

DWG Careers Data Entry I-Trac Guide

WOMIS Registration not required. Search for the participant in I-Trac using *Find A Customer*

1. If the customer is in I-Trac confirm Birth MM/DD and Last 4 SSN (if available) to verify that you are selecting the correct customer in I-Trac. You can then add the DWG Careers provider record.

Find a Customer:

search clear test testr2 OR OR

add Search Results / Add Customer:

	Last Name	First Name	MI	Birth MM/DD	Last 4 SSN	I-Trac CustomerID	WS JobSeekerID	Recent Fund Activity
select	Test	Testr2		01/01	REFUSED	1993908	2587682	HCNW, Housing Works, BTWO3, Re

2. If the customer is not in I-Trac select the **add** button next to *Search Results/Add Customer* and manually add the customer to I-Trac. You can then add the DWG Career provider record.

Find a Customer:

search clear Test Kari

add Search Results / Add Customer:

Add Customer

	Legal Last Name	Legal First Name	M.I. Other/Preferred Name	Pronouns	SSN	DOB	Sex	Gender
save cancel							--Select One--	--Select One--

3. To add the DWG Careers provider record:

- On the Providers Tab, click **add** in *Providers Control*
- Service Provider = DWG Careers- Your Organization
- Customer Of = Choose Your Name
- Application Date = The date the customer is completing the registration process (NOTE: This date must be before the date of the first DWG Careers grant funded service.)

Home I-Trac Workshops User Admin Login Requests Resources Batch Reports

Providers

find_customer | providers

Name: Testr2 Test (I-Trac ID: 1993908)

add Providers

	Service Provider	Customer Of
select	WorkSource DW - WSPM Central	

3. Complete *Registration Tab* data entry. All required data (yellow fields) on the *Registration Tab* must be entered to complete Registration.

Registration Tab

Enter all information to reflect what is true at the time of enrollment in DWG Careers.

1. **Address-** Must reside in Washington, Multnomah, Clackamas, Clark, Cowlitz, Wahkiakum County for eligibility
2. *Phones*
3. *Email Address*
4. *Sex and Gender*
5. *Ethnicity*
6. *Race*
7. *Social Security-* confirm *Consent to Release SSN* status Yes or No
8. *Birth Date-* confirm documentation. Document must be uploaded to I-Trac record
9. **Selective Service-** confirm documentation. Document must be uploaded to I-Trac. Required for eligibility
10. *U.S. Military & Veteran Status*

If status is this	Then Documentation is this
Veteran or Veteran's Eligible Spouse	DD-214 Military Separation Record; Veteran Affairs Letter; Veterans Crossmatch- Department of Defense or Veterans Services System

11. *Education Status*
12. *Current Employment Status*

If status is this	Then Documentation is this
Employed	Employed, but Underemployed required if applicable defined below
Not Employed	Applicant's Last Date Worked required

Definition Employed, but Underemployed:

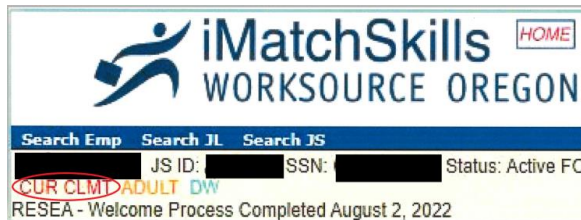
- Individuals employed less than full-time who are seeking full-time employment.
- Individuals who are employed in a position that is inadequate with respect to their skills and training.
- Individuals who are employed but show current job's earnings are not sufficient compared to their previous job's earnings from their previous employment.
- Individuals who are employed who meet the definition of a low-income individual in WIOA. Low-income based on 6-month *family* income not more than 70% of LLSIL. PY22 WIOA low-income table:

Family Size	1	2	3	4	5	6
Six Month Income	\$8,846	\$14,497	\$19,904	\$24,571	\$28,994	\$33,913

13. *Unemployment Insurance Details-* Information only required where *Current Employment Status=Not Employed*

If status is this	Then Documentation is this
Claimant Referred by RESEA	Referral Transmittal by RESEA or WPRS
Claimant Referred WPRS	Referral Transmittal by RESEA or WPRS
Claimant Not Referred by RESEA or WPRS	Customer Attestation
Exhaustee	Customer Attestation
Exempt	Crossmatch to State MIS Database- iMatchSkills
Not a Claimant or Exhaustee	Crossmatch to State MIS Database- iMatchSkills

Check iMatchSkills to see if the customer is a Claimant



If iMatchSkills does not show status need to ask the Customer:

