

**Arkansas Employment Security Department
and
Arkansas Workforce Investment Board Issuance PY 04-20**

From: Artee Williams, AESD Director
Sandra Winston, AWIB Executive Director

Date: May 24, 2005

Subject: Revised Workforce Center Registration Form

1. **Purpose:** To issue the revised Workforce Center Registration Form.
2. **Background:** A draft revision to the paper version of the AJL registration form was released for comment April 27, 2005. Comments were due May 12, 2005.
3. **Information:** Attached is a summary of the comments received and the changes made as a result of the comments. Also attached is the revised form in three parts. The first attached form is the basic form for self-service use. The second attached form is the WIA supplement for use by WIA staff. The third attached form is the Authorization to Obtain Information.
4. **Action Required:** Use of these forms is mandatory for AESD and LWIA purposes when a paper registration form must be completed. If additional information is needed for program eligibility, an additional local form may be used, but there should be no local changes to or substitutions for the attached forms. Please remember that, whenever possible, registration should be accomplished by direct entry into AJL rather than through using a paper registration form.
5. **For Additional Information:** If you have questions please contact Jim Case (<mailto:jim.case@arkansas.gov>), Bert Pranter (<mailto:bert.pranter@aesd.arkansas.gov>), Steve Short (<mailto:steve.short@aesd.arkansas.gov>), Sandy Monaco (<mailto:sandy.monaco@aesd.arkansas.gov>), or Carlos Lewis (<mailto:carlos.lewis@aesd.arkansas.gov>).
6. **Attachments:**
 - a. Summary of Comments on Draft Workforce Center Registration Form
 - b. Workforce Center Registration
 - c. WIA Supplement
 - d. Authorization to Obtain Information
7. **Expiration:** Continuing

Name _____ Social Security Number _____ Date _____

*This section is for **staff use only** and is used to determine eligibility for various programs.*

30. Family Status:	<input type="checkbox"/> Not Reported	<input type="checkbox"/> Parent in a one-parent family	<input type="checkbox"/> Parent in a two-parent family
	<input type="checkbox"/> Other family member	<input type="checkbox"/> Head of Household	

31. Approved TAA petition number:	34. NEG Project ID 1:
32. Approved NAFTA petition number:	35. NEG Project ID 2:
33. Other Statewide 15% Program ID:	36. NEG Project ID 3:

37. **In what county are you seeking service?**

38. **Are you a PELL Grant recipient?** Yes No If yes, PELL Grant amount per semester: \$

39. **EES Client ID:** _____ **Other Agency Client ID:** _____ **Other Agency Client ID:** _____

40. Needs and Barriers

<input type="checkbox"/> Yes <input type="checkbox"/> No	Basic skills deficient	<input type="checkbox"/> English	<input type="checkbox"/> Math	<input type="checkbox"/> Both
<input type="checkbox"/> Yes <input type="checkbox"/> No	Limited English language proficiency			
<input type="checkbox"/> Yes <input type="checkbox"/> No	School dropout			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting teen			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Offender			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requiring additional assistance to complete an educational program			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requiring additional assistance to secure and hold employment			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning disability			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Poor work history			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance abuse			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Older worker			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child care			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth who is unemployed or underemployed at registration			
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF recipient	<input type="checkbox"/> Exhaustee		
	If yes, then provide number of months on TANF/TEA/AFDC cash assistance:			

41. Low Income

<input type="checkbox"/> Yes <input type="checkbox"/> No	Receives or is a member of a family that receives cash payments under a federal, state, or local income based public assistance program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received an income, or is a member of a family that received a total family income, for the six month period prior to application for the program involved that, in relation to family size, does not exceed the poverty line
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received an income, or is a member of a family that received a total family income, for the six month period prior to application for the program involved that, in relation to family size, does not exceed 70 percent of the lower living standard income level (LLSIL) for an equivalent period
<input type="checkbox"/> Yes <input type="checkbox"/> No	Member of a household that receives, or has been determined within the six month period prior to application for the program involved to be eligible to receive, food stamps
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless individual
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled and own income meets the income requirements of a participant who receives cash payments under federal, state, or local income based public assistance programs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled and own income is at the poverty line for a six month period prior to application for the program involved regardless of whether their family does not meet this income requirement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster child
<input type="checkbox"/> Yes <input type="checkbox"/> No	Former Foster Care Recipient
<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the five percent of youth participants served by youth programs in a local area who do not meet the income criterion for eligible youth

