</li> <li>o Single parents (including pregnant women) (self attest), or</li> <li>o Long-term unemployed (over 26 weeks) (use W2)</li> </ul> </li> <li>• <b>5th Priority of Service</b> – All other eligible individuals who do not meet any of the Priority of Service categories. The vast majority of individuals enrolled in the WIOA Adult program should meet the criteria for Priority of Service Categories 1, 2, 3, and 4.</li> </ul>
23	<p><b>Selective Service Registration and Number</b></p>	<p>The person's Selective Service status. <b>Federal</b> law requires men born on or after January 1, 1960 to register with Selective Service within 30 days of their 18th birthday. The only men not required to register are non-immigrant aliens, men on active duty in the Armed Forces, including students at the military service academies, and individuals incarcerated or otherwise institutionalized. Those enrolling in State Dislocated Workers program are not required to register. Select "N/A" if the person is a female or a male that is not required to register. Enter the number assigned to the person when he registered for Selective Service.</p>
24	<p><b>Trade Adjustment Assistance (TAA) Co-Enrollment</b></p>	<p>Indicates whether or not the person is co-enrolled in the Trade Adjustment Assistance (TAA) program.</p>

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
25	<b>Separated from Employment</b>	<p>Indicates whether or not the person has been laid off from an employer that does not plan to rehire the individual. Any non-seasonal layoff projected to last 180 or more days is a qualifying termination of employment.</p> <p>The following are NOT considered qualifying terminations of employment:                      a.) seasonal unemployment; b.) an end to an assignment through a temporary employment agency, unless the individual can demonstrate the temporary employment agency's inability to make subsequent placements in a similar industry or occupation; or c.) a notice of termination that includes a certain or tentative recall date within 180 days of the initial layoff date.</p>
25a	<b>Actual/Projected Separation Date</b>	The date on which the person ended or expects to end employment at the job from which they are separated.
26	<b>Received Notice of Pending Layoff</b>	Indicates whether or not the person has received written notification from the employer indicating that his/her employment will cease on a specific (future) date. If YES, #29 must be no.
26a	<b>Date Received Layoff Notice</b>	The date the person received notice of <u>projected</u> employment end date due to layoff.
27	<b>Mass Layoff</b>	Indicates whether or not the person was terminated from employment as a result of a substantial layoff at a plant, facility or enterprise.
28	<b>Permanent Plant Closure</b>	Indicates whether or not the person's separation from employment resulted from the actual or planned permanent closure of the plant, facility or enterprise (or a division of that plant, facility or enterprise) at which the person worked.
29	<b>Public Announcement of Closure in 180 Days or Less</b>	Indicates whether or not the person's employer released an official communication stating intent to close the business at a planned future date.
30	<b>Separated from Self Employment</b>	<p>Indicates whether or not the person's business circumstances put him/her in a position similar to a termination of employment. Such circumstances may include, but are not limited to: 1.) Failure of one or more businesses to which the self-employed individual supplied a substantial proportion of products or services; and/or 2.) Failure of one or more business from which the self-employed individual obtained a substantial proportion of products or services; and/or 3.) Substantial layoff(s) from, or permanent closure(s) of, one or more plants or facilities that support a significant portion of the relevant state or local economy; and/or 4.) Failure of the self-employed individual's farm or business due to general, relevant economic conditions.</p>

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
31	<b>Resident of MN at Employment Separation</b>	Indicates whether or not the person was a resident of Minnesota at the time that employment ended.
32	<b>Working in MN at Employment Separation</b>	Indicates whether or not the person was working in Minnesota at the time that employment ended.
33	<b>Attachment to the Workforce</b>	One day of employment with the employer of dislocation is sufficient to demonstrate attachment to the workforce.
34	<b>Limited Reemployment Opportunities</b>	Indicates whether or not the person has limited opportunities in his/her local labor market for reemployment in an occupation similar to the one from which s/he is separated.
35	<b>Unlikely to Return to Previous Occupation</b>	Indicates whether or not the person is unlikely to return to employment in his/her previous work industry or occupation.
36	<b>Unemployed as Result of General Economic Conditions</b>	Indicates whether or not the person was unemployed because of general economic such as mass layoffs, business closures, or general high levels of unemployment in the local area.
37	<b>Number of Weeks Unemployed Out of Last 52</b>	The number of weeks the person has been out of work in the past 52 weeks.
37a	<b>Unemployed for the Last 27 Consecutive Weeks</b>	This field indicates whether or not the client was unemployed for the 27 weeks leading up to their enrollment in the program. If YES, then <b>#37 Number of Weeks Unemployed out of the last 52</b> must be 27 or greater.
38	<b>Eligible for or Exhausted Unemployment Benefits</b>	Indicates whether or not the person who has applied for unemployment benefits and have already proven eligibility.
39	<b>Ethnicity</b>	Indicates whether or not the person is Hispanic or Latino.