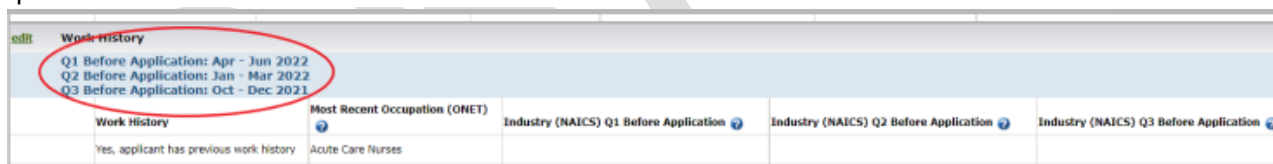
- *Claimant Referred by RESEA*- Reemployment Services and Eligibility Assessment (RESEA) program. Ask the customer if they were referred by the RESEA program
- *Claimant Referred by WPRS*- Oregon does not currently have this UI program don't use
- *Claimant Not Referred by RESEA or WPRS*- Ask the customer if they were referred
- *Exhaustee*- Ask the customer if they have been paid for all benefits for which they are eligible for and are no longer receiving unemployment benefits due to this
- *Exempt*- Ask the customer
- *Not a Claimant or Exhaustee*- If not noted in iMatchSkills choose this one.

14. Dislocated Worker- Required for eligibility. Refer to Regional Program Standards definitions

If status is this	Then Documentation is this
Separating Service Member	Military Separation Record (DD-214)
Business Closed or has had a Substantial Layoff Displaced Homemaker Military Spouse Self-Employed and Business Closed Terminated or Laid-off Worker	Customer Attestation- signed program Application

Received Rapid Response services- Ask the customer. If they don't know choose No.

15. Work History- Complete the Q1, Q2 and/or Q3 Industry Controls if the customer was employed during the quarters noted in the area circled in red shown here



16. Six-Month Family Income- Family is defined as those living in a single residence and related by blood, marriage or decree of court. Customers who indicate a barrier of disabled (including learning disabilities) are considered a separate family unit for determining family income. The family size is the participant plus any dependents of the participant's (children). *Residence Control* should auto populate from the Address entered.

17. Public Assistance Characteristics-

If status is this	Then Documentation is this
Exhausting TANF within 2 years	Referral from Agency, Benefits Letter or Crossmatch (Other MIS database-iMatchSkills)
Received General Assistance in the last 6 months	Customer Attestation
Received Refugee Cash Assistance in the last 6 months	Customer Attestation
Received SSDI in the last 6 months	Customer Attestation
Received SSI in the last 6 months	Customer Attestation
Received TANF in the last 6 months	Referral from Agency, Benefits Letter or Crossmatch (Other MIS database-iMatchSkills)
Receiving SNAP in the last 6 months	Customer Attestation

18. *Basic Skills Characteristics*

19. *Disability Characteristics*- If a participant discloses that they are a person with a disability you must complete the *Disability Services* Tab in the I-Trac record. All controls must be completed as noted on that Tab. *Secondary School Plan*=Not Required.

20. *Migrant Seasonal Farmworker*

21. *Other Characteristics*- Choose all that apply. None required for eligibility

Other Characteristics	
Other Characteristics	
<input type="checkbox"/> Aged out of Foster Care	<input type="checkbox"/> In a Registered Apprenticeship
<input type="checkbox"/> Cultural Differences	<input type="checkbox"/> Justice System Involvement
<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Foster Child	<input type="checkbox"/> None Apply
<input type="checkbox"/> Homeless	

[save](#) [cancel](#)

Registration Results Control will tell you what information is missing or any ineligible reasons. If no *Ineligible Reasons* are listed complete the *Registration Results Control* for *Registered By*.

Registration Results	
Missing Information	Ineligible Reasons
(All required registration information has been entered)	(Eligible)
Registration Completion	
Application Date	Registered By
edit 8/1/2022	Brenk, Kari

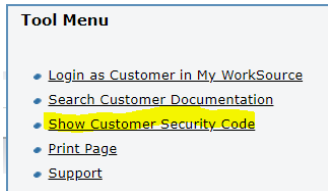
Once registration is completed go to the *Customer Documents Menu* and obtain a signature on the Application. Preference is to obtain an eSignature. Send the participant the email link to electronically sign the Application. Staff signature on the Application is not required.

Application (eSigned Program Application)

1. Security Code

Staff need to provide a security code to the customer (verbally or text preferred can't be emailed) that is required to open and sign the application. This code is standard to the customer and appears in two locations:

a. Tools Menu | Show Customer Security Code

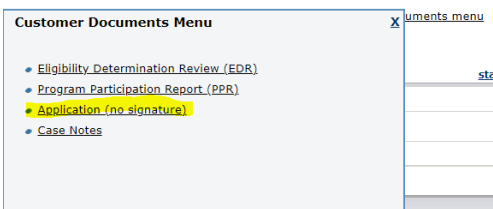


b. Program Application & Signature pop-up

This security code is also found in the pop-up where staff send the email request to the customer.

