NEW YORK STATE OF OPPORTUNITY. | Department of Labor

Changes to OSOS Version 6.7.3

Pamela Miller & Katlin McKeever
May 19, 2017

Agenda

- Career Center Customer Registration Form
- Corresponding OSOS data entry
- Career Center Supplemental Questionnaire (ES102)
- Corresponding OSOS data entry
- Questions and Answers

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Today we will cover some of the changes you will see in OSOS version 6.7.3. We will go over the changes that were made to the Customer Registration form, and the fields in OSOS that coincide with these changes. We will also discuss the Supplemental Questionnaire, and how to record that information in OSOS. We will leave time at the end of the training for any questions.

The changes in version 6.7.3 of OSOS were made based on changes made under The Workforce Innovation and Opportunity Act, WIOA.

WIOA emphasizes the importance of working with customers who have barriers to employment. It is our responsibility to provide priority of service to both veterans and individuals who are determined and assessed as having barriers to employment. We make these assessments to determine if the customer is eligible for certain programs and services.

The Supplemental Questionnaire was developed to assist you with your customer assessment.

Both the Registration form, and the Supplemental Questionnaire, will assist you in assessing your customer, their needs, and potential barriers to employment. The fields and tabs in OSOS allow you to capture this information.

Accessing the Forms

NYS DOL Electronic Forms - By Division

Employment and Workforce Solutions (DEWS)

AL-830	Employer Provided Housing	Click to View
DEOD 834	Complaint Information Form	Click to View
DEOD 834H	Complaint Information Form (Haitian)	Click to View
DEOD 834S	Complaint Information Form (Spanish)	Click to View
ES 1	DEWS Office Locator	Click to View
ES 100	Customer Registration	Click to View
ES 100 HC	Customer Registration Form (Haitian - Creole)	Click to View
ES 100C	Customer Registration Form (Chinese)	Click to View
ES 100R	Customer Registration Form (Russian)	Click to View
ES 100S	Customer Registration - Spanish Version	Click to View
ES 101	UI Supplemental Registration	Click to View
ES 101s	UI Supplemental Registration (Spanish)	Click to View
ES 102	Career Center Supplemental Questionnaire: Additional Information & Program Eligibility	Click to View
ES 12.76	Instructions: Consumer Consent for Disclosure of Information for Employment Services	Click to View
ES 50	Military Service Questionnaire	Click to View

Next | Previous | First

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Both the Customer Registration Forms (ES 100 or ES 101) and the ES 102 Supplemental Questionnaire are available on the Intranet Forms page.

They are also available on the Internet page under Forms and Publications.

The forms can also be ordered for mass printing.

Customer Registration Form

Every Customer must be registered in OSOS. The information required on this form includes all of the information you will need to register your customer in the system.

Customer Registration Form

- Provided to each Career Center customer
- Used to collect basic customer information, assess needs, and potential barriers
- Customer fills out prior to visiting the career center or upon arrival

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The Customer Registration form is used to collect and record basic customer information that is needed for OSOS. The intention is that the customer would complete this form prior to meeting with a staff person. The customer registration form will help you assess your customer to determine what programs and services they are eligible for.

Information from the registration form that you will use to assess your customers includes their age, education, dislocated worker status, and trade information.

Career Center Customer Registration Form

Department of Labor AmericanJobCenter

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? _____ 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 # ___-__-____ OR NYID # _____

***Last Name** _____ ***First Name** _____ M.I. ____

***Date of Birth** ___/___/_____

New York State Driver License Number or NYS Non Driver License ID Number: ___ ___ ___ ___ ___ ___ ___ ___

Or other verification of Date of Birth using acceptable source document: _____ (See staff)

Gender: ☐ Male ☐ Female

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service? ☐ Yes ☐ No

***Street Address** _____ Apt. # _____

***City** _____ ***State** _____ ***Zip Code (+4 not required)** __ __ __ __ - __ __ __ __

Mailing Address (if different than above) _____

County _____

Home Phone: (____) ___-____ Cell Phone: (____) ___-____

E-Mail Address _____

How do you prefer to be contacted? ☐ E-Mail ☐ Cell Phone ☐ Mail (Postal) ☐ Home Phone

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

If yes, Alien registration number: _____

Ethnicity/Race

Note: The Ethnicity and Race questions 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: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (Check all that apply): ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Education

***Education (Circle or check highest level completed)** Grade: None 1 2 3 4 5 6 7 8 9 10 11 12

☐ HS Diploma ☐ HS Equivalency ☐ No Diploma ☐ IEP Diploma/Disabled with certification of attendance/completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.

College: 1 yr. 2 yr. 3 yr. 4 yr. plus If college, check all that apply:

☐ Some college ☐ Vocational Degree/Certificate ☐ Associate's Degree

☐ Bachelor's Degree ☐ Master's 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 No, how many weeks have you been out of work?** _____

If Yes, are you employed ☐ **Full time** ☐ **Part time** **How many hours do you work per week?** _____

Have you applied for Unemployment Insurance Benefits? ☐ Yes ☐ No If Yes, when did you apply? _____

Are you currently claiming Unemployment Insurance Benefits? ☐ Yes ☐ No

During this training, we are going to go through the new Customer Registration Form piece by piece. We will explain what has changed and how to correctly enter the information collected on this form in OSOS. If you are using a local registration form, you may need to modify your form to include the additional information that we are now collecting under WIOA.

NEW YORK STATE OF OPPORTUNITY. Department of Labor

AmericanJobCenter

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? _____ 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. ☐

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The first part of the Customer Registration Form asks the customer what their preferred language is. If the customer indicates that their primary language is one other than English, it is at this point that you would determine if the customer needs the assistance of an interpreter, and if so, contact the appropriate language access services.

I would also like to mention that this form is a vital document and is translated in seven different languages. If your customer speaks Spanish, Chinese, Haitian Creole, Italian, Korean, Polish, or Russian, you can provide them with the Customer Registration Form in their preferred language.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallce, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

<< < ms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests | Attachments | Primary Language > >>

Primary Language

CD06 ID	Create Admin	Creation Time
☑		

Primary Language

Language

Other Language

Language Assistance Needed

Translated Documents

Interpreter Information

Interpreter Name

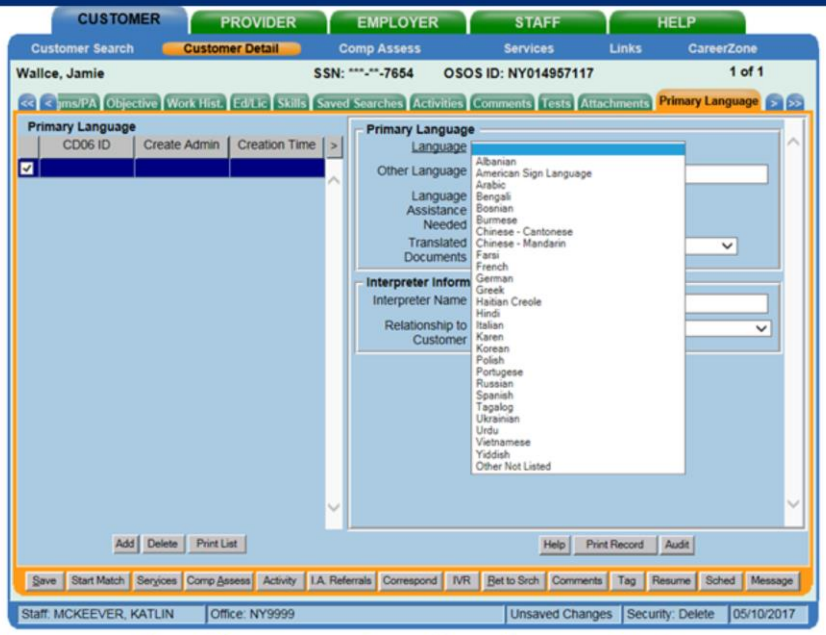
Relationship to Customer

Add | Delete | Print List | Help | Print Record | Audit

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

We record a customer's primary language, if it is a language other than English, in the Primary Language tab of OSOS located in the Customer Detail window. First, you would select, "Add" in the bottom portion of the screen and a check mark will appear in the upper left portion of the screen.



https://labor.ny.gov/workforcenypartners/osos/osos-guide-language-services.pdf

On the right side of the screen, you will use the drop down to select the customer's primary language. This is the section where you will also document if language assistance is needed, if an interpreter was used, and the interpreter's relationship to the customer.

We have included the link for the Language Services OSOS Guide at the bottom of the screen.