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
40	<b>Race</b>	<p>Check a box or boxes to indicate the racial community(ies) with which the person most closely identifies. Users may select one or multiples. Race values include:</p> <p><b>Black or African American:</b> a person having origins in any of the black racial groups of Africa.</p> <p><b>White:</b> A person having origins in any of the original peoples of Europe, the center East, or North Africa.</p> <p><b>Hawaiian Native or other Pacific Islander:</b> a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.</p> <p><b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p>
41	<b>Referred from Wagner Peyser</b>	<p>This indicates that the person received 'basic services' funded by the federal Wagner-Peyser program prior to getting involved with a case managed program that includes more intensive staff services. These 'basic services' received from Wagner-Peyser may include the person putting his/her resume in Minnesota's job bank known as MinnesotaWorks.net or the person using the Resource Room at a Workforce Center.</p>
42	<b>Limited English Proficiency</b>	<p>Indicates whether or not the person has limited ability to communicate using the English language.</p>
43a	<b>Actual Military Separation Date</b>	<p>The date (month, day, year) on which the person ended active military service.</p>
43b	<b>Service Related Disability</b>	<p>Indicates whether or not the person has a disability which is connected to his/her military service.</p>
43c	<b>Vet Separated in Last 2 Yrs OR Last 4 Yrs</b>	<p>Indicates whether or not the person was released from the active military service <b>within the last two years</b>. For the Adult program, the system will validate this selection against the Actual Military Separation Date.</p> <p>OR</p> <p>Indicates whether or not the person was released from the active military service <b>within the last four years</b>.</p>

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
43d	<b>Campaign Veteran</b>	Indicates whether or not the person served on active duty in the U.S. armed forces during a war or in a campaign for which a campaign badge or expeditionary medal has been authorized as identified by the Office of Personnel Management (OPM). Users can find the official campaign list by going to: <a href="https://www.opm.gov/policy-data-oversight/veterans-services/vet-guide-for-hr-professionals/">https://www.opm.gov/policy-data-oversight/veterans-services/vet-guide-for-hr-professionals/</a>
43e	<b>Campaign/Group</b>	The war, campaign or expedition of which this person was a part and/or the veteran group with which the person identifies.
44	<b>Highest Level of Education</b>	The highest level of formal education completed by the person. Specify grade, if highest level is between 1st & 11th grade.
45	<b>Pre-Enrollment Education Status</b>	The person's school attendance status at the time of enrollment.
46	<b>Participating in Registered Apprenticeship Program</b>	This field indicates if the person is participating in an approved apprenticeship program. The corresponding "Apprenticeship" activity will identify the specific apprenticeship program.
47	<b>Family Status</b>	The relationship of the person to the rest of the household in which he/she lives. Values include: <b>Individual without Dependents:</b> person not living with any members of his/her family. <b>Other family member:</b> person living with his/her family of two or more persons and who is not a parent in that family. <b>Parent in one-parent family:</b> person with sole custodial responsibility for one or more dependent children. <b>Parent in two-parent family:</b> person who shares responsibility with another person for dependent children.
48	<b>Eligible Family Size</b>	The number of persons related by blood, marriage or adoption, living in the household, whose income must be considered for programs that require income eligibility. A disabled person, including one with an Individual Education Plan (IEP), is counted as a family of one person for income eligibility purposes.
49	<b>Actual Family Size</b>	The actual number of persons related by blood, marriage or adoption living in a single residence. This is the maximum number of persons living in the household at any time during the income determination period (if there is one). A step-child or a step-parent is considered to be related by marriage. Also, one or more persons not living in the single residence but who were claimed as a dependent on the family's most recent federal income tax return is considered a member of the family.