2. Staff clicks Customer Documents Menu | Application (no signature)

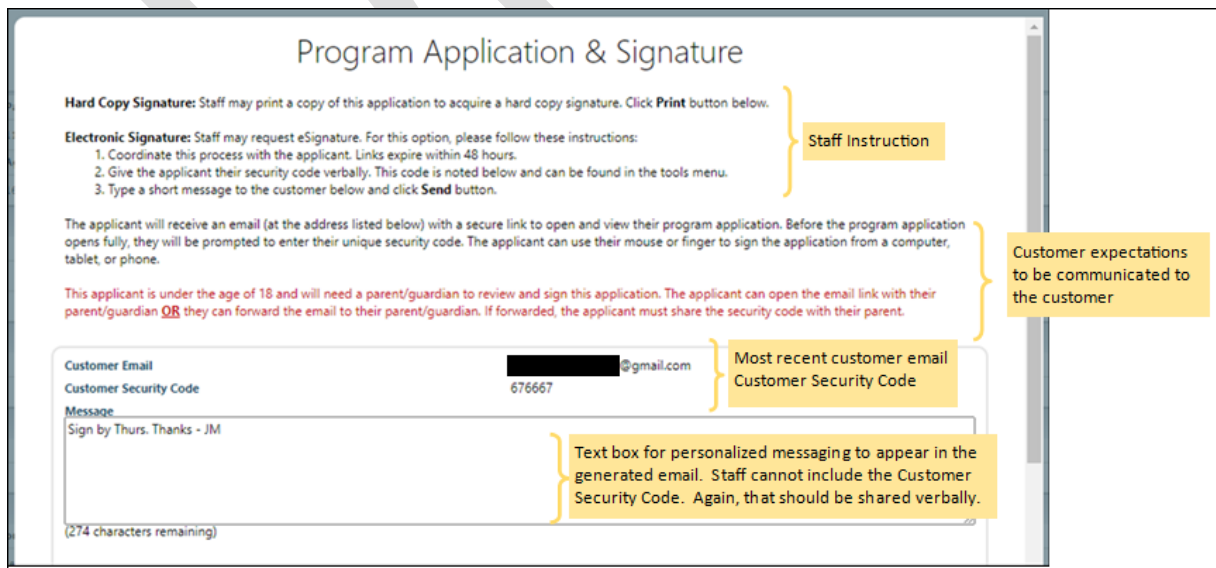
This opens the *Program Application & Signature* pop-up outlined in step 3 below.



3. Program Application & Signature pop-up

Staff make a choice to PRINT a paper version of the program application to acquire hard copy signature or SEND an email to the customer for electronic signature.

NOTE: This sample shows additional red messaging/instruction where the applicant is under 18 and requires parent/guardian signature. Where a customer is under 18, the system will ONLY collect the parent/guardian signature.



The screenshot shows the 'Program Application & Signature' pop-up. It contains instructions for 'Hard Copy Signature' and 'Electronic Signature'. A 'Staff Instruction' box points to the electronic signature instructions. A 'Customer expectations to be communicated to the customer' box points to the text about the applicant's age and the need for a parent/guardian signature. A 'Most recent customer email Customer Security Code' box points to the email address and security code. A 'Text box for personalized messaging to appear in the generated email. Staff cannot include the Customer Security Code. Again, that should be shared verbally.' box points to the message input field.

Program Application & Signature

Hard Copy Signature: Staff may print a copy of this application to acquire a hard copy signature. Click **Print** button below.

Electronic Signature: Staff may request eSignature. For this option, please follow these instructions:

1. Coordinate this process with the applicant. Links expire within 48 hours.
2. Give the applicant their security code verbally. This code is noted below and can be found in the tools menu.
3. Type a short message to the customer below and click **Send** button.

The applicant will receive an email (at the address listed below) with a secure link to open and view their program application. Before the program application opens fully, they will be prompted to enter their unique security code. The applicant can use their mouse or finger to sign the application from a computer, tablet, or phone.