Customer Data

Social Security # ___ - __ - ____ OR NYID # _____

*Last Name _____ *First Name _____ M.I. _____

*Date of Birth ___ /___ /_____

New York State Driver License Number or NYS Non Driver License ID Number: ___ ___ ___ ___ ___ ___ ___ ___

Or other verification of Date of Birth using acceptable source document: _____ (See staff)

Gender: ☐ Male ☐ Female

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service? ☐ Yes ☐ No

*Street Address _____ Apt. # _____

*City _____ *State _____ *Zip Code (+4 not required) _____ - ____

Mailing Address (if different than above): _____

County _____

Home Phone: (___) ___ - ____ Cell Phone: (___) ___ - ____

E-Mail Address _____

How do you prefer to be contacted? ☐ E-Mail ☐ Cell Phone ☐ Mail (Postal) ☐ Home Phone

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

If yes, Alien registration number: _____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Ok, after the primary language has been completed, the next section of the Customer Registration Form is the Customer Data. This information is data entered in the General Info Tab in OSOS. If you are working with a UI customer, much of this information will already be in OSOS. New to this registration form is the section that asks for NYS Driver License Number, and Selective Service Registration.

NYS Driver's License ID # has now been added to the registration form for purposes of validating age and date of birth. For more information on validating date of birth, you can refer to the OSOS desk guide.

If your customer indicates that they are a female, selective service will not be an option to choose in OSOS. However, if the customer indicates that they are a male born after December 31, 1959, then selective service in OSOS will be a required field. I will discuss where Selective Service is entered when we discuss military status.

If the customer does not select male or female on the form, you can select, "Not Disclosed" in OSOS.

Ethnicity/Race

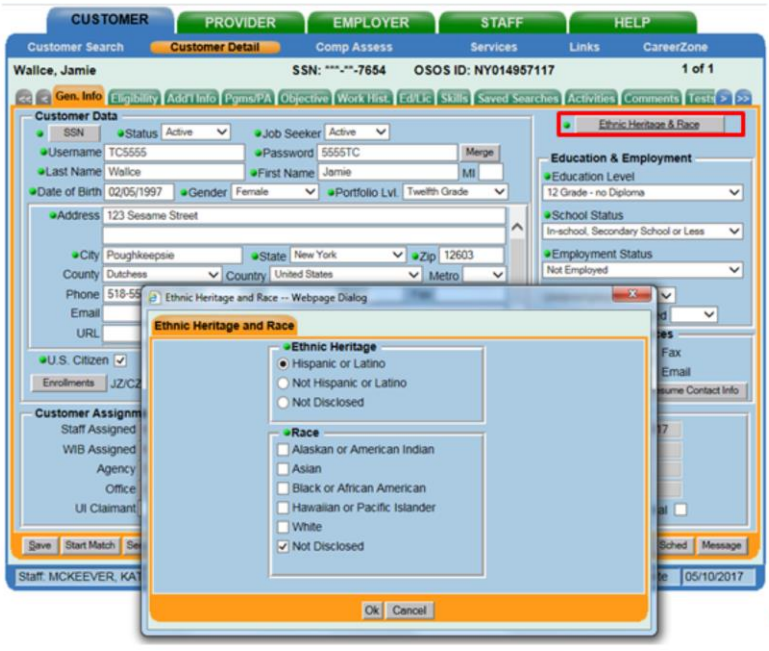
Note: The Ethnicity and Race questions are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (Check all that apply) ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next section of the Customer Registration Form deals with Ethnicity and Race. This is information that we have to ask for reporting purposes but the customer does not have to disclose. Please note that if you are using a local form, the language used in this question cannot be modified because it is a federal requirement.



Department of Labor

Race and Ethnicity need to be documented in the General Info Tab of OSOS on the right hand side of the screen. You are required to select an Ethnic Heritage as well as Race. If the customer does not provide you with this information, you can select "Not Disclosed."

In the past, if this information was not data entered, OSOS would default to the "Not Disclosed" option. Now staff must make a selection in order to save the record.

Education

***Education (Circle or check highest level completed)** Grade: None 1 2 3 4 5 6 7 8 9 10 11 12

☐ HS Diploma ☐ HS Equivalency ☐ No Diploma ☐ IEP Diploma/Disabled with certification of attendance/completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.

College: 1 yr. 2 yr. 3 yr. 4 yr. plus If college, check all that apply:

☐ Some college ☐ Vocational Degree/Certificate ☐ Associate's Degree

☐ Bachelor's Degree ☐ Master's 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**

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next section of the Customer Registration Form covers information about the customer's level of education. There is some very important information that is collected on this section of the form. First, if the customer indicates that they have an IEP Diploma, this should alert you to the fact that the customer has a disability and may require additional services and assistance. However, the customer does not have to disclose this information.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallce, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Customer Data

SSN | Status: Active | Job Seeker: Active

Username: TC5555 | Password: 5555TC | Merge

Last Name: Wallce | First Name: Jamie | MI

Date of Birth: 02/05/1997 | Gender: Female | Portfolio Lvl.: Twelfth Grade

Address: 123 Sesame Street

City: Poughkeepsie | State: New York | Zip: 12603

County: Dutchess | Country: United States | Metro

Phone: 518-555-5555 | Ext. | Alt | Ext. | Fax

Email

URL

U.S. Citizen ☑

Enrollments | JZ/CZ Manager ☐ | Add to Case Load

Ethnic Heritage & Race

Education & Employment

Education Level: 12 Grade - no Diploma

School Status: In-school, Secondary School or Less

Employment Status: Not Employed

Underemployed

Long Term Unemployed

Contact Preferences

☐ Use Postal ☐ Fax

☑ Pri. Phone ☐ Email

☐ Alt. Phone | Resume Contact Info

Customer Assignment

Staff Assigned: MILLER, PAMELA | Change

WIB Assigned: NYSDOL - CO

Agency: Department of Labor | Change Office

Office: OSOS/REOS Central Support Unit

UI Claimant | WIA Search Record

Registered: 04/21/2017

Origin: Staff

Profiled

Profiled Date

Internet Resume ☐ Confidential ☐

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

Education is also a required field that needs to be documented on the General Info Tab of the customer's record in OSOS. Use the drop down menu to select the customer's level of education as well as their school status.

It is also important to note that if a customer selects any type of college degree on the Customer Registration Form, then further information will also need to be data entered in the Education/Licensing Tab. This information is necessary for the Employability Profile and needs to be accurately data entered.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallce, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Customer Data

SSN | Status: Active | Job Seeker: Active

Username: TC5555 | Password: 5555TC | Merge

Last Name: Wallce | First Name: Jamie | MI

Date of Birth: 02/05/1997 | Gender: Female | Portfolio Lvl.: Twelfth Grade

Address: 123 Sesame Street

City: Poughkeepsie | State: New York | Zip: 12603

County: Dutchess | Country: United States | Metro

Phone: 518-555-5555 | Ext. | Alt | Ext. | Fax

Email

URL

U.S. Citizen ☑

Enrollments | JZ/CZ Manager ☐ | Add to Case Load

Ethnic Heritage & Race

Education & Employment

Education Level: 12 Grade - no Diploma

School Status

In-school, Secondary School or Less
In-school, Alternative School
In-school, Postsecondary School
Not Attending School or Secondary School Dropout
Not Attending School: Secondary School Graduate/Equivalent
Not Attending School: Within Compulsory Age

Long Term Unemployed

Contact Preferences

☐ Use Postal ☐ Fax
☑ Pri. Phone ☐ Email
☐ Alt. Phone | Resume Contact Info

Customer Assignment

Staff Assigned: MILLER, PAMELA | Change

WIB Assigned: NYSDOL - CO

Agency: Department of Labor | Change Office

Office: OSOS/REOS Central Support Unit

UI Claimant | Work Search Record

Registered: 04/21/2017

Origin: Staff

Profiled

Profiled Date

Internet Resume ☐ Confidential ☐

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

When using the drop down to select the Education Level, there are no changes to the data you enter other than the term GED has now been replaced with High School Equivalency.

When you are selecting a School Status, there is a new option that can be selected, “Not attending school within compulsory age.” This option would only be selected if you are working with a youth customer that is within the compulsory age. This option is only appropriate within the youth program.

Employment

*Are you currently employed? ☐ Yes ☐ No
If Yes, are you employed ☐ Full time ☐ Part time

If No, how many weeks have you been out of work? _____
How many hours do you work per week? _____

Have you applied for Unemployment Insurance Benefits? ☐ Yes ☐ No If Yes, when did you apply? _____
Are you currently claiming Unemployment Insurance Benefits? ☐ Yes ☐ No

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next section on the Customer Registration Form that we are going to cover is the Employment Section. In this portion of the form, we ask the customer if they have applied for Unemployment Insurance and if they are currently claiming Unemployment Insurance Benefits. Sometimes, a customer who is claiming benefits will come in to a Career Center before they receive their mandatory appointment letter or the customer may not have been called in for an appointment but may be claiming benefits. We do not expect staff to update UI information in OSOS. However, if a customer checks, “yes” for one of these questions, it is meant to indicate to staff to search the customer first as well as provide more information as to how to serve them.

