# Workforce One Post-Exit/Follow-Up User Guide WIOA Youth October 2019



The Employment Counselor will attempt to contact the exited **WIOA** participant quarterly, for 4 quarters, to obtain information for **Post-Exit**. The information entered in WF1 is used for Performance purposes.

Follow-Up is not required, but it may be entered in WF1.

Refer to the following WFS policy for additional information:

• Exit

Post-Exit Information

Page 1

Follow-Up

Page 3

### **POST-EXIT INFORMATION**

Click Follow-Up on the left navigation menu to enter Post-Exit Information.

_									
	General								
	At-A-Glance	Follow-Up Summary							
	Contact	Glinda M Goodwitch Birth Date 06/22/1998			Record ID	0 100001419			
	Tickler	birtir Date 00/22/1990			PIAND Cu.	. 1001/1/0			
	Demographics		-						
	Work Preferences	* Hide MYP Seq 1 - Exite	d						
	MN Works Resume	No follow-ups found.							
	Case Note								
	Add Case Note	Add Follow-Up					Actio	<b>ns</b> are dependent on the exit	
	Case Note Quick						date:		
	Case Note Search	THide WIOA OSY Sea 1	V Hide WITOA OFY For 1 - Evited					Add will appear the 1st quarte	۰r
	Cases	Post-Exit Information for Performance				after Exit and will continue to			
	Program/New App						appear for each quarter at		
	Eligibility/Enrollment	Quarter	Reporting Status	Contact Date	Staff: Agency	Action	te  Edit will appear on	the correct time	
	Activity	1st Quarter		05/20/2019	Laurie J Doheny	Edit Delete		Edit will appear once Post Evit	
	TAA	04/01/2019 - 06/30/2019	A		WF Solutions			Eall will appear once Fost-Exil	
	Plan	2nd Quarter 07/01/2019 - 09/30/2019	Available now			Add		nio nas been entered	
	Credential	3rd Quarter	Available now			Add	•	Delete will appear for Users	
	Measurable Skills Gain	10/01/2019 - 12/31/2019						with the appropriate access	
	Reporting Collection	4th Quarter 01/01/2020 - 03/31/2020	Available after 01/01/2020						
	Youth Performance	5th Quarter	Available after 04/01/2020				Click	Add and the panel shown on	
	Participation Hours	04/01/2020 - 06/30/2020					the ne	ext page will appear	
	Exit								
Follow-Up Add Follow-Up NOTE: The 5 <sup>th</sup> Quart					: The <b>5<sup>th</sup> Quarter</b> is <u>not</u> required.				
	Case Assignment								_

### **POST-EXIT INFORMATION** continued:

The items with a red asterisk (\*) are required when entering **Post-Exit Information**.

The example below is for <u>2<sup>nd</sup> Quarter</u> **Post-Exit Information**.

WIOA Out-of-School Youth Post-Exit Information for Performance						
Glinda M Goodwitch Birth Date 06/22/1998		Record ID 100001419 MAXIS Case 10617170				
Program Seq     1       Agency: Location     Ramsey Col       Enrollment Date     02/14/2019	unty Workforce Solutions: North St. Paul					
Entered by Laurie J Dol Exit Date Post-Exit Quarter	03/01/2019 Second Quarter	Conta *The Co	ct Date – Enter the Date* of Contact ontact Date must between the Date Range listed			
Second Quarter Date Range *Contact Date Secondary Exit Reason Employed *Obtained Supplemental Wage Verification *Supplemental Verification Type *Hourly Wage *Hours per Week	07/01/2019 - 09/30/2019 None Selected Yes None Selected Yes	Obtair *If Yes i	<ul> <li>Obtained Supplemental Wage Verification – Select Yes* or No</li> <li>*If Yes is selected, then the following items will appear &amp; are required</li> <li>Supplemental Verification Type</li> <li>Hourly Wage</li> <li>Hours per Week</li> <li>Weeks Employed in Quarter</li> <li>Job is Training Related</li> </ul>			
*Weeks Employed in Quarter Quarterly Wages Occupational Code	Calculate Quarterly Wages - Clear O*NET code for new search. Search/Validate O*NET	2 <sup>nd</sup> Qu Case I conta	arter Placement – Select the appropriate item Note – Enter detail information about the Post-Exit ct with the participant			
*Job is Training Related *2nd Quarter Placement Enrolled in Post-Exit Education Date * Hide Case Note	None Selected	Click S OR Click S NOTE: 1 270 da	ave ave and Enter Credential to enter Credential info his button only appears if the participant's Exit Date is <u>within</u> ys of the day entering the Post-Exit Information			
This Case Note was listed in the F the Case Note Section of WF1. Spell Check	Post Exit for 2nd Quarter. This Case Note wi	ill be auto-added to				

### **FOLLOW-UP**

Click **Follow-Up** on the left navigation menu to enter **Follow-Up** information, if desired. **Follow-Up** is not required – optional only.