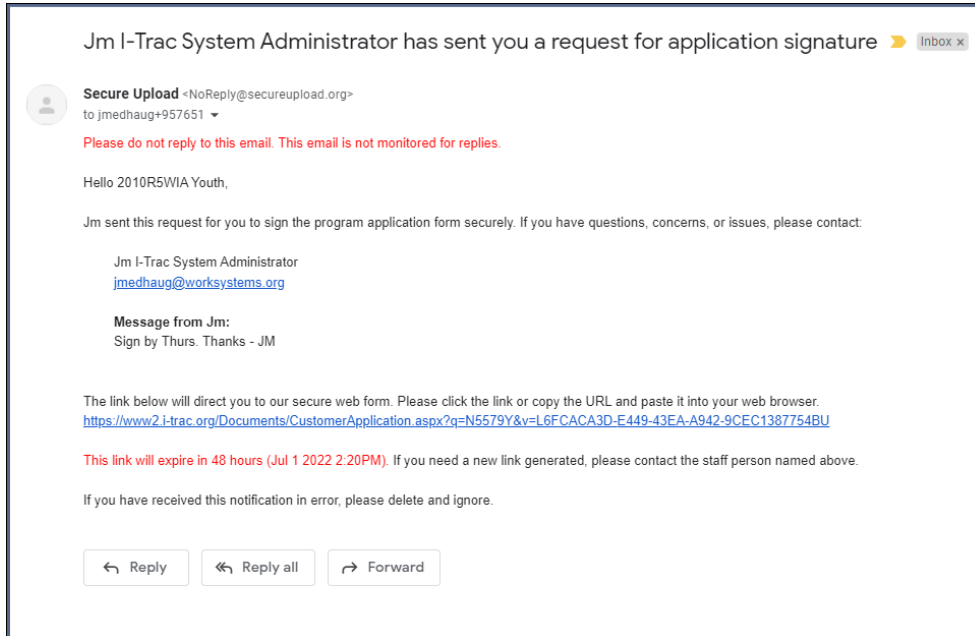
This applicant is under the age of 18 and will need a parent/guardian to review and sign this application. The applicant can open the email link with their parent/guardian **OR** they can forward the email to their parent/guardian. If forwarded, the applicant must share the security code with their parent.

Customer Email: [redacted]@gmail.com
Customer Security Code: 676667

Message:
Sign by Thurs. Thanks - JM
(274 characters remaining)

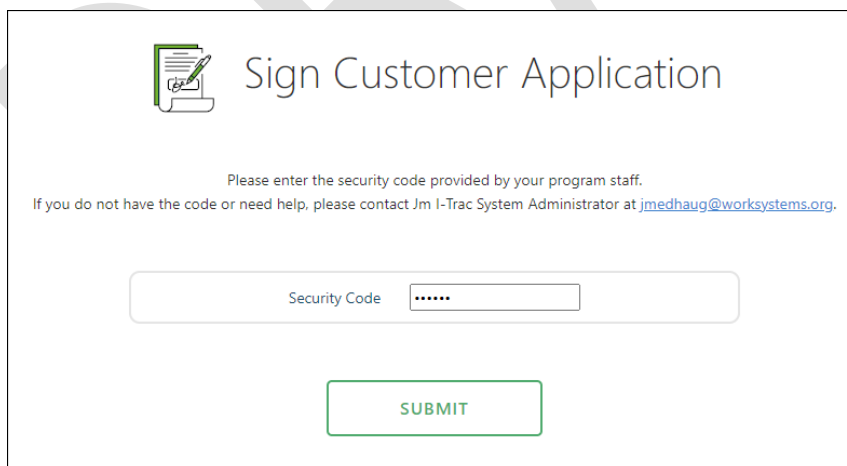
4. Customer receives an email

Customer needs to click the link. It expires after 48 hours. **Note:** For customers under the age of 18 it is recommended that they open this email with their parent/guardian present as the ONLY signature allowed is the parent/guardian. If the customer chooses to forward the email to their parent/guardian that person will need the security code to open the link.



5. Customer submits their security code

The customer enters their security code that staff provided verbally. **NOTE:** This works the same if email forwarded to another email address first as it may be with customers that are underage.



6. Customer review and esign

The full program application is visible for review. The customer scrolls to the bottom to view the signature statement.

Sign Customer Application

Please review this application for accuracy and sign to approve.
If you need to make a correction, please contact Jim I-Trac System Administrator at jim@bauw@worksystems.org

Registration Results

Missing Information: Income Documentation, Employment information with position, wage, and hours

Final Eligibility: WA (English)
OR (Not English - Outside City of Portland Boundary)

Registration Completion


Application Date	Registered By	Review Date	Reviewed By
9/1/2020	Tyran, R02/tyoum	9/23/2016	Hendricks, Stacy

My signature below indicates that I certify the information on this application is true to the best of my knowledge as of the application date. I understand this information may be reviewed and verified and that providing false or inaccurate information could lead to removal from the program(s) and deem me liable for all costs expended on my behalf. I agree to provide documentation to confirm the information being used to determine my eligibility status for the publicly funded employment and training services.

I agree that information contained in this application and relative to my engagement or services will be shared between the agencies of the Youth Workforce Development System and Worksystems, Inc. for purposes of service coordination and Department of Labor/Department of Housing and Urban Development reporting.