There are also two new questions that were added to the form. “How many weeks have you been out of work and How many hours do you work per week?” The first new question we have outlined in red can be used to indicate if the customer is long term unemployed, meaning that they have been unemployed for greater than 26 weeks.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallace, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Customer Data

SSN | Status: Active | Job Seeker: Inactive

Username: TC5555 | Password: 5555TC | Merge

Last Name: Wallace | First Name: Jamie | MI

Date of Birth: 01/02/1980 | Gender: Male | Portfolio Lvl.: Twelfth Grade

Address: 123 Sesame Street

City: Poughkeepsie | State: New York | Zip: 12603

County: Dutchess | Country: United States | Metro

Phone: 518-555-5555 Ext. | Alt | Ext. | Fax

Email

URL

U.S. Citizen ☑

Enrollments | JZ/CZ Manager ☐ | Add to Case Load

Ethnic Heritage & Race

Education & Employment

Education Level: 12 Grade - no Diploma

School Status: In-school, Secondary School or Less

Employment Status: Not In Labor Force

Underemployed: No

Long Term Unemployed: No

Contact Preferences

☐ Use Postal ☐ Fax

☑ Pri. Phone ☐ Email

☐ Alt. Phone | Resume Contact Info

Customer Assignment

Staff Assigned: MILLER, PAMELA | Change

WIB Assigned: NYSDOL - CO

Agency: Department of Labor

Office: OSOS/REOS Central Support Unit | Change Office

UI Claimant | Workbench Record

Registered: 04/21/2017

Origin: Staff

Profiled

Profiled Date

Internet Resume ☐ Confidential ☐

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/22/2017

You will use the drop down to data enter Employment Status in OSOS. New to OSOS 6.7.3, is the option to select "Not in Labor Force." This means that the customer is not employed and is not looking for work. When selecting this option, the customer's Job Seeker status must be changed to "Inactive" in order to save the record.

Staff will also need to indicate by selecting Yes or No if the customer is underemployed or long term unemployed.

According to WIOA an individual is underemployed if they are working part time but desire full time employment, or they are working in employment not commensurate with the individual's demonstrated level of education and or skill achievement.

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?_____ Dates of Active Service: ____ / ____ / ____ through ____ / ____ / ____

***Are you an Eligible spouse of a veteran?** ☐ Yes ☐ No

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The Military section of this new Customer Registration Form has been condensed to only determine military status. If your customer indicates that they have served or are an Eligible Spouse of a veteran, this should trigger staff to use the Military Service Questionnaire (MSQ). This form can be found on the Intranet under Forms and is meant to be completed with the customer. Once the MSQ is completed, depending on eligibility, the customer may be referred for DVOP services.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallace, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Military Service

Service Veteran: Yes

Active Service Days Served

From Thru

Service Disability

Current Housing: Own Home

Current Housing (2)

Campaign Veteran

Transitioning Veteran

Other Eligible

Other Barriers to Employment?

Military Branch

Veteran Era

Customer List Participation

List Name

Assign To List | Remove

Selective Service

Selective Service?

Register/Lookup

Employment Preferences

Work Week

Duration

Salary

Pay Unit: Hourly

Date Available

Shift Preference

Work Any Shift Yes No

First Shift

Second Shift

Third Shift

Split Shift

Rotating Shift

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/22/2017

Military Service is data entered in the Additional Info Tab of OSOS. This is the same information that you are capturing in the current version of OSOS with the only difference being that Military Service is now located on the left hand side of the screen.

As we discussed earlier, if your customer is a male born after December 31, 1959, and indicates that they have registered for Selective Service, you would need to select the box for Selective Service. If the customer does not know their registration number, there is a button in OSOS that will link you to the site that you can look this information up. If your customer is a female, then the Selective Service box will not display in the Additional Info Tab.

Employment Preferences

Check your work preferences

Work Week:
- ☐ Full time (30 hrs. per week or more)
- ☐ Part time (Less than 30 hrs. per week)
- ☐ Any

Duration: (length of employment)
- ☐ Regular (More than 150 days)
- ☐ Temporary (3 days or fewer)
- ☐ Regular or Temporary (4-150 days)

Minimum acceptable wage required: $__ __ __ __ __ __ . __ __ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year ☐ Other

Date you are available for work: ___ ___ / ___ ___ / ___ ___

Which shift(s) are you willing to work? Check all that apply.

☐ First (Shift that begins in the morning) ☐ Second (Shift that begins in the afternoon/early evening)

☐ Third (Shift that begins at night) ☐ Split ☐ Rotating ☐ Any

***Are you a Migrant or Seasonal Farm Worker?** (for definitions please see staff or Supplemental Questionnaire) ☐Yes ☐No

Acceptable Job Locations

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

10 25 50 100 miles of zip code ___ ___ ___ ___ ___ **County** _____ **State** _____

(circle the number of miles and write the zip code)

Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 1/2 hours by public transportation.

Employment Objective

***Employment Objective/Type of work seeking: Job Title** _____

Job Title _____

***List most recent occupation(s)/job(s)** **Job Title** **Experience in this Job**

_____ **Years** ____ **Months** ____

_____ **Years** ____ **Months** ____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next section covered on the Customer Registration Form are the customers' Employment Preferences. There has been no change to how this information will be data entered in OSOS with the exception of the Migrant Seasonal Farmworker. The MSFW question has been condensed from the old version of the Customer Registration Form because more in depth information will now be collected on the Supplemental Questionnaire. We will discuss the MSFW piece in further detail when we talk about the Supplemental Questionnaire.

The only other change to this portion of the form is under the Employment Objective. As you can see in the red box, we have added an extra line for Job Title. This allows the customer to indicate a second job title that they are interested in.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallce, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Income Info

- Lower Living Standard: Yes
- Income 70% LLSIL: Yes
- Local Priority:
- High Poverty Area: Yes

Disability Info

- Disability Status: Disabled
- Disability Category
  - [ ] Hearing
  - [ ] Vision
  - [ ] Mental
  - [ ] Mobility
  - [ ] Cognitive/I/DD
  - [x] Learning
  - [ ] Chronic Health
  - [ ] Not Disclosed

Financial Capability - has a receipt and has received:

- [ ] Benefit Planning Services
- [ ] Financial Capability/Asset Development Services

Migrant Info

- Migrant / Seasonal Worker: ○ Yes ◉ No

Programs

HVRP - Homeless Veterans Reintegration Program

HVRP Grantee Svc Provider

INAP - Indian and Native American Programs

BearTracks Software Version

Tribal Code Lookup

Tribal Affiliation

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

One of the bigger changes that you will see in OSOS 6.7.3 is that there is a new tab in the Customer Detail Window called the Eligibility Tab. Migrant Seasonal Farm Worker will now be data entered in the Eligibility Tab. Also collected in this tab will be Income Information, Disability Information, HVRP (Homeless Veterans Reintegration Program), and INAP (Indian and Native American Programs) Program Information.

I am not going to go through this tab in its entirety right now because Katlin will discuss the Eligibility Tab in detail when she goes through the Supplemental Questionnaire.

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** _____ ***Employer** _____

***Address** _____

*** City** _____ ***State** _____ ***Country** (if not USA) _____

***Start Date (mo./yr.)** _____ / _____ *** End Date (mo./yr.)** _____ / _____

Supervisor _____ Phone Number (__ __ __)__ __ __ - __ __ __ __

***Wage $** _____ per hr / day / wk / mo / yr/ other ***Reason for Leaving** _____

***Job Duties** _____

_____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next section of the Customer Registration Form is the Work History. Many times customers can not remember all of the details of their prior positions. We would ask that the customer complete as much information as they can in this section. Much of the information collected in this section is the same as the information that the old form asked.

I wanted to note that for the start and end dates, for data entry, we now need to collect the month, day, and year for both of these fields. This is not represented on the form but I will show you when we look at OSOS. We do anticipate that this field will be changed on the form. If the customer is unsure of the exact start and end dates for their work history, we would ask them to give us their best approximation.

The other information that is captured in this section is “Reason for Leaving.” Staff should be aware that depending on the answer that the customer provides, further more clarifying questions may need to be asked. The customer’s answer will be used to assess Dislocated Worker Status and it may also help determine if the customer is long term unemployed.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallce, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Detail

Job Title: Mechanic | O*Net Titles | O*Net Code

Employer: ABC Company | Include online ☑ | Start Date: 02/05/2014 | End Date: 02/21/2017

Address: 123 Tool Street | Supervisor | Phone | Ext.

