

TWIST CUSTOMER REGISTRATION

The following information will be kept confidential and will not be disclosed outside of the requesting entity. This information is requested for data collection purposes only.

IDENTITY

TWIST ID :

SSN _____ - _____ - _____ NAME _____ SUFFIX _____ BIRTH DATE _____ - _____ - _____ PHONE (____) _____ - _____ EXT _____
First MI Last

Mailing Address _____ City _____ State _____ Zip _____ - _____ County _____ **City/ Code** (____) _____
For Office Use

Residence Address _____ City _____ State _____ Zip _____ - _____ County _____ **City/ Code** (____) _____

CHARACTERISTICS

Gender ___ 1-Male 2-Female 3-No Response Given **Hispanic/Latino** ___ 1-Yes 2-No 3-Refused to Answer

Migrant Seasonal Farm Worker ___ **Race** *Please check mark all that apply* **Runaway Youth** ___ 1-Yes 2-No 3-Refused to Answer **School Status** ___
 1-Seasonal Farm Worker ___ White ___ 1-Yes 2-No 3-Refused to Answer
 2-Migrant Farm Worker ___ Black or African American ___ 1-Yes 2-No 3-Refused to Answer
 3-Migrant Food Processing Worker ___ American Indian or Alaskan Native ___ 0-Not a Foster Child 1-Foster Child
 4-None of the above ___ Asian ___ 1-Yes 2-Misdemeanors Only 3-No
 ___ Hawaiian Native or Pacific Islander ___ 1-Yes 2-No 3-Refused to Answer

1 - In-School, H.S. or Less
 2 - In-School, Alternative School
 3 - In-School, Post-H.S.
 4 - Not attending school, H.S. Dropout
 5 - Not attending school, H.S. Graduate

EDUCATION Highest Grade Completed _____ Enter '0' for No Grade, or 1 through 11 for 1st through 11th Grades, or one of the following:

- | | | |
|---|---|---|
| 110 -Twelfth Grade (no diploma or GED) | 16 -2 nd Year of College (Associates Degree) | 21 -Doctorate Degree |
| 12 -High School | 17 -3 rd Year of College (no degree) | 112 -Other Credential (degree, certificate, etc.) |
| 13 -GED | 111 -4 th Year of College (no degree) | 113 -Post-Secondary Vocational/Skills Credential |
| 14 -1 st Year of College (no degree) | 18 -Bachelor's Degree or Equivalent | 114 -Post-Secondary (no HS diploma or GED) |
| 15 -2 nd Year of College (no degree) | 19 -5 th Year of College, Master's Program | 115 -ESL Completion |
| | 20 -6 th Year of College, Master's Degree | |

List Special Courses Taken (Military, Vocational, Technical)

MILITARY HISTORY

Military Service ___ 1-Yes 2-No 3-Other Eligible *(the spouse of any member of the armed forces serving on active duty, or M.I.A., or who died while on active duty)*

Vietnam Service ___ 1-Yes 2-No 3-Refused to Answer **Disabled Veteran** ___ 1-Disabled Veteran 2-Special Disabled Veteran

Branch ___ 1-Army 4-Marines **Start Date** ____/____/____ **Discharge Type** ___ **Release/Retiree** ___ **Campaign Badge** **Reserves**
 2-Navy 5-Coast Guard
 3-Air Force 6-National Guard **Release Date** ____/____/____ 4-Honorable 3-Under Honorable 1-Release 2-Retiree
 2-Other Than Honorable 1-Dishonorable

FAMILY

Family Status ___ 1-Parent In One Parent Family 2-Parent In Two Parent Family 3-Other Family Member 0-Not a Family Member

EMPLOYMENT STATUS

Employment Status *Please select the one that describes your current employment status:* ___ 1-Employed 2-Employed but received Notice of Termination 3-Not Employed

Unemployment Compensation Status *Please select the one that best describes your current unemployment compensation insurance (UI) status:* ___

- 1-I am eligible for and claiming UI 2-I have exhausted my UI 3-The job I have been terminated from (or have received a Notice of Termination) is a UI covered job, **OR**
 4-is not a UI covered job and I am looking for work 0-None of the above

DISLOCATED WORKER

Referred by Worker Profiling System ___ 1-Yes 2-No 3-Refused to Answer Job of Dislocation End Date ____/____/____

DISABILITY/MEDICAL

Disabled 1-Yes 2-No 3-Refused to Answer

OPTIONAL QUESTIONS

Office _____ Optional Question _____ Answer _____
 Office _____ Optional Question _____ Answer _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

For Office Use: Lightly shaded areas identify data that must be collected for customers receiving Enhanced (staff assisted) Services, in addition to Basic (self-directed) Services.