Summary of Comments on Draft Workforce Center Registration Form May 2005

- Four commenters requested that various eligibility items be added to the form. Because we did not include a revision to the WIA supplement page when we sent the basic form for comment, it was not clear that we still would have such a page. The requested items (family status, Food Stamps recipient, TEA recipient, Supplemental Security Income recipient, pregnant or parenting youth, PELL grant recipient), along with other eligibility items, are included on the WIA supplement page. We did not include one requested question, "Are you in default on a student loan?", as there is no place on the on-line form to answer that question. If there is a general need for that information, we suggest the WIA AJL users' group make a recommendation for system enhancement to include it.
- Two commenters requested that the type size be larger. We have increased the type size to 10 pt.
- One commenter requested that the SSN should be the first item on the page. We have made this change.
- One commenter requested that the items be numbered. We have made this change.
- One commenter requested that veteran information should be moved to the first page right after the question, "Have you served on active duty...", Another commenter suggested that both the unemployed and veteran information be on a separate page two, maintaining the four-page length of the registration form. We have moved the veteran questions to be immediately after the initial veteran question. The length of the form is addressed in a separate item below.
- Two commenters asked that the questions under "UNEMPLOYED" be more clearly labeled to relate to the primary question about employment status. We have reworded the title of the questions using the words NOT EMPLOYED to match the terminology used in the primary question and have added wording about layoff to clarify the intent of the questions.
- One commenter noted that while driver's license information is on the paper registration form it is not on the AJL screen. It is not on the main AJL registration form screens, but it can be added by going to the client's universal application page and clicking on resume on the blue control panel, then selecting Education.
- Two commenters asked that we add preferred salary, type employment desired (full/part time), preferred shift, types of jobs seeking. We have added minimum acceptable salary, whether seeking full or part time employment, and what shifts the individual is willing to work. While the registration form already included questions on whether the individual was looking for work in occupations like

those on his/her work history, we added space to include a job objective that is not on the work history.

- One commenter asked whether the space for the job description will develop the résumé. Yes, the descriptive wording entered for job duties will show up on the résumé in the same way it is entered in the job history section.
- One commenter asked that there be more space to write phone and fax numbers. We have increased the amount of space for phone, alternate phone, and fax numbers and e-mail address.
- One commenter asked that “mo/yr” be added after the To and From dates in the job history section. We have made the requested change, using the suggested abbreviations to be clear to individuals who may not be familiar with the “mm/yy” abbreviation commonly used in completing on-line forms.
- One commenter asked that “Other” be taken off the application or be made more specific. The choices listed are the only ones available in AJL, but we have included a short blank by “Other” to allow an individual to explain. Upon reading the explanation, if a staff member judges the response actually fits one of the other answers, the staff person can check that answer when s/he keys the registration form.
- One commenter said that “Hours Per Week” is not being completed by clients and asked if anything could be done with the form to improve that situation. We were not able to think of anything that would highlight it without emphasizing it beyond its importance in relation to the other items on the form.
- One commenter suggested putting an asterisk by each required item. We decided not to do that because all except three or four items are required, and we will be able to do a better job for our clients if we have all the requested information.
- One commenter suggested adding “Contact Information” in the work history section of the registration form. We have added a box for “Supervisor or Contact Person and Phone Number”.
- One commenter asked if the parent and case manager signatures are required on the Authorization to Obtain Information page. We have removed the case manager signature and have clarified that the parent signature is required only if the client is younger than 18.
- There were several written and oral comments about the length of the form. One thought it should remain at four pages, one thought it should be two pages but remain at the 8 ½” x 11” size, several thought it should be expanded to legal size but remain two pages, printed as a one page two-sided form. In order to include

all the changes, the minimum size paper to get the form on one two-sided page is legal, so we have created it as a legal-size form. Please be sure to load legal-size paper if you are printing it or copying it and to load the paper so as to end up with a one-page two-sided basic form. The WIA supplement and the Authorization to Obtain Information will remain separate pages. We are still researching whether we can change the Authorization to Obtain Information requirements and form.

- Several commenters stated that they liked the two-page (one page front and back) format and the readability of the form. Thank you again to the Western Arkansas Employment Development Agency and the Fort Smith local AESD office for the basic design and to all of you for the enhancements.

Authorization to Obtain Information

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and **initial the boxes by all that apply**:

- I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

- The Workforce Investment Act service provider may provide information regarding my participation in adult, youth or dislocated worker programs.
- The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.
- The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.
- The Department of Education and local school districts may provide records relating to my current and past education.
- The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.
- The Department of Higher Education and affiliated educational institutions may provide records relating to current and past education.
- Private and career training institutions may provide records relating to current and past training and education.
- My current and past employers may provide information related to my employment.

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

Customer Signature

Customer Name

Date

Parent/Guardian Signature
(If client is under age 18)

Parent/Guardian Name

Date