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
50	<b>Annual Family Income</b>	Family income includes all income actually received by the member of the program participant's family during the income determination period, which is 6 months prior to the application for services. Only the income for the individuals included in the participant's family is considered when determining family income (for example, an adult child living outside of the home would not count towards the family's income).
51	<b>SSI Recipient</b>	Indicates whether or not the person is receiving benefits from a state plan approved under the Social Security Act, Title XVI (Supplemental Security Income).
52	<b>SSDI Recipient</b>	Indicates whether or not the person receives SSDI (Social Security Disability Insurance).
53	<b>TANF/MFIP Recipient</b>	Indicates whether or not the person has received cash assistance or other support services from the TANF (Temporary Assistance to Needy Families) or MFIP (Minnesota Family Investment Program) programs in the last six months prior to participation in the program to which they are being enrolled.
53a	<b>Exhausting TANF within 2 Years</b>	This field indicates whether or not the person, at program entry, is within 2 years of exhausting lifetime eligibility for TANF under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether the person is or is not receiving these benefits at program entry. NOTE: This could be YES, even if the person is not currently receiving TANF/MFIP.
54	<b>Food Support Recipient (SNAP)</b>	Indicates whether or not the person is currently receiving food support through the Supplemental Nutrition Assistance Program (SNAP).
55	<b>General Assistance Recipient</b>	Indicates whether or not the person is receiving General Assistance.
56	<b>Refugee Assistance Recipient</b>	Indicates whether or not the person is receiving Refugee Assistance under the Refugee Assistance Act of 1980.
57	<b>Individualized Education Plan (IEP)</b>	Students can have an IEP (non-504) <b>OR</b> students can be served under section 504 of the Rehab Act. Students cannot have an IEP (non-504) <u>and</u> a 504 - it is one or the other. A student with a 504 plan usually spends the entire school day in a general education classroom. And typically, students who need modifications would have an IEP, not a 504 plan.

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
58	<b>Displaced Homemaker</b>	An individual who: has been dependent on the income of another family member but is no longer supported by that income, and is unemployed or underemployed and is experiencing difficulty obtaining or upgrading employment. There is an alternative definition for the purposes of carrying out innovative statewide activities: Displaced Homemaker is an individual who is receiving public assistance and is within two years of exhausting lifetime eligibility under Part A of title IV of the Social Security Act.
59	<b>Receiving Medical Assistance</b>	Indicates if the person is receiving medical assistance.
60	<b>Self or Family Member Eligible for Free School Lunch in the Last 6 Months</b>	Indicates whether or not the person or a family member has been determined eligible to receive free lunch in the previous 6 months.
61	<b>Layoff Related to COVID-19</b>	Indicates whether or not the person's layoff was due to COVID-19.
62	<b>Layoff Related to Civil Unrest</b>	Indicates whether or not the person's layoff was due to civil unrest on or after May 2020.
63	<b>Disability Status</b>	Indicates whether person has a disability and if so, whether it is a barrier to employment.
63a	<b>Category of Disability</b>	The person's disability type.
63b	<b>Employment Work Setting</b>	For those persons who are working and indicated a disability, this field indicates the type of employment setting in which they work.
63c	<b>Benefit and Financial Services</b>	This field indicates whether the person has received benefit planning services, financial capability/asset development services, all of these services, or none of these services, when the person has identified a disability.



## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
63d	<b>Ticket to Work</b>	This field indicates whether a person with a disability status of yes is a ticket holder under the Ticket to Work program of the Social Security Administration. Ticket to Work is a free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits. The goals of the Ticket to Work Program are to: offer beneficiaries with disabilities expanded choices when seeking service and supports to enter, re-enter, and/or maintain employment; increase the financial independence and self-sufficiency of beneficiaries with disabilities; and reduce and, whenever possible, eliminate reliance on disability benefits.
64	<b>Homeless</b>	Indicates whether or not the person lacks a fixed, regular and adequate nighttime residence, or has a primary nighttime residence that is 1) a supervised publicly or privately operated shelter designed to provide a temporary living accommodation (including welfare hotels, congregate shelter, and transitional housing for the mentally ill); or 2) an institution that provides a temporary residence for individuals intended to be institutionalized; or 3) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. The term Homeless does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.
65	<b>Offender</b>	Indicates whether or not the person is an adult or juvenile who is or has been subject to any stage of the criminal justice process.
66	<b>WSA Barrier to Employment</b>	Indicates whether or not a person meets the criteria for a locally defined barrier to employment. Ramsey County does not have a locally defined barrier to employment at this time.
67	<b>Labor Force Status</b>	The person's employment status at the time of enrollment. 'Not in the Labor Force' is someone not actively seeking employment.
68	<b>Migrant Status</b>	The person's migrant status at the time of enrollment.