TWIST CUSTOMER ENHANCED SERVICE LEVEL

IDENTITY

TWIST ID :

SSN _____ NAME _____ SUFFIX _____ BIRTH DATE _____ PHONE (____) _____ EXT _____
First MI Last

Mailing Address _____ City _____ State _____ Zip _____ County _____ City/ Code _____ (____)

Residence Address _____ City _____ State _____ Zip _____ County _____ City/ Code _____ (____)

CHARACTERISTICS

Migrant Seasonal Farm Worker _____
 1-Seasonal Farm Worker
 2-Migrant Farm Worker
 3-Migrant Food Processing Worker
 4-None

Hispanic/Latino _____ 1-Yes 2-No 3-Refused to Answer

Race *Please check mark all that apply*
 _____ White
 _____ Black or African American
 _____ American Indian or Alaskan Native
 _____ Asian
 _____ Hawaiian Native or Pacific Islander

Runaway Youth _____ 1-Yes 2-No 3-Refused to Answer

Pregnant/Parenting Youth _____ 1-Yes 2-No 3-Refused to Answer

Foster Child _____ 0-Not a foster child 1-Foster Child

Gender _____
 1-Male 2-Female
 3-No Response Given

Offender _____ 1-Yes 2-Yes, Misdemeanors Only 3-No

Homeless _____ 1-Yes 2-No 3-Refused to Answer

EDUCATION

Highest Grade Completed _____

Enter '0' for No Grade, or 1 to 11 for 1st through 11th Grades, or one of the following:

- | | | |
|---|---|---|
| 110 -Twelfth Grade (no diploma or GED) | 16 -2 nd Year of College (Associates Degree) | 21 -Doctorate Degree |
| 12 -High School | 17 -3 rd Year of College (no degree) | 112 -Other Credential (degree, certificate, etc.) |
| 13 -GED | 111 -4 th Year of College (no degree) | 113 -Post-Secondary Vocational/Skills Credential |
| 14 -1 st Year of College (no degree) | 18 -Bachelor's Degree or Equivalent | 114 -Post-Secondary (no HS diploma or GED) |
| 15 -2 nd Year of College (no degree) | 19 -5 th Year of College, Master's Program | 115 -ESL Completion |
| | 20 -6 th Year of College, Master's Degree | |

School Status _____ 1-In-School, H.S. or Less 2-In-School, Alternative School 3-In-School, Post-H.S. 4-Not attending school, H.S. Dropout 5-Not attending school, H.S. Graduate

List Special Courses Taken (Military, Vocational, Technical)

MILITARY HISTORY

Military Service _____ 1-Yes 2-No 3-Other Eligible (*the spouse of any member of the armed forces serving on active duty, or M.I.A., or who died while on active duty*)

Branch _____
 1-Army 4-Marines
 2-Navy 5-Coast Guard
 3-Air Force 6-National Guard

Vietnam Service _____ 1-Yes 2-No 3-Refused to Answer

Disabled Veteran _____ 1-Disabled Veteran 2-Special Disabled Veteran

Start Date _____/_____/_____ **Discharge Type** _____ 4-Honorable 3-Under Honorable
 2-Other Than Honorable 1-Dishonorable

Release/Retiree _____ **Campaign Badge Reserves**

Release Date _____/_____/_____ 1-Release 2-Retiree

FAMILY

Family Status _____ 1-Parent In One-Parent Family 2-Parent In Two-Parent Family 3-Other Family Member 0-Not a Family Member

Child's SSN	Child's First Name and Last Name	Child's Birth Date	Parent's SSN	Parent's First and Last Name	Parent's Birth Date	DHS Case No
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
<input type="checkbox"/> Tanf Recipient <input type="checkbox"/> Received 30 Mo. of TANF <input type="checkbox"/> TANF Ineligible Within 12 Mo <input type="checkbox"/> Reached TANF Time Limit <input type="checkbox"/> Child TANF Prior Year <input type="checkbox"/> Child Elig for FS/SSI/Med/CHIP						
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
<input type="checkbox"/> Tanf Recipient <input type="checkbox"/> Received 30 Mo. of TANF <input type="checkbox"/> TANF Ineligible Within 12 Mo <input type="checkbox"/> Reached TANF Time Limit <input type="checkbox"/> Child TANF Prior Year <input type="checkbox"/> Child Elig for FS/SSI/Med/CHIP						