Wage: $ 50000.00 Yearly | Hours/week: 40

City: Poughkeepsie | Reason for Leaving

State: New York | Zip | Job Duties

Country: United States

Job Type: Full Time | RR Event # | Event

NAICS | NAICS Lookup | Individual w/Disability

Job	Company	City	Start	End
Mechanic	ABC Company	Poughkeepsie	02/05/2014	02/21/2017

New Job Entry | Delete Selection

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

As I stated a few minutes ago, the system now requires an exact month, day, and year be entered for the start and end dates of each work history. This is illustrated in the red highlighted box on the screen. Please be sure to ask the customer for the full date. If the customer doesn't remember the exact dates, we will need to ask them for their best approximation.

If the customer is determined to be a Dislocated Worker which we will discuss on the next slide, then the end date would also be their Date of Dislocation.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallce, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Detail

Job Title: Mechanic | O*Net Titles | O*Net Code

Employer: ABC Company | Include online ☑ | Start Date: 02/05/2014 | End Date: 02/21/2017

Address: 123 Tool Street | Supervisor | Phone | Ext.

Wage: $ 50000.00 Yearly | Hours/week: 40

City: Poughkeepsie | Reason for Leaving

State: New York | Zip | Job Duties

Country: United States

Job Type: Full Time

NAICS

Category 1-DW/
Category 2-DW/ mass layoff or closure
Category 3-DW/ self-employed
Category 4-DW/ displaced homemaker
Category 5-DW/ Dislocated due to foreign trade
Category 6-DW/ Spouse of a member of the Armed Forces
Fired
Lack of work
Medical/Health
Quit
Retired
Still employed
Strike
Other
WTC Disaster

Event | Disability

Job	Company	City	Start	End
Mechanic	ABC Company	Poughkeepsie	02/05/2014	02/21/2017

New Job Entry | Delete Selection

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

Reason for Leaving is a key field for documenting and determining Dislocated Worker status. There are six categories for Dislocated Workers. For consistency, we have labeled all categories with the prefix "DW." Under WIOA there is now a new category, "Category 6 – DW Spouse of a member of the Armed Forces. We will go into more detail on this category when we discuss the Supplemental Questionnaire.

Dislocated Worker Categories

1. Category 1 - DW
2. Category 2 - DW Mass layoff or closure
3. Category 3 - DW Self-Employed
4. Category 4 – DW Displaced homemaker
5. Category 5 – DW Dislocated due to foreign trade
6. Category 6 – DW Spouse of a member of the Armed Forces

https://www.labor.ny.gov/workforcenypartners/PDFs/wioa-dislocated-worker-definition.pdf

NEW YORK STATE OF OPPORTUNITY. Department of Labor

As we discussed on the previous screen, there are now six Dislocated Worker Categories. You can access the specific definitions for these categories on the Internet at the link on the bottom of the page.

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 # _____

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

New York State of Opportunity. Department of Labor

New to this Customer Registration Form is a Trade Adjustment Assistance question. The purpose of this question is to try and capture Trade Affected customers earlier on.

If your customer indicates that they are TAA eligible or were separated due to foreign trade, this should serve as a trigger for you to reach out to the TAA Coordinator in your area and make that connection for your customer.

Driver's License

Do you have a driver's license? ☐ Yes ☐ No Issuing State _____

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 ☐ Motorcycle ☐ School Bus ☐ Doubles/Triples ☐ Tank Hazard ☐ Air Brakes

Do you need public transportation to get to a job? ☐ Yes ☐ No

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

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next section of the Customer Registration Form is the Driver's License Information. None of this information has changed from the older version of the registration form. However, information collected on this portion of the form can be used for job matching purposes.

Certificates/Licenses

Do you have an occupational certificate or license? ☐ Yes ☐ No

***Certificate/License** _____ ***Issuing Organization or Locality** _____

Issue Date: (mo./yr.) _____ / _____ State _____ ***Country** _____

Additional Certificate or License:

***Certificate/License** _____ ***Issuing Organization or Locality** _____

Issue Date: (mo./yr.) _____ / _____ State _____ ***Country** _____

Schools

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

***Course of Study** _____ ***Degree** _____ Date Completed (mo./yr.) _____ / _____

***Issuing Institution** _____ ***State** _____ ***Country** _____

***Course of Study** _____ ***Degree** _____ Date Completed (mo./yr.) _____ / _____

***Issuing Institution** _____ ***State** _____ ***Country** _____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The following section on the Customer Registration Form is the Certificates/Licenses. Nothing has changed on this form from the information that was collected on the old Customer Registration Form. There is no difference in how this information is data entered in OSOS either.

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.

_____ _____ _____

_____ _____ _____

_____ _____ _____

List qualities or accomplishments related to your employment goal: _____

_____

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

_____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The last section of the Customer Registration Form is Job Skills and Qualifications. It is important to encourage your customers to provide you with as many skills as they have. The more information we can collect will help to build a better resume in JobZone.

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | CareerZone

Wallace, Jamie SSN: ***-**-7654 OSOS ID: NY014957117 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Additional Skills Text

Certified Nurses aid, CPR Certified. Passion for helping others. Motivating & comforting to patients. Assist with personal care & hygiene, Provide assistance with meals, Ensure residential rooms maintain, Manage routine cleaner for coroner, Comply with OSHA and HIPPA, Able to pass physical and TB tests, Excellent attendance record, Follow direction of nurses, Work with minimal supervision

Honors & Activities

Qualifications

Qualification	Description
Nurse	Reliable, caring certified nursing assistant with over two years experi

Add Qualification | Edit Qualification | Delete Selection

Awards

Award Name	Description

Add Award | Edit Award | Delete Selection

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/10/2017

Entering skills and qualifications in OSOS are done in the Skills Tab. The method for this data entry has not changed in OSOS 6.7.3. However, as you can see on this slide, we encourage you to enter as much information in the skills section as you can so that you have a robust set of skills relating to the position the customer is looking to obtain.

Supplemental Questionnaire

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Now we will go over the Supplemental Questionnaire, and how to record the information we capture from this form into OSOS.

Supplemental Questionnaire

- Provided to each Career Center customer
- Assesses customers eligibility for additional services and programs
- Captures information that is valuable for performance
- Should be completed together with the customer

NEW YORK STATE OF OPPORTUNITY. Department of Labor

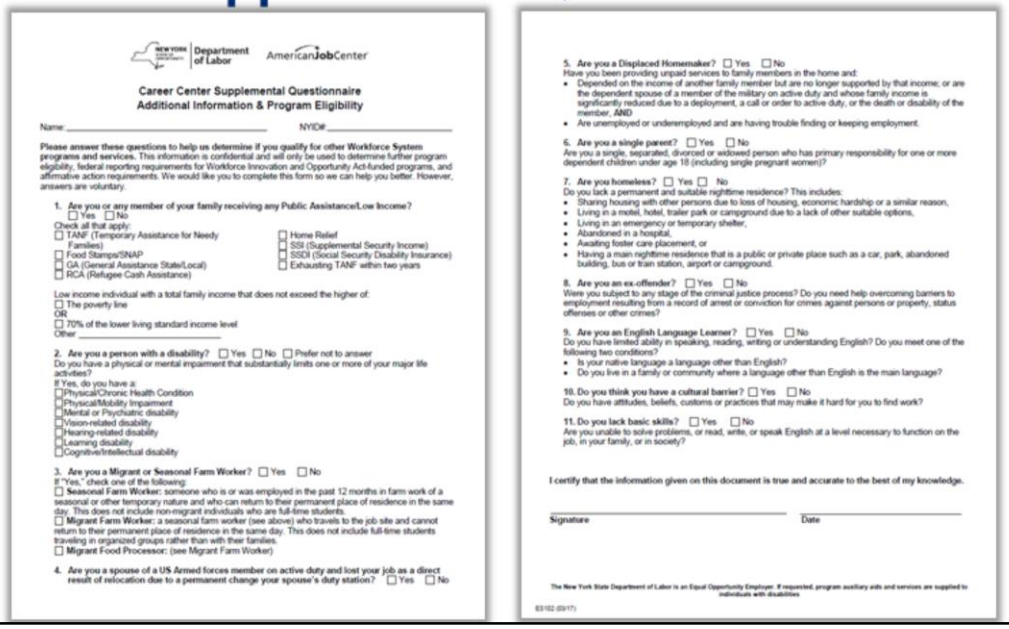
- The supplemental questionnaire should be provided in conjunction with the Customer Registration form, whether your office uses the ES 100, 101 or a local version of the registration form. All of our customers must have the opportunity to fill out the Supplemental Questionnaire.

- The questionnaire is used to assess your customers eligibility for additional workforce system programs and services.

- An added benefit to gathering the information asked on the supplemental questionnaire is that the population that you are serving is being appropriately documented. Capturing customer's with barriers to employment is crucial when the local areas negotiate their performance goals. If your area is serving the hardest population(s) to serve it can affect the performance goals set for that area.