I understand that if I am found ineligible after enrollment I will not be allowed to continue in the program and may be held responsible for the cost of services I received. By signing below, I further acknowledge that I have received and reviewed information about the use of my social security number and I have received and understand the Equal Opportunity statement and complaint procedures.

Applicant Print Name:

Applicant Signature: 

[Clear applicant signature](#)

NOTE: If under 18, a warning appears that parent/guardian signature is required.

Sign Customer Application

Please review this application for accuracy and sign to approve.
If you need to make a correction, please contact Jim I-Trac System Administrator at jim@bauw@worksystems.org

Registration Results

Missing Information: Income Documentation, Employment information with position, wage, and hours

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 **Parent or guardian signature required**

I am the parent or guardian

When the parent/guardian is with the customer or if the email was forwarded to the parent/guardian, they can check the box to confirm, then they can type their name and sign:

 **Parent or guardian signature required**

I am the parent or guardian

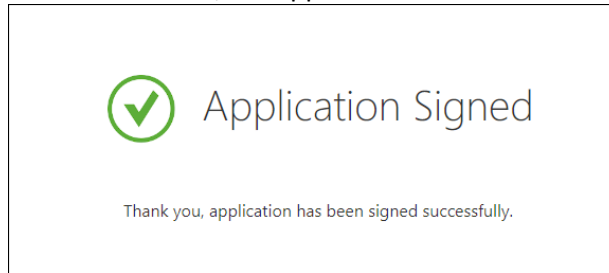
Parent/Guardian Print Name:

Parent/Guardian Signature: 

[Clear parent/guardian signature](#)

7. Confirmation

After the application is submitted, the applicant will receive a confirmation message.



8. An automated email to staff

The system will automatically generate and send an email to the staff person that confirms the signature complete

9. The electronically signed program application can be opened/printed from two locations in I-Trac.

a. Customer Documents Menu | Application (eSigned Program Application)

b. Customer Documentation Tab

The document is automatically reviewed and attached to the enrollment.

Customer Name	Customer ID	Birth MM/DD	Recent Fund Activity
2010RSWIA Youth Test	957651	01/01	NextGen

Document Type	Issue Date	Issued By	Expiration Date	Staff Request	Uploaded By	Reviewed By	Attached Enrollments
Application (Signed Program Application)				Jm I-Trac System Administrator	2010RSWIA Youth Test (Customer)	n/a	• NextGen - IRCO (09/01/2010)

10. Registration Data Updates After Application is eSigned

Worksystems staff may make changes to registration data after registration is complete. Any changes made should be noted in the *Registration Notes* with an explanation and date of the change. This will help monitors understand why a signed application may look different than the data in I-Trac that was reported.

Where the application is electronically signed and it absolutely must be deleted, only an I-Trac Administrator can do this. Worksystems staff must make that request to support@i-trac.org.

Assessments Tab

1. *Educational Functioning Level (EFL) Assessment Control:*
Not currently used in the DWG Careers fund.

2. *Measurable Skills Gain Control:*

Each type of *Measurable Skills Gain* is entered in this control. See the *DWG Careers Regional Program Standards* for guidance. At the top of the control, you can see what Program Year (PY) a participant is falling into the Denominator and Numerator of this measure. Choose the *Type* of gain achieved. A Secondary Education or Training/Post-Secondary record must be entered on the *Services Tab* to populate the *Related Training/Education Service* field. Choose the *Related Training/Education Service* associated with the gain. *Documentation* type depends on the type of gain you are entering. Choose the documentation type in the file that supports the gain.

Measurable Skills Gain

PY 2020: Denominator(No), Numerator(No)
 PY 2021: Denominator(Yes), Numerator(No)

save cancel Date Type Status Related Training/Education Service Documentation

--Select One-- Attained Occupational Skills Training, StartDate: 07/01 --Select One--

Narrative --Select One--

add Needs Assistance

Post-Secondary Educational Achievement
 Secondary Educational Achievement (Credential/Transcript)
 Secondary Educational Achievement (EFL Increase)
 Skills Progression
 Training Milestone

3. *WIOA Partner Program Enrollment Control:*

DOL requires the reporting of participants that are co-enrolled in another WIOA partner program. If you confirm through an email or other means with any of the partners listed here click the *Status* as Yes. *Staff Attestation* means that you have confirmed with the other program that the participant is co-enrolled. Document in the Notes section how you confirmed co-enrollment.