EMPLOYMENT STATUS

Employment Status _____ 1-Employed 2-Employed but received Notice of Termination 3-Not Employed

Unemployment Compensation Status _____ 1-Eligible Claimant 2-UC Exhaustee 3-UI Covered Dislocation 4-Non UI covered – attachment to workforce 0-None

DISLOCATED WORKER

Worker Profiled and Referred _____ 1-Yes 2-No 3-Refused to Answer

Job of Dislocation Information _____ End Date _____/_____/_____

DISABILITY/MEDICAL

Disabled _____ 1-Yes 2-No 3-Refused to Answer

OPTIONAL QUESTIONS

Office _____ Optional Question _____ Answer _____

Office _____ Optional Question _____ Answer _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

TWIST COMMON MEASURES DATA Update Correction

The following information will be kept confidential and will not be disclosed outside of the requesting entity. This information is requested for data collection purposes only.

IDENTITY SSN _____ - _____ - _____ NAME _____ First _____ MI _____ Last _____ SUFFIX _____
 BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____ **TWIST ID :** _____

Effective Date ____/____/____ Revised By _____ Revised Date (Revision Data Entry Dat) ____/____/____

SELF SERVICE

IDENTITY Residence Zip _____ - _____
EMPLOYMENT STATUS Employment Status _____ *Please select the one that describes your current employment status*
 1-Employed 2-Employed but received Notice of Termination 3-Not Employed
 UI Compensation Status _____ *Please select the one that best describes your current unemployment compensation insurance (UI) status*
 1-I am eligible for and claiming UI
 2-I have exhausted my UI
 3-The job I have been terminated from (or have received a Notice of Termination) is a UI covered job, **OR**
 4-is not a UI covered job and I am looking for work
 0-None of the above
MILITARY Military Service _____ *(the spouse of any member of the armed forces serving on active duty, or M.I.A., or who died while on active duty)*
 1-Yes 2-No 3-Other Eligible
 Disabled Veteran _____ 1-Disabled Veteran 2-Special Disabled Veteran
DISABLED / MEDICAL Disabled _____ 1-Yes 2-No 3-Refused to Answer

STAFF ASSISTED

CHARACTERISTICS
 Homeless _____ 1-Yes, 2-No, 3-Refused to Answer Offender _____ 1-Yes, 2-Yes-Misdemeanor Only, 3-No Foster Youth _____ 0-Not a Foster Child
 Runaway Youth _____ 1-Yes, 2-No, 3-Refused to Answer 1-Foster Child
 Pregnant Youth _____ 1-Yes, 2-No, 3-Refused to Answer MSFW _____ 1-Seasonal Farm Worker 3-Migrant Food Processing Worker
 Limited English _____ 1-Yes, 2-No, 3-Refused to Answer 2-Migrant Farm Worker 4-None of the above

EDUCATION AT PARTICIPATION Highest Grade Completed _____ School Status _____
 110 -Twelfth Grade (no diploma or GED) 16 -2nd Year of College (Associates Degree) 21 -Doctorate Degree 1 - In-School, H.S. or Less
 12 -High School 17 -3rd Year of College (no degree) 112 -Other Credential (degree, certificate, etc.) 2 - In-School, Alternative School
 13 -GED 111 -4th Year of College (no degree) 113 -Post-Secondary Vocational/Skills Credential 3 - In-School, Post-H.S.
 14 -1st Year of College (no degree) 18 -Bachelor's Degree or Equivalent 114 -Post-Secondary (no HS diploma or GED) 4 - Not attending school, H.S. Dropout
 15 -2nd Year of College (no degree) 19 -5th Year of College, Master's Program 115 -ESL Completion 5 - Not attending school, H.S. Graduate
 20 -6th Year of College, Master's Degree

FAMILY Family Status _____ 1-Parent In One Parent Family 2-Parent In Two Parent Family 3-Other Family Member 0-Not a Family Member

DISLOCATED WORKER
 WPRS _____ 1-Yes 2-No 3-Refused to Answer Displaced Homemaker _____ 1-Yes 2-No 3-Refused to Answer Job of Dislocation End Date ____/____/____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

TWIST ASSESSMENT TRACKING

IDENTITY

SSN _____ - _____ - _____ NAME _____ SUFFIX _____
 BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____ **TWIST ID :** _____