- This form should not be something that you hand off to your customer to fill out on their own. The definitions used on the form are taken from the WIOA regulations, and can be very confusing. We want you to assist your customer in filling out the questionnaire, just like you currently do with the veteran's MSQ. Filling out the form together will not only assist the customer, but will help you in your assessment. It might become clear to you that this customer does have barriers to employment, and will be eligible for additional services.

Supplemental Questionnaire



Department of Labor AmericanJobCenter

Career Center Supplemental Questionnaire
Additional Information & Program Eligibility

Name: _____ NYID#: _____

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)
☐ Food Stamps/SNAP
☐ GA (General Assistance State/Local)
☐ RCA (Refugee Cash Assistance)
☐ Home Relief
☐ SSI (Supplemental Security Income)
☐ SSDI (Social Security Disability Insurance)
☐ Exhausting TANF within two years

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 _____

2. **Are you a person with a disability?** ☐ Yes ☐ No ☐ Prefer not to answer
Do you have a physical or mental impairment that substantially limits one or more of your major life activities?
If Yes, do you have a:
☐ Physical/Chronic Health Condition
☐ Physical/Mobility Impairment
☐ 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 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, or
- 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. **Are you an ex-offender?** ☐ 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. **Do you think you have a cultural barrier?** ☐ Yes ☐ No
Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

11. **Do you lack basic skills?** ☐ Yes ☐ No
Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the 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**

The New York State Department of Labor is an Equal Opportunity Employer. If requested, program auxiliary aids and services are supplied to individuals with disabilities

83102 (03/17)

The information collected is confidential and the form is used to determine program eligibility, for federal reporting purposes, and affirmative action requirements.

This form is voluntary, however, we want you to strongly encourage each of your customers to complete the form so we can assist those individuals who are eligible for additional services and programs.

The supplemental questionnaire asks 11 questions to assess the customer's eligibility for additional programs and services-I'll go through each question and identify where the information that's provided on the form needs to be documented in OSOS.

Question 1

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)
- ☐ Food Stamps/SNAP
- ☐ GA (General Assistance State/Local)
- ☐ RCA (Refugee Cash Assistance)
- ☐ Home Relief
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)
- ☐ Exhausting TANF within two years

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 _____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Question 1- is concerning Public Assistance and Low income.

The question asks the customer if they are a member, or any member of their family is receiving any Public Assistance/Low Income. This includes all of the public assistance listed under question one, TANF, Food Stamps SSI etc.

If the customer indicates yes, they should also check the boxes of the assistance they are receiving. You will record this information in the Programs and Public Assistance tab in OSOS.

Question 1-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

KING, ARNOLD J. SSN: OSOS ID: NY010002706 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

View/Edit History

Current Public Assistance	Reg Date	Term Date
TANF		
TANF Exhausting within 2 Years		
TANF Exhaustee		
GA - General Assistance (State/Local)		
RCA - Refugee Cash Assistance		
SSI - Supplemental Security Income Title XVI		
SNAP / Food Stamps		
SSDI - Social Security Disability Insurance		
Russell Nat'l School Lunch Act		
Foster Child Payments		
TWEP - Tribal Work Experience Program		
USDA Commodity Program		
Medicaid		
Home Relief		

Current Programs		
WIOA Participation Period		
Wagner-Peyser		
WIOA - Adult		
WIOA - Older Youth		

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Security: Delete | 05/09/2017

The look of the Programs and Public Assistance tab has significantly changed. In the current version of OSOS the Programs are listed on the left hand side and the Assistance on the right. In version 6.7.3 of OSOS the Public assistance is listed on the top half of the tab.

To record this information, you will check the box next to the Public Assistance indicated on the questionnaire and then enter the Registration date, which is the date the customer started receiving these benefits. The Registration date is a required field and the record will not save without this information. At this time you will have to ask the customer what this date is, as there is not a space for this information on the questionnaire. We will be adding a space for the customer to record this date on the Supplemental Questionnaire. This date can be an approximation.

Question 1

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)
- ☐ Food Stamps/SNAP
- ☐ GA (General Assistance State/Local)
- ☐ RCA (Refugee Cash Assistance)
- ☐ Home Relief
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)
- ☐ Exhausting TANF within two years

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 _____

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The second part of question 1 asks about Low income.

"Are you a 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"

WIOA defines the term "low income individual" as one who qualifies under various criteria, including an individual who received income for the six-month period prior to application for the program involved that does not exceed the higher of the poverty line or 70% of the Lowing Living Standard Income Level.

All staff should use current Poverty Income and LLSIL (Lower Living Standard Income Level) guidelines to determine income eligibility for WIOA services. Current tables can be found on the NYSDOL website.

Most of your customers will not know if they meet these guidelines so it is a best practice that you print out and have the chart on your desk so you and your customer can easily determine if they meet the low income guidelines.

Information for LLSIL & Poverty Guidelines

Secure | https://labor.ny.gov/workforcenypartners/tools.shtm

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Department of Labor

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Home > Workforce Professionals > Programs & Tools

- Programs and Tools
- Funding Opportunities
- New York State Career Centers
- Policy Directives
- Staff Professional Development
- USDOL Documents
- Workforce Innovation and Opportunity Act
- Workforce Planning

Programs & Tools

- 599
- Agricultural Workers
- Disability Employment Initiative
- Dislocated Workers
- Displaced Homemaker Program
- Employment Services Complaint System
- ETPL
- H-1B Advanced Manufacturing
- Income Eligibility Guidelines
  - LLSIL Guidelines 2016 - County
  - LLSIL Guidelines 2016 - LWA
  - Poverty Guidelines 2017
- InterviewStream
- Language Access
- NYESS/Ticket to Work
- NWRC
- OJT
- JobZone, NYESS/OSOS & REOS
- Rapid Response
- Record Retention Schedule
- Re-employment Orientation
- UI
- Self-Employment Assistance Program (SEAP)
- Special Populations
- TAA
- UI-ES Connectivity
- Veterans
- Workshop Toolkits
- Youth

The information on the income eligibility guidelines are located on the Programs and Tools section of our website. Use the : LLSIL guidelines- based on county, and local area.

NOTE METRO DEFINITION CHANGES
(As of Feb. 2013)
See footnotes.

70% OF THE LOWER LIVING OR POVERTY INCOME GUIDELINES FOR 2016 COUNTIES

FAMILY SIZE	70% OF THE LOWER LIVING STANDARD INCOME LEVEL, 2016			POVERTY LEVEL, 2016	HIGHEST OF 70% OF THE LOWER LIVING OR POVERTY INCOME GUIDELINES, 2016		
	Non-Metro Areas \1_	Upstate Metro Areas \2	NY City Area \3_		Non-Metro Areas \1_	Upstate Metropolitan Areas \2	NY City Area \3_
1	$10,542	$10,629	$11,344	$11,880	$11,880	$11,880	$11,880
2	17,281	17,421	18,593	16,020	17,281	17,421	18,593
3	23,723	23,909	25,520	20,160	23,723	23,909	25,520
4	29,279	29,514	31,506	24,300	29,279	29,514	31,506
5	34,555	34,833	37,177	28,440	34,555	34,833	37,177
6	40,404	40,733	43,485	32,580	40,404	40,733	43,485
7	46,253	46,633	49,793	36,730	46,253	46,633	49,793
8	52,102	52,533	56,101	40,890	52,102	52,533	56,101
9	57,951	58,433	62,409	45,050	57,951	58,433	62,409
10	63,800	64,333	68,717	49,210	63,800	64,333	68,717
11	69,649	70,233	75,025	53,370	69,649	70,233	75,025
12	75,498	76,133	81,333	57,530	75,498	76,133	81,333
13	81,347	82,033	87,641	61,690	81,347	82,033	87,641
14	87,196	87,933	93,949	65,850	87,196	87,933	93,949
15	93,045	93,833	100,257	70,010	93,045	93,833	100,257
16	98,894	99,733	106,565	74,170	98,894	99,733	106,565
17	104,743	105,633	112,873	78,330	104,743	105,633	112,873
18	110,592	111,533	119,181	82,490	110,592	111,533	119,181
19	116,441	117,433	125,489	86,650	116,441	117,433	125,489
20	122,290	123,333	131,797	90,810	122,290	123,333	131,797

\1_ Counties outside metropolitan areas. Counties of Allegany, Cattaraugus, Cayuga, Chautauqua, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Lewis, Montgomery, Otsego, St. Lawrence, Schuyler, Seneca, Steuben, Sullivan, and Wyoming.
\2_ Counties in Metropolitan Statistical Areas, except the NYC Area. Counties of Albany, Broome, Chemung, Erie, Jefferson, Herkimer, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, and Yates.
\3_ Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester Counties, and the City of New York (Bronx, Kings, New York, Queens, and Richmond Counties).
SOURCE: Federal Register, under Employment and Training Administration, Notices, 3/25/2016, Volume 81, No. 58, pp. 162017 -16221.