WIOA Partner Program Enrollments			
By selecting one of these values, the customer is validated by the WIOA Program to be enrolled in that program			
WIOA Partner Program	Status	Documentation	Notes
Adult Education (WIOA Title II)	Unknown	Staff Attestation	
Incumbent Worker Program - Apprenticeship grant	Unknown	Application (Signed Program At	
Incumbent Worker Program - DWG grant	Unknown	Application (Signed Program At	
Incumbent Worker Program - H-1B grant	Unknown	Application (Signed Program At	
Incumbent Worker Program - Local Formula	Unknown	Application (Signed Program At	
Incumbent Worker Program - National Farmworker Job Program grant	Unknown	Application (Signed Program At	
Incumbent Worker Program - Statewide	Unknown	Application (Signed Program At	
Rapid Response	Unknown	Staff Attestation	
Rapid Response - Additional Assistance	Unknown	Staff Attestation	
Trade Act (Staff Coordination of Services)	Unknown	Staff Attestation	
Vocational Education	Unknown	Staff Attestation	
Vocational Rehabilitation (WIOA Title IV)	Unknown	Staff Attestation	
Vocational Rehabilitation and Employment (VR&E for WIOA Title IV)	Unknown	Staff Attestation	
Wagner-Peyser Employment Services (WIOA Title III)	Unknown	Staff Attestation	

Goals Tab

This tab is not currently utilized in the DWG Careers program.

Services Tab

Services Control:

The following services in the below drop down are entered in this control. See the *DWG Careers Regional Program Standards* for definitions. All services must have a Start and End Date on the same date. Services in this control are not to be left open.

add Career Services					
	Start Date	End Date	Service	Status	Location
edit delete	8/3/2022	8/3/2022	1 on 1 Job Coaching	Completed	n/a
edit delete	8/3/2022	8/3/2022	1 on 1 Training Plan Development	Completed	n/a

Training, Post-Secondary Education & Employment Skills Control:

The following services in the below drop down are entered in this control. See the *DWG Careers Regional Program Standards* for definitions. **All service types except Pre-Apprenticeship and Workforce Prep place a participant in the denominator of the Measurable Skills Gain and Credential performance.** Must enter a Start Date and Target End Date.

Training, Post-Secondary Education & Employment Skills						
	Start Date	End Date	Target End Date	Service	Status	Location
save cancel	<input type="text"/>	<input type="text"/>	<input type="text"/>	--Select One-- --Select One-- Occupational Skills Training Pre-Apprenticeship Program Pre-Requisite Training Workforce Prep	--Select One--	n/a
	Industry (NAICS)		Target Position (ON			Course of Study (CIP)
	--Select One--					
	Training Provider					Pell Recipient
						--Select One--
	WIOA ITA	Trade Act	Planned Credential or Measurable Skills Gain			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Associates Degree			
	Last Modified By		Date Modified			

Update the *Status* field as the participant's engagement in the service ends or changes. A status of *Cancelled* removes the participant from the *Measurable Skills Gain* and *Credential* performance.

Work Based Training Control:

The following services in the below drop down are entered in this control. See the *DWG Careers Regional Program Standards* for definitions.

Work Based Training						
	Start Date	End Date	Target End Date	Service	Status	Location
save cancel	<input type="text"/>	<input type="text"/>	<input type="text"/>	--Select One-- --Select One-- OJT Work Experience	--Select One--	n/a
	Worksite Name		Industry (NAICS)			Target Sector
			--Select One--			--Select One--
	Hourly Pay	Hours/week	Benefits		Planned Credential or Measurable Skills Gain	
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Dental		<input type="checkbox"/> Associates Degree	
	WEX Hours Completed			Last Modified By	Date Modified	
	<input type="text"/>					

Disability Services Tab

Do not complete this Tab Worksystems is working on guidance for data entry here

Must be completed if a customer reports they are a person with a disability. If the customer chooses not to disclose the type of disability you can't continue to ask about the specifics of the disability, but you do have to document on this Tab what disability services they may be receiving. Data entry on this Tab is about what services the customer may be receiving related to their disability so coordination of services can occur. This Tab is completed at Registration or completed or updated while the customer is engaged in DWG Career services as they report they have engaged in disability services.

If this control on the Registration Tab is documented as this status, then this Tab must be completed.

Disability Characteristics		
Disability Status	Disability Type	Secondary School Plan
save cancel Person with a Disability	<input type="checkbox"/> Cognitive/Intellectual/Developmental <input type="checkbox"/> Hearing related disability <input type="checkbox"/> Mental or psychiatric disability <input type="checkbox"/> Physical/chronic health condition <input type="checkbox"/> Physical/mobility impairment <input type="checkbox"/> Vision related disability <input type="checkbox"/> I choose not to disclose	Not Required
Migrant and Seasonal Farmworker		
Applicant Farmworker Status		
Not a Migrant or Seasonal Farmworker		
edit Other Characteristics		
Other Characteristics		
<ul style="list-style-type: none"> Justice System Involvement Low Income 		

1. *Individual with a Disability- Programs-* Document the disability programs the participant is co-enrolled in. Date= Date of Registration or Date during participation in DWG Careers services that they were co-enrolled.