TESTING

CM	Test Date	Category 1-ABE 2-ESL 3-Other	Test Type (*)	Functional Area (**)	Pre/Post	Test Score	Grade Level	Test Description	Test Type Description
<input type="checkbox"/>	____ - ____ - ____	_____	_____	_____	Pre ____ Post ____	____.____	____.____	_____	_____
<input type="checkbox"/>	____ - ____ - ____	_____	_____	_____	Pre ____ Post ____	____.____	____.____	_____	_____
<input type="checkbox"/>	____ - ____ - ____	_____	_____	_____	Pre ____ Post ____	____.____	____.____	_____	_____

***Test Types:** 1 – TABE 7-8, 9-10 2 – CASAS 3 – ABLE 4 – WorkKeys 6 – BEST 7 – BEST Plus
 104 - Armed Forces Qualifying Test (AFQT) 105 - Basic Occupational Literacy Test (BOL) 106 - California Achievement Test (CAT) 107 - Career Ability Placement Survey (CAPS) 108 - CASAS Appraisal
 115 - Wide Range Achievement Test (WRAT) 117 - Valpar 118 - Sage 121 - Other 129 - Typing
 130 - Spelling 131 - ONET Assessment 133 - COPES 134 - COPS 135 - SUPERA
****Functional Areas:** 1 – Reading 2 – Mathematics 3 – Language 4 – Writing 5 – Speaking
 6 – Listening 7 – Other Literacy Functions 8 – Other Numeracy Functions 9 – Other

SERVICE PLAN

Overall Goal _____

Interim Goal	Action	Start Date	Planned Completion Date	Actual Completion Date	Completed <input type="checkbox"/>	Responsibility Client ____ Provider ____ WIA ____ Choices ____ FSE&T ____ RIO ____
_____	_____	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____		
_____	_____	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____		

NEEDS

Needs _____ Assessed Date _____ Referral Date _____ Referral Staff _____
 Needs _____ Assessed Date _____ Referral Date _____ Referral Staff _____
 Needs _____ Assessed Date _____ Referral Date _____ Referral Staff _____

Comments: _____

BARRIERS

Office _____ Optional Question _____ Answer _____
 Office _____ Optional Question _____ Answer _____
 Office _____ Optional Question _____ Answer _____

OPTIONAL QUESTIONS

Office _____ Optional Question _____ Answer _____
 Office _____ Optional Question _____ Answer _____
 Office _____ Optional Question _____ Answer _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

TWIST EMPLOYMENT HISTORY DETAIL

IDENTITY SSN _____ - _____ - _____ NAME _____ *First* _____ *MI* _____ *Last* _____ SUFFIX _____
 BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____ **TWIST ID :** _____

EMPLOYMENT HISTORY Begin Date _____ - _____ - _____ End Date _____ - _____ - _____ Number of Months _____
 Employer _____ Job Title _____
 Contact _____ Duties _____
 Address _____
 City _____ Salary \$ _____ . _____ Type _____ 1-Hour 2-Day 3-Week 4-Month 5-Year 6-Other
 State _____ Zip _____ - _____ Emp Status _____ 1-None 2-Part Time 3-Full Time
 Phone (_____) _____ - _____ Ext _____ Separation _____ 1-LayOff/Permanent 2-Quit 3-Discharged 4-LayOff/Temporary 0-Still Employed

EMPLOYMENT HISTORY Begin Date _____ - _____ - _____ End Date _____ - _____ - _____ Number of Months _____
 Employer _____ Job Title _____
 Contact _____ Duties _____
 Address _____
 City _____ Salary \$ _____ . _____ Type _____ 1-Hour 2-Day 3-Week 4-Month 5-Year 6-Other
 State _____ Zip _____ - _____ Emp Status _____ 1-None 2-Part Time 3-Full Time
 Phone (_____) _____ - _____ Ext _____ Separation _____ 1-LayOff/Permanent 2-Quit 3-Discharged 4-LayOff/Temporary 0-Still Employed

EMPLOYMENT HISTORY Begin Date _____ - _____ - _____ End Date _____ - _____ - _____ Number of Months _____
 Employer _____ Job Title _____
 Contact _____ Duties _____
 Address _____
 City _____ Salary \$ _____ . _____ Type _____ 1-Hour 2-Day 3-Week 4-Month 5-Year 6-Other
 State _____ Zip _____ - _____ Emp Status _____ 1-None 2-Part Time 3-Full Time
 Phone (_____) _____ - _____ Ext _____ Separation _____ 1-LayOff/Permanent 2-Quit 3-Discharged 4-LayOff/Temporary 0-Still Employed

