# Workforce One

## Application & Enrollment User Guide Adult/Dislocated Worker (DW) October 2019



This training guide indicates the WF1 process that will be completed by the agency **Data Specialist** and/or the **Adult/DW Employment Counselor** 

Refer to the following policies for additional information

- Enrollment
- Internal Case File Monitoring

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## **PERSON SEARCH**

A **Person Search** must be completed on all participants by participant's **name** <u>and</u> then by social security number. Searching by both the name & then the SSN will hopefully prevent duplicate records from being entered in WF1.

NOTE: This guidance indicates the process to follow if the agency has a **Data Specialist**. If no **Data Specialist**, the **Employment Counselor** would complete all steps.

The assigned **Employment Counselor** will submit a <u>completed</u> **WF1 Adult & DW Enrollment Form** to the **agency Data Specialist** within 10 days of the **Employment Counselor** and the participant completing intake, and the **Employment Counselor** determining program eligibility. The **agency Data Specialist** will enter the enrollment in WF1 within 2 days of receiving the complete **WF1 Adult & DW Enrollment Form**.



## **ADD NEW PERSON**

The **Add New Person** will only be used when an existing record for the person is <u>not</u> found in WF1. If the participant already has an existing record in WF1, proceed to page 3.

The information highlighted below must be completed on the **WF1 Adult & DW Enrollment Form** that the **Employment Counselor** submits to the **Data Specialist**, as it is used to enter a record in WF1.

Person Add         SSN         *Last Name         Birth Date         *Address 1         Address 2         *City         *County	SSN Verified    *First Name  *State MN  *Zip  *Country United States	
Phone     Ext.     Phone       None S       None S       None S       None S	Type If other, please specify: elected v elected v elected v elected v	<ul> <li>The Data Specialist will create a WF1 record, or locate an existing record, by entering the required information.</li> <li>A record may not be completed in WF1 if the WF1 Adult &amp; DW Enrollment Form is missing information.</li> <li>The Data Specialist will request the missing items from the assigned Employment Courselor via email</li> </ul>
Primary E-mail Secondary E-mail MAXIS PMI Confirm MAXIS PMI MAXIS Case Confirm MAXIS Case		<b>NOTE:</b> A person's refusal or inability to show an item that verifies SSN cannot be used to deny service if the person is otherwise eligible to receive services. Contact the <b>MIS Unit</b> and they will create a proxy (fake) SSN for the participant's WF1 record.
*Veteran Status *Citizen/Right to Work Save Cancel	None Selected	

### **PERSON AT-A-GLANCE**

The panel below appears after adding a new person record or by clicking on the person's name, if a WF1 record already exists.

General	Person At-A-Glance	
Contact	Wizard O Oz Record ID 100000968 Birth Date 03/01/1974	
Tickler Demographics Work Preferences MN Works Resume Case Note Add Case Note Case Note Quick Case Note Search	Name and Mailing Address         Wizard O Oz         123 Castle Rd         Emerald City MN 55101         The geo-coding search was unable to verify this address. The address is not valid for Work Preferences or Talent Pool Search.         Phone       Ext. Phone Type TTY Video         651 555 6020       0 i	
Cases Program/New App Eligibility/Enrollment Activity	651-555-8789       Primary       No       No         651-555-8789       Cell       No       No         Birth Date       03/01/1974       Of all programs in WF1 for previous strategy of all programs in WF1 for previous strategy of the Program Status.	panel provides a list persons with an their Program and
TAA Plan Credential Reporting Collection	Record ID     100000950     Last 4 SSN     0114       Program     Status     Application     Enroll Date     Exit Date     Closed from App Date     Last     COFFR       Date     Image: Construction of the state of the stat	
Youth Performance	Adult Seq 1         Exited         05/01/2014         05/13/2014         10/01/2014         Ramsey Cty (15)	

## ADD NEW APPLICATION

A new **Application** is added in WF1 indicating the Program once an existing record is found or a new person record has been created.



## ELIGIBILITY

The **Eligibility** panel is completed in WF1 following the WF1 Application. The items below are required to determine if the participant is eligible for the selected Program.

Eligibility cannot be determined if the WF1 Adult & DW Enrollment Form is missing information.

In the event of missing information, the Program Status will be listed as 'Pending' and the **Data Specialist** will request the missing items from the assigned **Employment Counselor** via email.