Individual with a Disability - Programs		
This information is only required where the customer reports they are a person with a disability.		
Programs	Status	Notes
save cancel Local or State Mental Health Agency (LSMHA)	Unknown	
State Developmental Disabilities Agency (SSDA)	--Select One--	
State Medicaid HCBS waiver	Yes	
	No	
	Unknown	

[save](#) [cancel](#)

- *Local or State Mental Health Agency-* If a customer is receiving MH services from a State or County designated provider
- *State Developmental Disabilities Agency-* If a customer is receiving disability services from a State designated provider
- *State Medicaid HCBS Waiver-* If a customer is receiving long-term care services in their home or community, rather than in an institutional setting

2. *Individual with a Disability- Financial Capability Services*

Individual with a Disability - Financial Capability Services	
This information is only required where the customer reports they are a person with a disability.	
Date	Service
save cancel	--Select One--
add Individual with a Disability	--Select One--
	Benefit planning services
	Financial capability/asset development services

This information is only required where the customer reports they are a person with a disability.

3. *Individual with a Disability-Customized Employment Services-* These services are most likely provided by Vocational Rehabilitation providers.

Individual with a Disability - Customized Employment Services	
This information is only required where the customer reports they are a person with a disability.	
Date	Service
<input type="text"/>	--Select One--
<input type="button" value="save"/> <input type="button" value="cancel"/>	<ul style="list-style-type: none"> --Select One-- Developed a customized employment search plan Discovery assessment services Employer negotiation services Secured employment after customized employment and support service

4. *Individual with a Disability- Work Setting-* These services are most likely provided by Vocational Rehabilitation providers.

Individual with a Disability - Work Setting	
This information is only required where the customer reports they are a person with a disability, and they are placed into a work setting.	
Date	Service
<input type="text"/>	--Select One--
<input type="button" value="save"/> <input type="button" value="cancel"/>	<ul style="list-style-type: none"> --Select One-- Competitive Integrated Employment Group Supported Employment Individual Supported Employment Sheltered workshop

DRAFT

Payments Tab

All payments made with funds in the DWG Careers contracts are tracked on the *Payments Tab*. Do not enter payments provided by other funding sources into the DWG Careers record. Must complete all fields in yellow. **A Prosperity Planner Budget is required prior to any payment to a participant.**

1. *Payments Plan Control:*

Not a required control can be used for case management purposes

Payments Plan																												
Total Planned Payments: \$0.00																												
Date	Target Payment Date	Payment Type	Amount	Location																								
<input type="text"/>	<input type="text"/>	--Select One--	<input type="text"/>	n/a																								
add Training & Education Service Payments <table border="1"> <thead> <tr> <th>Date</th> <th>Status</th> <th>Service</th> <th>Service Status</th> <th>WIOA ITA</th> <th>Pa</th> </tr> </thead> <tbody> <tr> <td colspan="6">Total Training & Education Service Pay</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>OJT</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> Support Service Tuition/Fees/Books/Supplies Wages WEX/Internship </td> </tr> </tbody> </table>					Date	Status	Service	Service Status	WIOA ITA	Pa	Total Training & Education Service Pay						<input type="text"/>	<input type="text"/>	OJT				Support Service Tuition/Fees/Books/Supplies Wages WEX/Internship					
Date	Status	Service	Service Status	WIOA ITA	Pa																							
Total Training & Education Service Pay																												
<input type="text"/>	<input type="text"/>	OJT																										
Support Service Tuition/Fees/Books/Supplies Wages WEX/Internship																												

2. *Training & Education Service Payments:*

If tuition for a Training is paid with DWG Careers funds, the payment is entered in this control. For the *Service* type to be entered a Training service must be entered on the *Services Tab*.

Training & Education Service Payments							
Total Training & Education Service Payments: \$0.00							
Date	Status	Service	Service Status	WIOA ITA	Payment Type	Amount	
<input type="text"/>	<input type="text"/>	--Select One--			Tuition/Fees/Books/Su	500.00	
Paid To							
<input type="text"/>		--Select One--					
		Occupational Skills Training (07/01/2021)					
		Pre-Requisite Training (07/01/2021)					
		Work Experience (12/13/2021)					
			Location		Staff		
			SC		Kari Brenk		

3. *Support Service Payments:*

See the *DWG Careers Regional Program Standards* for definitions.

Outcomes Tab

The following performance measures are tracked and reported on in the *Outcomes Tab*. Refer to the *DWG Careers Regional Program Standards* for performance definitions.

Performance Measure	
Employment Rate (Q2 after exit)	Employment Rate (Q4 after exit)
Credential Attainment Rate	Measurable Skills Gain Rate
Median Earnings (Q2 after exit)	

1. Program Status Control:

The following program statuses are entered as appropriate.