WIT JOB INFORMATION Copied from WIT Job Information Employer _____ Job Title _____
 Begin Date _____ - _____ - _____ End Date _____ - _____ - _____ Salary \$ _____ . _____ Type _____ 1-Hour 2-Day 3-Week 4-Month 5-Year 6-Other End Reason _____ 1-LayOff/Permanent 2-Quit 3-Discharged 4-LayOff/Temporary 0-Still Employed
 City _____ State _____ Duties _____
 Copied from WIT Job Information Employer _____ Job Title _____
 Begin Date _____ - _____ - _____ End Date _____ - _____ - _____ Salary \$ _____ . _____ Type _____ 1-Hour 2-Day 3-Week 4-Month 5-Year 6-Other End Reason _____ 1-LayOff/Permanent 2-Quit 3-Discharged 4-LayOff/Temporary 0-Still Employed
 City _____ State _____ Duties _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

TWIST INCOME DETAIL

IDENTITY

SSN _____ - _____ - _____ NAME _____ Suffix _____
 BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____

TWIST ID : _____

Income DETERMINATION Period

Income RE-DETERMINATION Period

Beginning _____ - _____ - _____ Ending _____ - _____ - _____
 Beginning _____ - _____ - _____ Ending _____ - _____ - _____

Family Member _____ SSN _____ - _____ - _____ Relationship _____ 1-Self 2-Spouse 3-Child Birth Date _____ - _____ - _____ Age _____
 4-Parent 5-Sibling 6-Other

WIA 6 MO Income Type

Inclusions

Exclusions

1-Gross Wages/Salaries	\$ _____	8-Other Pension	\$ _____	3-Reg Payments SS Act	\$ _____	18-Other Excluded Income	\$ _____
2-Self Employment Income	\$ _____	9-Other Included Income	\$ _____	5-Comp. & Dis Payments	\$ _____	19-Scholarship Assist	\$ _____
4-Reg Wkm Compensation	\$ _____	14-WIA Payments	\$ _____	10-Non-Cash Income	\$ _____	20-Title IV Assistance	\$ _____
6-Interest/Dividends	\$ _____	15-Capital Gains/Losses	\$ _____	11-Child Support	\$ _____	21-Foster Care Payments	\$ _____
7-Railroad Retirement	\$ _____	26-SSDI	\$ _____	12-Public Assistance	\$ _____	22-Pmt. in lieu of TANF	\$ _____
Comments: _____				13-Unemployment Benefit	\$ _____	23-Pmt. from Home Sale	\$ _____
				16-One Time Cash Payment	\$ _____	24-Auto Accident Pmt	\$ _____
				17-Veterans Active Duty	\$ _____	25-IDA Withdrawal	\$ _____

Family Member _____ SSN _____ - _____ - _____ Relationship _____ 1-Self 2-Spouse 3-Child Birth Date _____ - _____ - _____ Age _____
 4-Parent 5-Sibling 6-Other

WIA 6 MO Income Type

Inclusions

Exclusions

1-Gross Wages/Salaries	\$ _____	8-Other Pension	\$ _____	3-Reg Payments SS Act	\$ _____	18-Other Excluded Income	\$ _____
2-Self Employment Income	\$ _____	9-Other Included Income	\$ _____	5-Comp. & Dis Payments	\$ _____	19-Scholarship Assist	\$ _____
4-Reg Wkm Compensation	\$ _____	14-WIA Payments	\$ _____	10-Non-Cash Income	\$ _____	20-Title IV Assistance	\$ _____
6-Interest/Dividends	\$ _____	15-Capital Gains/Losses	\$ _____	11-Child Support	\$ _____	21-Foster Care Payments	\$ _____
7-Railroad Retirement	\$ _____	26-SSDI	\$ _____	12-Public Assistance	\$ _____	22-Pmt. in lieu of TANF	\$ _____
Comments: _____				13-Unemployment Benefit	\$ _____	23-Pmt. from Home Sale	\$ _____
				16-One Time Cash Payment	\$ _____	24-Auto Accident Pmt	\$ _____
				17-Veterans Active Duty	\$ _____	25-IDA Withdrawal	\$ _____

WIA Income Summary (All Family Members)

Included 6 Month (WIA Definition) \$ _____ X 2 = **Annualized Total** \$ _____
 Excluded 6 Month (WIA Definition) \$ _____
Total 6 Months \$ _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