Dislocated Worker Eligibility	
Wizard O Oz     Record       Birth Date 03/01/1974     2. Eligibility       Step:     1. Application	<b>Decision Date</b> = the <b>Date</b> the <b>Employment Counselor</b> determined the participant eligible for the program, as listed on the <b>WF1 Adult &amp; DW Enrollment Form</b>
Program Seq     1       Agency: Location     Ramsey County Workforce Solutions: North St. Paul       Entered by     Laurie J Doheny	NOTE: The Decision Date cannot be prior to the Application Date.
Application Date 07/01/2019	The Selective Service Number is required if Selective Service Registration* is listed as Registered
*Decision Date       Image: Constraint of the second	Basis for Eligibility** = Separated from Employment for most participants         **Other options that may be used when approved by Workforce Solutions' supervisor/manager:         • At Risk of Layoff-Incumbent Worker Training         • Displaced Homemaker         • Military Service
Save and Exit Wizard Cancel	<b>Click Next</b> , and the panel on the next page will appear

\*Federal 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. Select "N/A" if the person is a female or a male that is not required to register.

## **ELIGIBILITY** continued

The following information is required for the DW Program and must be completed on the **WF1 Adult & DW Enrollment Form.** 

In the event of missing information, the Program Status will be listed as 'Pending' and the **Data Specialist** will request the missing items from the assigned **Employment Counselor** via email.



## ENROLLMENT

Shown below is a sampling of items required for **Enrollment** into Adult or DW.

The Enrollment cannot be completed if the WF1 Adult & DW Enrollment Form is missing information.

In the event of missing information, the Program Status will be listed as 'Eligible, Not Enrolled' and the **Data Specialist** will request the missing items from the assigned **Employment Counselor** via email.

General	Adult Enrollment
Contact	Wizard O Oz     Record ID 100000968       Birth Date 03/01/1974     Control of the c
Demographics Work Preferences	Step:     1. Application     2. Eligibility     3. Enrollment
MN Works Resume	Agency: Location       Ramsey County Workforce Solutions: North St. Paul         Entered by       Laurie J Doheny       Last Updated by       Laurie J Doheny         Application Date       07/01/2019       Decision Date       07/07/2019
Add Case Note Case Note Quick Case Note Search	*Enrollment Date
Cases Program/New App	*Primary Staff Doheny, Laurie J SSN 810-03-0114 Information listed on the WF1 Adult & DW Enrollment Form, so the form must be complete
Activity TAA	*Last Name       Oz       *First Name       Wizard         *Birth Date       03/01/1974       Age 45       Enrollment Date* = Date the participant is officially enrolled in the Program, usually the date of Intake
Credential Reporting Collection	Address 2         *City       Emerald City       *State       MN       *This date cannot be prior to the Decision Date or         *County       Ramsey       *Country       United States       Application Date
Youth Performance Participation Hours Exit Follow-Up Case Assignment Service Model	Phone         Ext.         Phone Type         If other, please specify:         TTY Video           (651) 555-9878         Primary         Image: Cell Imag
EDS Add Document	*Ethnicity - Hispanic or Latino None Selected
Document Summary DHS-IX MAXIS Incoming Status Update	*Race         ☑ American Indian or Alaska Native       ☑ Asian         ☑ Black or African American       □ Did Not Self-Identify         ☑ Hawaiian Native/Pacific Islander       ☑ White

#### **ENROLLMENT** continued

The participant is officially **Enrolled** once the following Activities are opened:

- 1. Staff Assisted Assessment
- 2. Career Counseling
- 3. Individual Plan Development



The **Data Specialist** will notify the **Employment Counselor**, via email, that the enrollment is complete. Below is an example of a completed enrollment for **WIOA Adult**.

Activity Summary				
Wizard O Oz Record ID 100000968 Birth Date 03/01/1974				
* Hide Adult Seq 2 - Enro	lled			
Enrollment Date: 07/10/2019 Exit Date:				
Activity: Subtype: Work Exp Type	Funding Stream	Start Date/ End Date	Staff: Agency	Action
Indv Plan Dvpmt	Ramsey WDA-15 PY18 WIOA Adult Formula	07/10/2019 Open	Laurie J Doheny WF Solutions	Edit Delete Copy
Career Counseling	Ramsey WDA-15 PY18 WIOA Adult Formula	07/10/2019 Open	Laurie J Doheny WF Solutions	Edit Delete Copy
Staff Assist Assess	Ramsey WDA-15 PY18 WIOA Adult Formula	07/10/2019 Open	Laurie J Doheny WF Solutions	Edit Delete Copy

## **DELETE ENROLLED PROGRAM SEQUENCE**

Instead of having a negative termination, a WF1 Program Sequence that has been enrolled, may be deleted within 90 calendar days of the **Enrollment** date, by Workforce Solutions' MIS Unit, with Supervisor approval.

NOTE: Program Sequence <u>deletion is not allowed</u> if Support Services or Training funds have been provided to the participant.

Email the following information to your Supervisor and copy the MIS Unit:

- Participant First and Last Name
- WF1 Record ID Number
- Program Name to Delete

The MIS Unit will delete the Program Sequence and enter a Case Note regarding the deletion, once the Supervisor has approved the deletion in writing, via email.