



Number: 00.00.01.71100.01
New Revision

Date: July 31, 2006

Topic: Core Services Application

Affected Programs: Adult and Dislocated Worker

Page 1 of 3

Purpose

To introduce the new WorkSource Portland Metro Membership Card and Core Services tracking system.

New Application

The Core Services Application has been revised for use by customers coming through the WorkSource Portland Metro system and engaging in Self-Service/Core activities. The Application design supports the new customer tracking system via membership number, as well as provides a marketing information piece for customers to keep. The new Application has the Membership Card attached.

All WIA 1-B Adult and Dislocated Worker providers are to implement the use of this new Application (with the 6/06 date) effective July 31, 2006 when the Membership Card screens are introduced in Career Centers. The corresponding I-trac screen has been revised to collect this data and report it as the Core services count for our system.

Application Elements

Several data elements were eliminated from the Application and moved over to the Registration form: Highest Grade Completed, Education Status, details around Veteran Status, Family Size and Annual Family Income. In addition, DOL has specified a "yes" or "no" for the disabled characteristic, so the Application now reflects these two choices.

The I-Trac application screen matches the revised form for data input ease.

I-trac Data Input

The limited information collected on this Application was designed to allow for quick input into I-trac so customers will be able to access the system with their Membership number fairly immediately. Therefore, the information from the Application should be input to I-Trac as soon as is possible. Contracts still require data entry within 5 working days, *but all efforts should be made to input this data sooner.*

Card and Application Use

All customers using self-service activities in Centers should be issued a Membership Card.

Existing Customers

All sites will have a supply of membership cards that are not attached to an application. For existing customers, program staff will issue a Membership Card and input the number from the card into the

Topic: Core Services Application

customer's I-trac record. Programs will want to track the number assignment; a sample form is included at the end of this Operational Communication as one example of a means by which to do this.

New Customers at Orientation

The new Application should be introduced in Orientations beginning July 31. Once the customer has completed the form, it should be separated at the perforation. The top half stays with the program and the bottom half, which includes the membership card, is given to the customer. We strongly encourage programs to data-input the Application into I-Trac while the customers are in the Orientation so they can sign-on in the Career Center immediately following.

New Customers in the Career Center

Customers who are using the Career Center but have not yet attended an Orientation may either sign-in as a guest, or may complete the Application and be issued a membership card without attending Orientation. As with customers attending Orientation, the completed form should be separated at the perforation and the bottom half with the membership card given to the customer.

Lost Cards

Follow the same procedure as issuing a new card to an existing customer. In the instance of lost cards, you will change the Membership Number in I-Trac, rather than adding it.

File Maintenance

The top of the perforated form (the Application) is the same size as the previous version, and so can continue to be maintained in the Core Application filing box provided last year. Each program year should be kept in a separate box and maintained for at least the next program year. As Core customers move to enrollment, the Application should be pulled from the Core file and moved to the Customer's file. In the event the customer enrolls at a site other than the one where they completed the Application, a new Application Report has been added to I-Trac to provide the information and SSN disclosure needed for file documentation.


Since these forms contain the customers' SSN, security procedures need to be in place for record maintenance that matches that of other customer records.

Questions

Contact contract liaisons or the Worksystems IT department.

Worksource Portland Metro Application for Services

Page 1

			
Last Name		First Name	MI
			SSN*See disclosure on reverse
		<input type="checkbox"/> Consent to use as described on reverse <input type="checkbox"/> Do not consent to use as described on reverse	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Membership I.D. <small>For Office Use:</small>	Home Zip Code Telephone No.
Ethnicity and Race (check as many as apply) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Not Disclosed			Email Address
Employment Status (Select 1) <input type="checkbox"/> Received a Scheduled Military Separation <input type="checkbox"/> Have been Laid-Off from your job <input type="checkbox"/> Received a Notice of Lay-Off <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Never Employed			
Name of Last Employer		Position Held	Job End Date
Highest Grade Completed (Select 1) <input type="checkbox"/> No School _____ Grade (indicate 1-11) <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Education beyond Bachelors		Education Status <input type="checkbox"/> Currently a Student <input type="checkbox"/> Not a Student	
Veteran Status <input type="checkbox"/> Yes, less than 180 Days <input type="checkbox"/> Other Eligible Person <input type="checkbox"/> Yes, More than 180 Days <input type="checkbox"/> No		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Family Size Annual Family Income (previous 12 months)
Signature		Date	<small>For Office Use:</small> I-Trac Data Entered: Date: Initials:

Page 2

DISCLOSURE STATEMENT REQUIRED FOR USE IN COLLECTING SOCIAL SECURITY NUMBERS FOR TITLE 1B WIA SERVICES

Providing your Social Security Number is voluntary. If you provide it, your number will be used for keeping records, doing research, and planning. Your Social Security Number will be not given to the general public. If you choose not to provide your Social Security Number you will not be denied any services provided solely under Title 1B of the Workforce Investment Act (WIA). Providing your Social Security Number means that you consent to use of the number in the manner described below.

HOW YOUR SOCIAL SECURITY NUMBER WILL BE USED

State and Federal law protects the privacy of your records. The WIA is a federal law that creates a One Stop system for training and employment services. By combining employment and training services at one site, you receive better service.

State rules [OAR 151-020-0065] authorize Worksystems, Inc. and its subcontractors (a WIA Title 1B provider) to request that you voluntarily provide your Social Security Number to be used for the following purposes: 1) As an identification number in maintaining records; and 2) as an identification number for gathering information to be used for program evaluation and planning, as required under State and Federal law.

The Social Security Number you provide could be shared and used by Worksystems, Inc., its subcontractors and other organizations authorized to use such information for the purposes stated above as allowed by the following Federal and State laws: 1) WIA sections 136, 185 and 188 [29 USC 2871, 2935 and 2938]; and 2) ORS 285A.455 and 285A.461. When you allow Worksystems, Inc. and its subcontractors to use your Social Security Number, other documents we have with your Social Security Number on them may be used for the same purposes as stated above.

YOUR RIGHTS

Failure to provide your Social Security Number will not be used as a basis to deny you any service provided under WIA Title 1B. Other programs may request or require you to give your Social Security Number as a condition of obtaining services. They will separately advise you of this if you apply for their program.

Please check one of the consent boxes on the reverse of this form, and sign and date the form where indicated and initial below. When you check the Consent to Use box, you are consenting to our use of your Social Security Number as described above. Your signature on the reverse of this form and initials below acknowledge this understanding.

Customer Initials