IDENTITY

SSN _____ - _____ - _____ NAME _____ Suffix _____

BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____

TWIST ID : _____

ITA AND FINANCIAL ASSISTANCE

INDIVIDUAL TRAINING ACCOUNT

Funding Source _____ 253 – Pell Grant
254 – Scholarship
255 – Other Transaction Date _____ - _____ - _____ Transaction Type _____ 1-Deposit 2-Withdrawal Transaction Amount _____
Comments _____

Funding Source _____ 253 – Pell Grant
254 – Scholarship
255 – Other Transaction Date _____ - _____ - _____ Transaction Type _____ 1-Deposit 2-Withdrawal Transaction Amount _____
Comments _____

FIN ANCIAL ASSISTANCE

Grant Type _____ 1-Pell 3-Other Training Provider Eligible for Pell Grant? Grant Application Date _____ - _____ - _____ Grant Award Status _____ 1-Awarded 2-Denied 3-Pending
Status Date _____ - _____ - _____ Grant Amount _____ Comments _____

Grant Type _____ 1-Pell 3-Other Training Provider Eligible for Pell Grant? Grant Application Date _____ - _____ - _____ Grant Award Status _____ 1-Awarded 2-Denied 3-Pending
Status Date _____ - _____ - _____ Grant Amount _____ Comments _____

WIA YOUTH GOALS AND ATTAINMENTS

GOAL TYPES

1-Basic Skills 2-Work Readiness Skills 3-Occupational Skills

Funding Source _____ Goal Type _____ Set Date _____ - _____ - _____ Target Date _____ - _____ - _____ Attainment Date _____ - _____ - _____ Cancelled _____
Comments _____

Funding Source _____ Goal Type _____ Set Date _____ - _____ - _____ Target Date _____ - _____ - _____ Attainment Date _____ - _____ - _____ Cancelled _____
Comments _____

Funding Source _____ Goal Type _____ Set Date _____ - _____ - _____ Target Date _____ - _____ - _____ Attainment Date _____ - _____ - _____ Cancelled _____
Comments _____

Funding Source _____ Goal Type _____ Set Date _____ - _____ - _____ Target Date _____ - _____ - _____ Attainment Date _____ - _____ - _____ Cancelled _____
Comments _____

Funding Source _____ Goal Type _____ Set Date _____ - _____ - _____ Target Date _____ - _____ - _____ Attainment Date _____ - _____ - _____ Cancelled _____
Comments _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

IDENTITY SSN _____ - _____ - _____ NAME _____ Suffix _____
 BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____ **TWIST ID :** _____

PARTICIPATION

Add	Change	Delete	Service	Fund Source	Fund Start	Fund End	Service Mth	Week 1	Week 2	Week 3	Week 4	Week 5
_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____	_____	_____	_____	_____	_____

GOOD CAUSE

Add	Change	Delete	TANF	FS E&T	Action Type <i>(TANF and FSE&T)</i>	Good Cause/Action Reason <i>(TANF and FSE&T)</i>	Begin/Decision Date <i>(TANF and FSE&T)</i>	End Date <i>(TANF and FSE&T)</i>
_____	_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
_____	_____	_____	_____	_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____

PENALTY (for Non-exempt clients)

Add	Change	Delete	TANF	FS E&T	Penalty Reason <i>(TANF and FSE&T)</i>	Initiate/Decision/Cooperate Date <i>(TANF and FSE&T)</i>	Staff <i>TANF and FSE&T</i>	Resend to DHS <i>(TANF)</i>	Overtured Date <i>(TANF)</i>
_____	_____	_____	_____	_____	_____	_____ - _____ - _____	_____	_____	_____ - _____ - _____
_____	_____	_____	_____	_____	_____	_____ - _____ - _____	_____	_____	_____ - _____ - _____

FOR OFFICE USE

OFFICE 3	ES STAFF NO.	COMMENTS
OFFICE 4	ES OFFICE NO.	
OFFICE 5	DATA ENTERED BY	
STAFF	DATE DATA ENTERED	

TWIST PERFORMANCE DATA

IDENTITY

SSN _____ NAME _____ Suffix _____
 BIRTH DATE _____ PHONE (____) _____ - _____ EXT _____ **TWIST ID :** _____

PERFORMANCE OUTCOMES DETAIL

Service
 Attach to the following service:
 Service Description _____
 Start Date ____/____/_____
 End Date ____/____/_____
 Fund _____
 Outcome Type _____