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
69	<b>UI Benefit Status</b>	<p>Indicates the person's Unemployment Insurance benefit status.</p> <p>Select <b>Claimant Not Referred by RESEA or WPRS</b> if: UI compensation has not ended and has not been exhausted, and claimant was <u>not referred</u> to service through the state's WPRS system or the RESEA program.</p> <p>Select <b>Claimant Referred by RESEA</b> if: UI compensation has not ended and has not been exhausted, and claimant <u>was</u> referred based on participation in the Reemployment Services and Eligibility Assessment (RESEA) program.</p> <p>Select <b>Claimant Referred by WPRS</b> if: UI compensation has not ended and has not been exhausted, and claimant <u>was</u> referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system.</p> <p>Select <b>Claimant Exempt from Work Search</b> if: UI compensation has not ended and has not been exhausted, and claimant is exempt from normal work search.</p> <p>Select <b>Exhaustee</b> if: Claimant has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights.</p> <p>Select <b>Neither Claimant Nor Exhaustee</b> if: Participant was neither a UC claimant nor an exhaustee.</p>
70	<b>Received Workforce Information Services</b>	<p>Indicates whether or not the individual received information about one or more of the following items: state and local labor market conditions, industries/occupations/characteristics of the workforce, area business identified skills needs, employer wage and benefit trends, short- and long-term industry and occupational projections, worker supply and demand, job vacancies survey results, local employment dynamics information such as workforce availability, business turnover rates, job creation, job destruction, new hire rates, worker residency, commuting patterns, or high growth and high demand industries.</p>
71	<b>Received Letter from WPRS (Workforce Profiling Reemp Serv)</b>	<p>Indicates whether or not the person is an Unemployment Insurance claimant who has been referred to workforce programs by Worker Profiling and Reemployment Services.</p>

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
72	<b>Received Rapid Response Services</b>	Indicates whether or not the person received state funded Rapid Response services after a permanent closure, mass layoff or natural disaster resulting in mass job dislocation. Rapid Response Services include but are not limited to: 1.) onsite Rapid Response staff contact with employers and employee representatives immediately after the state is notified of a current or projected permanent closure, mass layoff, or mass job dislocation due to a disaster; 2.) information about available employment and training services 3.) assistance in establishing an employee management committee; 4.) emergency assistance adapted to the particular closure, layoff or disaster; 5.) assistance to the local community in developing a coordinated response and obtaining access to state economic development assistance.
73	<b>Actual Separation Date</b>	The date on which the person ended employment at the job from which they are separated. This date would be the same as entered in #25a "Actual/Projected Separation Date". Unless the separation date changed <u>after</u> eligibility determination, then enter the new date in this field.
74	<b>Employer at Separation</b>	The employer from which the person was separated.
75	<b>Months Employed in Separated Occupation</b>	The total number of months the person worked in the occupation from which he/she is separated.
76	<b>Hourly Wage Of Separated Job</b>	The hourly wage, in dollars and cents, of the job from which the person is separated.
77	<b>Separated Job Title</b>	The type/name of the job from which the person was separated.
78	<b>Separated NAICS (Job Industry) Code</b>	The North American Industry Classification System (NAICS) code of the person's employer.
	<b>Certification Statement (listed above signature)</b>	I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for perjury.

## Workforce One (WF1) Adult/DW Enrollment Form Field Descriptions

Field #	Field Name	Description
79	<b>Wage Detail Consent Given</b>	Indicates whether or not the person has signed a Wage Detail consent form. If this field is set to yes, the person will be included in wage related reports such as the Participant Wage Information Report and the Candidates for Supplemental Wage Information Report. If this field is set to no, the person will be excluded from such reports, but will still be included in official federal and state performance measures.
80	<b>Enrollment Date</b>	The date on which the person enrolled into the program.
81	<b>Estimated End Date</b>	<p>The expected activity completion date. This date cannot be prior to the Start Date of the activity. A Tickler will be received on this date.</p> <p>The <b>Staff Assisted Assessment</b> activity's <b>Estimated End Date</b> should be a date <u>within 80 calendar days</u> of the activity start date. This will allow the possibility of deleting an enrollment, if no support services have been provided.</p> <p>Refer to the <b>WF1 User Guide-Applicaition &amp; Enrollment</b> for additional information on deleting an enrollment.</p>
82	<b>Level &lt;9,</b> <b>ERS</b> (English Reading Skills Level), <b>MS</b> (Math Skills Level)	<p>Level &lt;9: Indicates whether or not the person computes, solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to perform these tasks at a level necessary to function on the job, in the person's family, or in society.</p> <p>ERS: Indicates the person's english reading skills grade level. MS: Indicates the person's math skills grade level.</p> <p>All participants with less than an Associate Degree must complete a math and reading assessment before being enrolled in training. In addition, all participants must complete skills and interest assessments before being enrolled in training.</p> <p>Enter "87" if an assessment was not taken (participant couldn't or wouldn't take it) and their reading level is obviously below the 9.0 grade level.</p> <p>Enter "88" if an assessment wasn't taken because the participant has an Associate Degree or higher.</p> <p><b>***IMPORTANT: During the COVID-19 State of Emergency, assessment flexibility is allowed for the math and reading assessment requirements. DEED is allowing providers to waive the math and reading assessments in cases where it is difficult or impossible to test a participant virtually. This waiver is effective March 16, 2020 until the COVID-19 emergency is declared over. The rationale for waiving the assessments must be case noted.***</b></p>