- **Exit – Deceased; Health/Medical Reasons; Institutionalized; Reserve Forces Called to Active Duty.** These *Global Exclusions* Exit types remove participants from the Denominator of all performance. Refer to the *DWG Careers Regional Program Standards* for definitions and required documentation. A WorkSystems staff must enter these for providers. The Exit type of **Retirement** does not remove participants from the Denominator of all performance.
- **Auto Exit:** Will auto populate if a record goes more than 90 days without a service entered.

2. Credential Control:

When a participant obtains a Credential enter the data in this control. Refer to the *DWG Careers Regional Program Standards* for definitions. If a participant earns credentials such as First Aid/CPR; OSHA 10/30; Forklift; Flagger; **Pre-Apprenticeship BOLI** choose Non-DOL approved Credential type. This Credential type will not place a participant in the Numerator for the Credential performance measure.

A copy of the Credential earned is placed in the participant's file. Choose the documentation type that matches the documentation in the participant's file.

3. *Employment Information Control:*

Military, Registered Apprenticeship and Unsubsidized Employment is entered in this control. It is a 2-step process to enter employment information.

1. Enter the Start Date; Employment Type; Employer and Industry and click **save**.
2. Then choose the **add** button of the record to enter the Position; Hourly Pay; Hours worked per week and Benefits. As a participant receives pay raises, increased hours or starts to receive benefits a new **add** record is added to the employment record.

add Employment Information						
Start Date	End Date	Employment Type	Employer	Industry (NAICS)		
7/1/2021		Unsubsidized Employment	WorkSystems, Inc	Administrative and Support and Waste Management and Remediation Services		
Date		Position (ONET)	Hourly Pay	Hours/Week	Benefits	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	--Select One--	

4. *Employment Confirmation Control:*

For an Employment record to count in performance an *Employment Confirmation* must be entered. UI wage records will auto populate. Manual entry of employment confirmations can only be done if documentation has been obtained for performance.

Employment Confirmation					
Date	Confirmation Type	Status	Confirmation Detail		
<input type="text"/>	Q2 After Exit Employment Confirms	--Select One--	-- No employments have been entered to meet the requi		
Confirmation Period	Staff	Related Training Services	Documentation		
		No Training	--Select One-- --Select One-- Employment Leave and Earnings Statements Employment Verification Letter on Letterhead Follow-up Survey (Signed) Income Tax Records Pay Stub Payroll Slip Quarterly Tax Payment Forms Sales Commission Worksheet State Department of Revenue or Taxation Record W-2 Form		

Prosperity Budget Tab

A Prosperity Planner Budget is required prior to issuing any support service payments to a participant with the exception of *Identification Documentation* required for enrollment and *Bus Tickets*. To complete the budget in I-Trac click on the **add** button.

add	Budgets		
	Budget Name	Budget Type	Budget Date

This will open up a link to complete the budget with the participant directly in the I-Trac record.


Budget

< Back > Personal Info > Wages/Income > Expenses > Review > Work Supports > Final Report

Let's get started.

Welcome to the Prosperity Planner! This budget tool will assist you in deciding what type of job to pursue, what types of work supports you might qualify for, and where you might choose to make changes to your expenses to meet your personal and family financial goals.

As you proceed, here are some general guidelines:

- Use the "Tab" key to easily move your cursor to the next text box.
- You may edit or review information you've previously entered by using the section navigation line above to return to the desired page.
- On several pages you'll find additional, helpful information by clicking the  in the upper-right corner.

Providing the following personal detail will let the Prosperity Planner personalize the information to your living situation.

County where you live or where you plan to live

How many people live in your household? (Max: 15)

[Next >](#)

A participant can also complete this budget on their own by logging into their My WorkSource and clicking the link to the *Prosperity Planner*.


MY WORKSOURCE


Explore WorkSource Oregon products and services


HELLO, **KARI7**

 **MY ACCOUNT**
Contact Information
Username and Password
Preferred Workforce Areas

To view your portfolio, go to [My Portfolio](#).

 **SECURE MESSAGES**
[Go to Secure Message Center](#)

 **WORKSHOPS**
[Sign up for workshops](#)

 **ONLINE TRAINING**
No training tools authorized.

 **WORKSOURCE TOOLS**
[iMatchSkills](#)
[Prosperity Planner](#)
[WorkSource Oregon Account](#)

Case Notes Tab

Narrative case notes are not a service but may be completed in I-Trac to document additional detail around participation activities; successes and challenges; skill gains; credentials; or employment outcomes. Narrative case notes entered should not repeat information already entered in the I-Trac system, but expand upon, provide context to or augment service or employment data.

DRAFT