Use this chart to determine if your customer meets either the 70% of the Lower Living Standard Income Level or the poverty level. This chart provides information based on counties. Use the definitions listed on the bottom of the chart to determine the area your customer is located. Determine the customer's family size and if the customer meets the 70% of the Lower Living Standard income level- which is the information listed on the left hand side of the chart.

Use the Poverty level data-in the middle of the chart based on family size to determine if your customer meets the lower living standard criteria.

NOTE METRO DEFINITION CHANGES
(As of Feb. 2013)
See footnotes.

70% OF THE LOWER LIVING OR POVERTY INCOME GUIDELINES FOR 2016 LOCAL WORKFORCE INVESTMENT AREAS

FAMILY SIZE	70% OF THE LOWER LIVING STANDARD INCOME LEVEL, 2016			POVERTY LEVEL, 2016	HIGHEST OF 70% OF THE LOWER LIVING OR POVERTY INCOME GUIDELINES, 2016		
	Non-Metro Areas \1_	Upstate Metro Areas \2_	NY City Area \3_		Non-Metro Areas \1_	Upstate Metropolitan Areas \2	NY City Area \3_
1	$10,542	$10,629	$11,344	$11,880	$11,880	$11,880	$11,880
2	17,281	17,421	18,593	16,020	17,281	17,421	18,593
3	23,723	23,909	25,520	20,160	23,723	23,909	25,520
4	29,279	29,514	31,506	24,300	29,279	29,514	31,506
5	34,555	34,833	37,177	28,440	34,555	34,833	37,177
6	40,404	40,733	43,485	32,580	40,404	40,733	43,485
7	46,253	46,633	49,793	36,730	46,253	46,633	49,793
8	52,102	52,533	56,101	40,890	52,102	52,533	56,101
9	57,951	58,433	62,409	45,050	57,951	58,433	62,409
10	63,800	64,333	68,717	49,210	63,800	64,333	68,717
11	69,649	70,233	75,025	53,370	69,649	70,233	75,025
12	75,498	76,133	81,333	57,530	75,498	76,133	81,333
13	81,347	82,033	87,641	61,690	81,347	82,033	87,641
14	87,196	87,933	93,949	65,850	87,196	87,933	93,949
15	93,045	93,833	100,257	70,010	93,045	93,833	100,257
16	98,894	99,733	106,565	74,170	98,894	99,733	106,565
17	104,743	105,633	112,873	78,330	104,743	105,633	112,873
18	110,592	111,533	119,181	82,490	110,592	111,533	119,181
19	116,441	117,433	125,489	86,650	116,441	117,433	125,489
20	122,290	123,333	131,797	90,810	122,290	123,333	131,797

NOTE: For WIA eligibility purposes, LWIAs with counties in both (upstate) metropolitan and non-metropolitan areas should use the metropolitan area income levels, which are higher.

\1_ LWIAs with no metropolitan counties: Allegany/Cattaraugus, Cayuga/Cortland, Chautauqua Co., Chenango/ Delaware/Otsego, Clinton/Essex/Franklin/Hamilton, Columbia/Greene, St. Lawrence Co. and Sullivan Co.

\2_ LWIAs with at least one county in an upstate metropolitan area: Albany/Rensselaer/Schenectady, Broome/Tioga, Buffalo/Erie/Cheekt./Tonaw.,Chemung/Schuyler/Steuben, Fulton/Montgomery/Schoharie, Genesee/Livingston/Orleans/Wyoming, Herkimer/Madison/Oneida, Jefferson/Lewis, Monroe Co., Niagara Co., Oswego Co., Ontario/Seneca/Wayne/Yates, Syracuse/Onondaga, Saratoga/Warren/Washington, Tompkins Co. and Ulster Co..

\3_ LWIAs which are part of the greater New York City metropolitan area: Dutchess Co., Hempstead/Long Beach Consortium, New York City (Bronx, Kings, New York, Queens and Richmond Counties), Orange Co., Oyster Bay Consortium, Rockland Co., Suffolk Co., Westchester Co. Balance/Putnam Co. and Yonkers City.

SOURCE: Federal Register, under Employment and Training Administration, Notices, 3/27/2015, Volume 80, No. 59, pp. 16450 -16456.

You can also use this chart to determine eligibility. This chart is also provided on the NYSDOL website and the data is based on Local areas.

Question 1-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | ssess | Services | Links | JobZone

KING, ARNOLD J. SSN: OSOS ID: NY010002706 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Income Info
- Lower Living Standard
- Income 70% LLSIL
- Local Priority
- High Poverty Area

Disability Info
- Disability Status: Not Disabled

Migrant Info
- Migrant / Seasonal Worker: Yes / No

Programs

HVRP - Homeless Veterans Reintegration Program
- HVRP Grantee Svc Provider

INAP - Indian and Native American Programs
- BearTracks Software Version
- Tribal Code | Lookup
- Tribal Affiliation

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Security: Delete | 05/08/2017

Once you determine if your customer is a low income individual, record this information on the new Eligibility tab, this tab is new in OSOS, and is used to record Eligibility information. The Lower living standards and the 70% LLSIL fields are mandatory and must be completed in order to save the record. This is also new, in the current version of OSOS these fields are not mandated.

For the Lower Living Standard field you can select Yes or No. Select the correct option based on how your customer answered this question-remember this is determined from the Poverty level guidelines on the chart we just discussed.

If the customer meets the criteria for 70% of the lower living standards income level based on the chart select yes from the drop down menu.

The Local Priority income information is established by the local areas- this field is not new.

The 'High Poverty Area' field is new in this version of OSOS. This information can be found on TEGL #21-16 and is pulled from the cencus.

Question 2

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

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

If Yes, do you have a:

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

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Question 2 is the Disability question-this question was removed from the Customer Registration form and added to the Supplemental Questionnaire.

Disability under WIOA is defined as, having a physical or mental impairment that substantially limits one or more of your major life activities. If the customer indicates yes, they also can choose the type of disability they have listed on the questionnaire.

Question 2-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

KING, ARNOLD J. SSN: OSOS ID: NY010002706 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Income Info
- Lower Living Standard
- Income 70% LLSIL
- Local Priority
- High Poverty Area

Disability Info
- Disability Status: Disabled
- Disability Category
  - Hearing
  - Vision
  - Mental
  - Mobility
  - Cognitive/I/DD
  - Learning
  - Chronic Health
  - Not Disclosed

Financial Capability - has a receipt and has received:
- Benefit Planning Services
- Financial Capability/Asset Development Services

Migrant Info
- Migrant / Seasonal Worker: Yes / No

Programs

HVRP - Homeless Veterans Reintegration Program
- HVRP Grantee Svc Provider

INAP - Indian and Native American Programs
- BearTracks Software Version
- Tribal Code | Lookup
- Tribal Affiliation

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

In the previous version of OSOS the Disability status was recorded in the Additional info tab. Now, the disability status will be captured in the Eligibility tab.

If the customer discloses that he/she has a disability you would select disabled from the dropdown field, all of the listed disabilities on the questionnaire will then be available to select here.

Select the appropriate category based on the customer's response on the questionnaire. If the customer didn't disclose the type of disability select 'not disclosed.'

Question 3

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)

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Question 3 on the Supplemental questionnaire asks the customer if they are a Migrant or Seasonal Farm Worker.

This question was condensed on the Customer Registration form and points customers who indicate they are a seasonal or migrant farm worker to refer to the supplemental questionnaire. The Supplemental questionnaire provides the definitions of these workers, which help customers and staff capture accurate information for this population.

Under WIOA a seasonal farm worker is, 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. Your seasonal Farm worker is an individual that works on a **FARM** (this is crucial, this does not include your typical seasonal worker-seasonal bus driver, landscaper etc. this is specific to farm work; harvesting, pruning, picking etc.) the farm worker is able to return home every day after work, they are part of the community. For example, a seasonal farm worker would be an apple picker who lives in the capital district and works in the capital district, he picks apples during the harvest season, and is able to go home every night

after his work day.

Under WIOA a Migrant Farm Worker is a farm worker that **travels to the job site and cannot return to their permanent place of residence the same day.** This does not include full-time students traveling in organized groups rather than with their families. An example of a Migrant farm worker could be a worker from a different state, a domestic worker, for example an individual from Texas, Florida, Puerto Ricco who travels to NY and works during the harvest season. This individual is unable to travel back home after they work for the day-most Migrant workers are provided housing on the farm. by the Farmers. The Key for a Migrant farm worker is that the individual cannot return home the same day they worked.

A Migrant Food Processor is defined in the same way a migrant farm worker is defined under WIOA, however, this individual is processing food, for example, making apple cider-they are processing the apples into cider.