You may enter **Follow-Up** information more than once.

General	Fallow Un Curanany				
At-A-Glance	Follow-Up Summary				
Contact	Glinda M Goodwitch Birth Date 06/22/1998			Record ID	) $100001419$
Tickler		BIRIN Date 06/22/1998 MAXIS Case 1001/1/0			
Demographics					
Work Preferences	* Hide MYP Seq 1 - Exited				
MN Works Resume	No follow-ups found.	No follow-ups found.			
Case Note					
Add Case Note	Add Follow-Up				
Case Note Quick					
Case Note Search	Vide WIOA OEV Seg 1	- Evitad			
Cases	Hide WIOA 051 Seq 1	- Exited			
Program/New App	Post-Exit Information for Performance				
Eligibility/Enrollment	Quarter	Reporting Status	Contact Date	Staff: Agency	Action
Activity	1st Quarter		05/20/2019	Laurie J Doheny	Edit Delete
TAA	04/01/2019 - 06/30/2019			WF Solutions	
Plan	2nd Quarter 07/01/2019 - 09/30/2019	Available now			Add
Credential	3rd Quarter	Available now			Add
Measurable Skills Gain	10/01/2019 - 12/31/2019				
Reporting Collection	4th Quarter 01/01/2020 - 03/31/2020	Available after 01/01/2020			
Youth Performance	5th Quarter	Available after 04/01/2020			
Participation Hours	04/01/2020 - 06/30/2020				Clic
Exit					show
Follow-Up	Add Follow-Up				
Case Assignment					

#### FOLLOW-UP continued:

Click **Follow-Up** on the left navigation menu to enter **Follow-Up** information, if desired. **Follow-Up** is not required – optional only.

WIOA Out-of-School Youth Follow-Up						
Glinda M Goodwitch Birth Date 06/22/199	98	Record ID 100001419 MAXIS Case 10617170				
Program Seq Agency: Location Enrollment Date Entered by	1 Ramsey County Workforce Solutions: North St. Paul 02/14/2019 Laurie J Doheny 02/01/2010	Contact Date – Enter	the Date of Contact			
Contact Date       Follow-Up Interval       Contact Method       None Selected       Labor Force Status	None Selected V None Selected V	Follow-Up Interval – Select the appropriate item Options are: 30, 60, 90, 180, 275 or 365 days, and Other Contact Method – Select the appropriate item				
Comments Spell Check Add New Employer Hide Case Note		<ul> <li>Add New Employer - Enter the required info*</li> <li>*See the next page for details</li> <li>Case Note - Enter detail information about the Follow-Up contact with the participant</li> <li>Click Save OR Click Save and Enter Credential to enter Credential info, if needed</li> </ul>				
This Case Note was Note section of WF1 Spell Check	listed in the Follow-Up section. This Case Note will be au	uto-added to the Case				
Save and Enter Credential Cancel						

## FOLLOW-UP continued:

The items with a red asterisk (\*) are required when entering Add New Employer information under Follow-Up.

* Hide New Employer Information					
Delete Employer	Some of the following items may not be required, but should be entered if know:				
Worksite Empr Contact Empr E-mail	Empr Name = Company Name				
	NAICS - Click Search/Validate NAICS to look-up code				
Address 1 Address 2 City State MN V Zip	ONET - Click <u>Search/Validate O*NET</u> to look-up code				
County None Selected Country United States	Job Sector = appropriate item				
Phone     Ext.     Phone Type     If other, please specify:     TTY Video       None Selected     Image: Comparison of the specify in the specific spe	Job Duration = appropriate item				
Employer Industry (NAICS) Clear NAICS code for new search.	Job Start Date = Date job started				
Search/Validate NAICS	Hourly Wage = Wage				
Clear O*NET code for new search. Search/Validate O*NET	Hours per Week - Enter a number from 1 – 40				
Job Title	Benefit Package – Select appropriate item				
Job Sector     None Selected       Job Duration     None Selected       *Job Start Date     Image: Comparison of the selected of the s	<b>Case Note –</b> Enter detail information about the Follow-Up contact with the participant, if not already entered				
*Hours per Week Benefit Package None Selected	Click <mark>Save</mark> OR				
• Hide Case Note	Click Save and Enter Credential to enter Credential info, if needed				
Spell Check					
Save and Enter Credential Cancel					