1-GED	10-Doctorate Degree
2-High School Diploma	11-Other Credential
3-1 st Year of College	12-Advanced Training/ Vocational Skills
4-2 nd Year of College	19-Associate Degree
5-3 rd Year of College	20-Occupational Skills License
6-4 th Year of College	21-Occupational Skills Certificate or Credential
7-Bachelors Degree or equivalent	22-Adult Basic Education
8-5 th Year of College, Masters Program (no degree)	23-English as a Second Language
9-6 th Year of College, Masters Degree	

Date Attained ____/____/_____
 Credential Name _____
 Status _____ 1-Currently Enrolled 2-Completed 3-Did Not Complete
 Hours Completed _____
 Verifier Name (First) _____
 (Last) _____
 Facility Name _____
 Facility Address _____
 Facility City _____
 State _____ Zip _____ - _____
 Facility Contact _____
 Facility Phone (____) _____ - _____ Ext _____

EMPLOYMENT OUTCOME DETAIL

WAGE DETAIL
 Source of Wage Data _____
 2-Pay Stubs 3-W-2s 4-IRS 1099s
 5-Employer Verified
 6-Other (Specify) _____
 Wage Source Desc _____
 Quarterly Earnings \$ _____
 Quarter Applied _____
 Year Applied _____
 Hourly Wage \$ _____
 Hours _____

PROGRAM RELATED
 County _____ - _____
 City _____
 O*NET _____ - _____
 NAICS _____ - _____
 Training Related _____ 1-Job Trained For 2-Training Related
 3-Not Training Related 4-No Training Involved
 Worksite _____
 Recalled By Former Employer UI Covered
 Employer Benefits Relocate Job Order

VERIFICATION
 Date of Verification ____/____/_____
 Verified By (First, MI, Last) _____ Suffix _____

(Employment Outcome Detail (Continued))

EMPLOYER
 Name _____
 Start Dt ____/____/_____
 Street Address _____
 City _____
 State ____ Zip _____ - _____
 Contact _____
 Phone (____) _____ - _____ Ext _____

LAST GRADE DETAIL

Last Grade Completed _____
 110 -Twelfth Grade (no diploma or GED)
 111 12 -High School
 13 -GED
 14 -1st Year of College (no degree)
 15 -2nd Year of College (no degree)
 16 -2nd Year of College (Associates Degree)
 17 -3rd Year of College (no degree)
 111 -4th Year of College (no degree)
 18 -Bachelor's Degree or Equivalent
 19 -5th Year of College, Master's Program
 20 -6th Year of College, Master's Degree
 21 -Doctorate Degree
 112 -Other Credential (degree, certificate, etc.)
 113 -Post-Secondary Vocational/Skills Credential
 114 -Post-Secondary (no HS diploma or GED)
 115 -ESL Completion

Achieved Date ____/____/_____
 Service *Attach to the following service:*
 Service Description _____
 Start Date ____/____/_____
 End Date ____/____/_____
 Fund _____

FOR OFFICE USE

OFFICE 3	WIT USER ID
OFFICE 4	ES OFFICE NO
OFFICE 5	DATA ENTERED BY
STAFF	DATE DATA ENTERED

COMMENTS

TWIST RAPID RESPONSE REGISTRATION

SSN _____ - _____ - _____ Application Date _____ - _____ - _____

Name First _____ MI _____ Last _____ Suffix _____

Phone () _____ - _____ Ext _____

Residence Address _____

City _____ State _____ Zip _____ - _____

Contact Name First _____ MI _____ Last _____ Suffix _____

Phone () _____ - _____ Ext _____ Relationship _____

Birth Date _____ - _____ - _____ Age _____ Gender ____ 1-Female 2-Male

Military Service ____ 1-Yes 2-No 3-Other Eligible (the spouse of any member of the armed forces serving on active duty, M.I.A., or who died while on active duty)

Vietnam Service ____ 1-Yes 2-No 3-Refused to Answer Disabled Veteran ____ 1-Disabled Veteran 2-Special Disabled Veteran

Start Date _____ - _____ - _____ Release Date _____ - _____ - _____ Branch ____ 1-Army 2-Navy 3-Air Force 4-Marines 5-Coast Guard 6-National Guard

Campaign ____ 1-Yes Release/Retiree ____ 1-Release 2-Retire Discharge Type ____ 1-Dishonorable 2-Other Than Honorable 3-Under Honorable 4-Honorable

Reserves ____ 1-Yes

Hispanic/Latino ____ 1-Yes 2-No 3-Refused to Answer Race White Black or African American Hawaiian Native or Pacific Islander American Indian or Alaskan Native Asian