Question 3-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

KING, ARNOLD J. SSN: OSOS ID: NY010002706 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Income Info
- Lower Living Standard
- Income 70% LLSIL
- Local Priority
- High Poverty Area

Disability Info
- Disability Status

Migrant Info
- Migrant / Seasonal Worker ◉ Yes ○ No
- Class
- Farmwork Type
- Empl. in Farmwork
- Farmwork Threshold

Programs

HVRP - Homeless Veterans Reintegration Program
- HVRP Grantee Svc Provider

INAP - Indian and Native American Programs
- BearTracks Software Version
- Tribal Code [Lookup]
- Tribal Affiliation

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

Migrant and Seasonal Farm worker information is currently being captured in the Add'l info tab, in the new version of OSOS The Migrant and Seasonal Farm worker information is recorded on the Eligibility Tab under ' Migrant Info.'

If the customer indicates they are a migrant or seasonal farm worker select yes, once this is selected, the additional required fields will appear, you will need to select the 'Class' and 'Farmwork type' just as you do now.

Question 3-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

KING, ARNOLD J. SSN: OSOS ID: NY010002706 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Income Info
- Lower Living Standard
- Income 70% LLSIL
- Local Priority
- High Poverty Area

Disability Info
- Disability Status: Not Disabled

Migrant Info
- Migrant / Seasonal Worker: Yes / No
- Class
- Farmwork Type
- Empl. in Farmwork
- Farmwork Threshold

Dependent of Migrant / Seasonal Farmwkr
Migrant / Seasonal Farmworker
Migrant Farmworker
Migrant Food Processing Worker
Seasonal Farmworker

Programs

HVRP - Homeless Veterans Reintegration Program
- HVRP Grantee Svc Provider

INAP - Indian and Native American Programs
- BearTracks Software Version
- Tribal Code | Lookup
- Tribal Affiliation

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/12/2017

The drop down options for the class field that you would select are:
Migrant and seasonal farmworker
Migrant farmworker
Migrant food processing worker
Seasonal Farmworker

Question 3-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

KING, ARNOLD J. SSN: OSOS ID: NY010002706 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Income Info
- Lower Living Standard
- Income 70% LLSIL
- Local Priority
- High Poverty Area

Disability Info
- Disability Status: Not Disabled

Migrant Info
- Migrant / Seasonal Worker: Yes / No
- Class: Seasonal Farmworker
- Farmwork Type: Agricult. Production & Services / Food Processing Establishment
- Empl. in Farmwork
- Farmwork Threshold

Programs

HVRP - Homeless Veterans Reintegration Program
- HVRP Grantee Svc Provider

INAP - Indian and Native American Programs
- BearTracks Software Version
- Tribal Code: Lookup
- Tribal Affiliation

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/12/2017

The drop down options for the 'Farmwork Type' have not changed. They are:
Agricultural production and Services or
Food Processing Establishment

Question 4

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 your spouse's duty station?** ☐ Yes ☐ No

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Question Four pertains to a spouse of a US armed forces member.

The question asks, 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 permanent change of your spouse's duty station?

In other words, Did this customer have to leave or quit their last job due to a change in where their spouse is stationed?

Question 4-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

MacWatters, Kathryn SSN: OSOS ID: NY012928894 1 of 1

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Detail

Job Title: Bookkeeping, Accounting, and Auditing Clerks | O*Net Titles | O*Net Code: 43303100

Employer: Montgomery LLC | Include online ☑ | Start Date: 02/01/2015 | End Date: 04/02/2017

Address: 10 First Street | Supervisor: | Phone: | Ext.:

Wage: $ 18.50 Hourly | Hours/week: 40

City: Charlotte | Reason for Leaving: Category 6-DW Spouse of a member of th

State: North Carolina | Zip: | Job Duties: Operated computers programmed with accounting software to record, store, and

Country: United States

Job Type: | RR Event # | Event

NAICS | NAICS Lookup

Dislocated Worker Information

Qualifying Dislocation Date: 04/02/2017 | Tenure (months): 26

O*Net at Dislocation: 43303100 Bookkeeping, Accounting, and Auditing Clerks

NAICS

Job	Company	City	Start	End
Bookkeeping, Accounting, and Auditin	Montgomery LLC	Charlotte	02/01/2015	04/02/2017

New Job Entry | Delete Selection

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

If the customer is a spouse of a US Armed Forces Member and had to relocate due to a permanent change in duty station the customer would be a Dislocated worker-category 6-Spouse of a member of the Armed forces. This DW category is new.

You would select that as the Reason for leaving in the customer's work history tab.

You will then be required to input the Dislocation date (which is the last day the customer worked) and tenure months.

Question 5

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.

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The next question asks if the customer is a Displaced Homemaker-this definition has not changed under WIOA.

A displaced homemaker is an individual who has 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.

Question 5-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Assess | Services | Links | JobZone

MALCOLM, KYARNA J. SSN OSOS ID: NY011981032 2 of 100

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Detail

Job Title: Homemaker | O*Net Titles | O*Net Code

Employer: None | Include online ☑ | Start Date: 03/01/2011 | End Date: 05/02/2017

Address: 1441 Troy Ave | Supervisor | Phone | Ext.

Wage: $ 0.01 | Other | Hours/week: 0

City: BROOKLYN | Reason for Leaving: Category 4-DW displaced homemaker

State: New York | Zip: 11203 | Job Duties: Cleaned the home, cooked, cared for children, laundry.

Country: United States

Job Type: Full Time | RR Event # | Event

NAICS | NAICS Lookup

Job	Company	City	Start	End
☑ Homemaker	None	BROOKLYN	03/01/2011	05/02/2017

New Job Entry | Delete Selection

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Security: Delete | 05/09/2017

A customer who is a Displaced Homemaker will need to be recorded as a dislocated worker in the Work History Tab, in the 'Reason for Leaving' field. From the dropdown select, Category 4-DW displaced homemaker.

In some cases you may need to add a work history for this customer, if the customer hasn't held a job in the past ten years, for example, create a work history with the job title homemaker. This way we can capture the Displaced Homemaker status,

Additional tabs and fields may also need to be completed in order to add services for displaced homemakers. These are outlined in the Displaced homemaker OSOS program guide, available on the internet.

Question 6

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)?

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Question 6 on the Questionnaire, asks the customer if they are a single parent.

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)?

Question 6-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Links | JobZone

MacWatters, Kathryn SSN: OSOS ID: NY012928894

Employment | Education | Financial | Family | Health | Treatments | Legal | Housing | Transportation | Comments | Attachments

Personal Information

Marital Status: Unmarried

Victim of domestic violence? Yes No

Family Status: Parent in one-parent family

Members of Household

Name	Relationship	Birth Date	Dep.

Add a Member | Delete Selection

Is customer pregnant? No

Delivery Date

Is Customer parenting youth?

Family Needs

Special needs of household members:

Child care arrangements:

Support from family & friends:

Customer's mother assists in watching her child while she attends appointments, and interviews.

Child Protective Services

Has child protective services ever contacted customer regarding his/h child or children?

Save | Customer Detail | Services | Activity | Correspond | WIOA Eligibility | Summary | Comments

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

If the customer indicated that they are a single parent you will capture this in the Family tab of the Comp Assess window

in the 'Family Status field.' select, Parent in one-parent family

Make any notes that are relevant to the customer needing child care arrangements, and any help or support they receive from family and friends.

Question 7

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, or
- 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.

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Number 7, asks if the customer is homeless?

The definition of homeless has expanded under WIOA.
Homeless is now defined as, lacking 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, or
- 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.

Question 7-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Links | JobZone

MALCOLM, KYARNA J. SSN: OSOS ID: NY011981032

Employment | Education | Financial | Family | Health | Treatments | Legal | Housing | Transportation | Comments | Attachments

Housing Information

Current Housing: Homeless

Current Housing (2):

Housing Assistance: None

Contact Person:

Phone: Ext.

Expected Changes

Save | Customer Detail | Services | Activity | Correspond | WIOA Eligibility | Summary | Comments

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

If the customer indicates that they are homeless you will need to record this information in the Housing Tab of the Comp assessment window. This is recorded the same way you are recording this information in the current version of OSOS.

In the 'Current Housing' field indicate homeless, and any additional information you gather from your customer.

Question 7-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | ssess | Services | Links | JobZone

MALCOLM, KYARNA J. SSN: OSOS ID: NY011981032 2 of 100

Gen. Info | Eligibility | Add'l Info | Pgms/PA | Objective | Work Hist. | Ed/Lic | Skills | Saved Searches | Activities | Comments | Tests

Military Service

Service Veteran: Yes

Active Service Days Served: 767

From: 01/02/2014 Thru: 02/07/2016

Service Disability: Not Disabled

Current Housing: Homeless

Current Housing (2):

Campaign Veteran

Transitioning Veteran

Other Eligible

Customer Recently Separated

Other Barriers to Employment?: Yes

Military Branch: Navy

Veteran Era

Other Vet

Customer List Participation

List Name

Assign To List | Remove

Employment Preferences

Work Week: Full Time

Duration: Regular or Temporary

Salary: $ 25.00

Pay Unit: Hourly

Date Available: 05/15/2017

Shift Preference

Work Any Shift: Yes No

First Shift

Second Shift

Third Shift

Split Shift

Rotating Shift

Save | Start Match | Services | Comp Assess | Activity | I.A. Referrals | Correspond | IVR | Ret to Srch | Comments | Tag | Resume | Sched | Message

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

If your customer is a homeless Veteran you will also need to capture this information in the Additional Info tab in the customer detail window, under current housing, select Homeless-recording this information has not changed at all.

Question 8

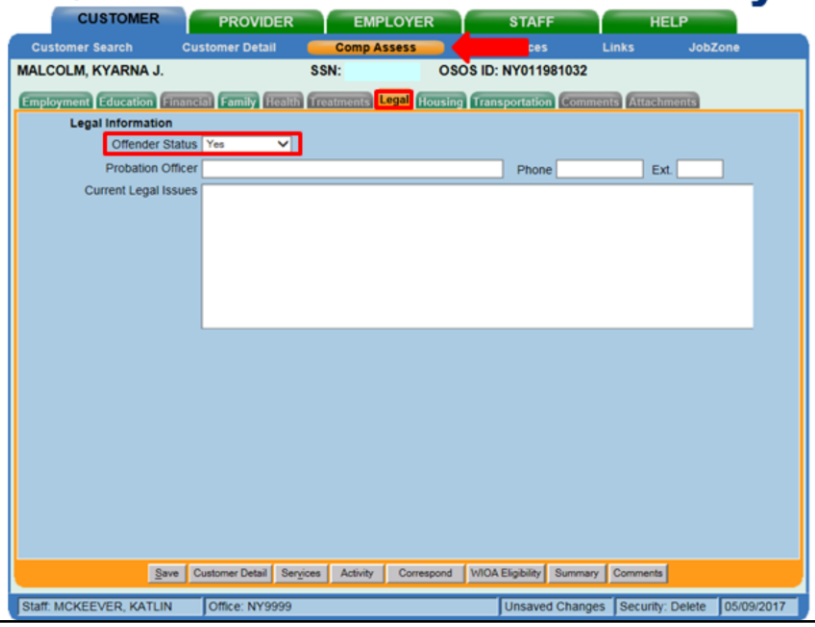
8. Are you an ex-offender? ☐ Yes ☐ No
Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses or other crimes?

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Number 8 asks the customer if they are an Ex-Offender?

The definition of Ex-offender has not changed, an Ex offender is an individual who has been subject to any stage of the criminal justice process, individuals who 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.

Question 8-OSOS Data Entry



You will still record this information as you are now, record the customers Offender Status in the Comp Assess Window in the legal tab. Select Yes in the Offender Status field. If the customer indicates he/she is on probation include that information in this tab as well.

Question 8-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | Services | Links | JobZone

MALCOLM, KYARNA J. SSN: OSOS ID: NY011981032

Employment | Education | Financial | Family | Health | Treatments | Legal | Housing | Transportation | Comments | Attachments

Legal Information

Offender Status: Yes

Probation Officer: Phone: Ext.

Current Legal Issues

Comment -- Webpage Dialog

Comments

Customer currently has a suspended license and is unable to drive his own vehicle to work. Has reliable transportation by public transit, no barrier.

Save | Spell Check | Cancel

Save | Customer Detail | Services | Activity | Correspond | WIOA Eligibility | Summary | Comments

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

You will also want to make a comment regarding any work restrictions resulting from a conviction-comments should be specific to job search restrictions and work restrictions only.

Question 9

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?

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Question 9 asks the customer if he/she is an English Language Learner- The English Language Learner was formerly known as the LEP- or Limited English Proficient, under WIOA we refer to these customers as English Language Learners.

An English Language Learner will have limited ability in speaking, reading, writing or understanding English.

They may also meet one of these two conditions:
Their native language is other than English or they live in a family or community where a language other than English is the main language.

When you are speaking to your customer, and assisting them with this form, you will most likely get a sense if the customer is an English Language Learner, if they are having difficulty reading the forms, articulating their answers in English ETC, English Language learners may be in need of ESL classes, for example.

Question 9-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | ices | Links | JobZone

MALECKI, KATRINA A. SSN: OSOS ID: NY011289572

Employment | Education | Financial | Family | Health | Treatments | Legal | Housing | Transportation | Comments | Attachments

Math & Reading

Basic Skills Deficient / Low Levels of Literacy: No

English Language Learner: Yes

Education Completed

Education: HS + 2 yr coll. or voc/tech

Current School Status: Not Attending School; Secondary Scho

Customer below appropriate grade level?

Pell Grant Recipient?

Award Amount

Any indication of learning disabilities?

Learning Disabilities:

Training Information

Training Completed

Training in Progress

Job-Related Interests

Job-Related Aptitudes

Training Needs

Save | Customer Detail | Services | Activity | Correspond | WIOA Eligibility | Summary | Comments

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

If the customer is an English Language Learner indicate this in the Education tab of the Comp Assess window, this field is labeled LEP (limited English Proficient) in the current version of OSOS, in the new version it will be displayed as English Language Learner.

Question 10

10. Do you think you have a cultural barrier? ☐ Yes ☐ No
Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Number 10 on the Supplemental Questionnaire asks, Do you think you have a Cultural Barrier? This is a new barrier to employment under WIOA, and thus a new question that is asked to our customers.

WOIA defines a cultural Barrier as having; attitudes, beliefs, customs or practices that may make it hard for an individual to find work.

Question10-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | ces | Links | JobZone

malcolm, kyle SSN: OSOS ID: NY013050525

Employment | Education | Financial | Family | Health | Treatments | Legal | Housing | Transportation | Comments | Attachments

Origination Date Last Update
Staff Assigned Watson, Andrew

Employment Objective
Job Title Production Workers, All Other
Wage Desired Per
Geographical Location
Within 5 miles of 14424

Is the customer interested in non-traditional employment? Yes No
Current Employment Status Not Employed

Poor Work History?
Youth Needing Additional Assistance?
Serious Barriers to Employment?
Cultural Barriers to Employment? Yes
Cultural Barriers
Explain cultural barrier

Job Behavior and Skills
Employment Behavior
Job Seeking Skills
Job Keeping Skills
Summary of Occupational Strengths & Weaknesses

View Employment History | ACI*NET

Save | Customer Detail | Services | Activity | Correspond | WIOA Eligibility | Summary | Comments

Staff: MCKEEVER, KATLIN | Office: NY9999 | Unsaved Changes | Security: Delete | 05/09/2017

If your customer indicates they have a cultural barrier to employment, record this in the Employment Tab of the Comp Assesses window. Because this is a new barrier and question this is also a new field in OSOS.

If the customer explains the cultural barrier indicate this in the Cultural Barriers text box.

Question 11

11. Do you lack basic skills? ☐ Yes ☐ No
Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

NEW YORK STATE OF OPPORTUNITY. Department of Labor

The last question on the Supplemental Questionnaire asks the customer if they lack basic skills.

Are they unable to solve problems, or read, write or speak English at a level necessary to function on the job, in their family, or society.

Much like the English Language Learner question you may be able to tell that your customer is lacking basic skills while you are filling out the form together, or based on their answers on the registration form.

A Customer who is illiterate also meets this definition; a customer who cannot read or write, or cannot do either is lacking basic skills. A customer who indicated they have an IEP diploma, a customer who needs assistance with adult education, or is lacking a HSE- **may** be lacking basic skills. In addition, a customer who is an ELL also meets the criteria for “Basic Skills Deficient”

Question 11-OSOS Data Entry

CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP

Customer Search | Customer Detail | Comp Assess | ces | Links | JobZone

malcolm, kyle SSN: OSOS ID: NY013050525

Employment | Education | Financial | Family | Health | Treatments | Legal | Housing | Transportation | Comments | Attachments

Math & Reading

- Basic Skills Deficient / Low Levels of Literacy
- English Language Learner

No
Yes - Basic Skills Deficient
Yes - Low Level Of Literacy
Both

Education Completed

Education: 11 grade

Current School Status: Not Attending School or Secondary Scl

Customer below appropriate grade level?

Pell Grant Recipient?

Award Amount

Any indication of learning disabilities?

Learning Disabilities:

Training Information

Training Completed

Training in Progress

Job-Related Interests

Job-Related Aptitudes

Training Needs

Save | Customer Detail | Services | Activity | Correspond | WIOA Eligibility | Summary | Comments

Staff: MCKEEVER, KATLIN | Office: NY9999 | Security: Delete | 05/09/2017

If the customer is lacking basic skills you would record that information in the Education tab of the Comp assessment window.

The dropdown options include, Basic skills Deficient, Low Level of Literacy, or both.

QUESTIONS!?