Citizenship ____ 1 - US Citizen 2 - Refugee/Parolee 3 - Permanent Resident Alien 4 - Other Eligible Non-Citizen

Highest Grade _____

Job of Dislocation Hourly Wage _____ . _____

Job of Dislocation Start Date _____ - _____ - _____ Job of Dislocation End Date _____ - _____ - _____

Job Title _____ Key Functions _____

Union Member ____ 1-Yes Union Name _____

FOR OFFICE USE

Rapid Response Number _____ Company Number _____

NAICS _____ O*NET _____

Office 3 _____ - _____

Office 4 _____ - _____

Office 5 _____ - _____

Staff _____ - _____

Service Start Date _____ - _____ - _____ Exit Date _____ - _____ - _____ Exit Reason _____

ES Staff No. _____ ES Office No. _____

DATA ENTERED BY: _____ DATE DATA ENTERED: _____

COMMENTS _____

TEXAS WORKFORCE COMMISSION
RAPID RESPONSE SURVEY of Employees Affected by Layoff or Closure

This survey is a method for the Texas Workforce Commission to understand employees' concerns for the future. The information will be used to help plan the services necessary to assist you by giving us a better understanding of the overall workforce at your company. **There is no personal identifying information requested** PLEASE PRINT Thank you

Rapid Response Event _____ - _____ Company _____ Survey Date _____ - _____ - _____

EMPLOYMENT DATA

1-Have you found another job 1=Y ___ N ___ 2-Is the job with your current employer 1=Y ___ N ___

If you have not secured another job, please complete the following:

3-How long have you worked with current employer? ___ (yrs.) ___ (mos.) 6-Wages \$ _____ 9-Will you relocate for a job? 1=Y ___ N ___
 4-Job Title _____ 7- _____ 1-Monthly 2-Weekly 3-Hourly 10-How many miles are you willing to commute to work _____
 5-Key job functions _____ 8-Are you willing to accept work in a different occupation? 1=Y ___ N ___ 11-Are you currently a union member 1=Y ___ N ___
 12-Name of Union _____

EDUCATION DATA

13-Last grade completed in elementary/High School _____ (Grades 1-12) 18-Do you have any Professional Certificates/Licenses 1=Y ___ N ___
 If YES, please identify below
 14-High School Diploma/GED 1=Y ___ N ___ 19-Identify _____
 15-Are you interested in enrolling in a GED program 1=Y ___ N ___ 20-Do you have language skills other than English 1=Y ___ N ___
 16-Additional number of years of training/education beyond high school _____ 21-What language(s) _____
 17-Identify College Major or other Technical Degree(s) and field _____ 22-Are you interested in enrolling in training 1=Y ___ N ___

GENERAL DATA

23-What are your plans for the immediate future (Check One)
 ___ 1-Look for another job ___ 3-Retrain for another career ___ 5-Obtain skill/craft certificate ___ 7-Not sure what I want to do
 ___ 2-Start my own business ___ 4-Relocate out of area ___ 6-Retirement

INFORMATIONAL SEMINARS

24-If available, which of the following seminars would you attend (Check all that apply) 1=Y ___ N ___
 ___ a-Choosing a New Career ___ d-Resume Writing ___ g-Improving English, Math, Reading/Writing Skills ___ j-Filling Out Applications
 ___ b-Coping with Change ___ e-Starting My Own Business ___ h-Interviewing Skills ___ k-How to Get a GED
 ___ c-Job Search Assistance ___ f-Job Search Support Group ___ i-Networking Skills ___ l-Other _____

25-If available, which of the following seminars or counseling services would you attend? (Check all that apply) 1=Y ___ N ___
 ___ a-Older Worker Issues ___ d-Family Problems ___ g-Financing Education ___ j-Stress Management ___ m-Child Care
 ___ b-Credit or Debt Management ___ e-Alcohol/Drug Abuse ___ h-Disability Issues ___ k-Health Care/Insurance ___ n-Transportation
 ___ c-Managing Mortgage, Rent, Utilities ___ f-Social Services ___ i-Veteran's Benefits ___ l-Unemployment Insurance ___ o-Other _____

DEMOGRAPHIC DATA

26-Home zip code _____ 30-If Married, is your spouse employed 1=Y ___ N ___ 33-Are you a Veteran 1=Y ___ N ___
 27-Date of Birth (MM/DD/YYYY) _____ 31-Number of Dependents ___ a-Ages 1-5 ___ b-Ages 6-17 ___ c-Ages 18 and above
 28-Gender ___ 1-Male 2-Female 32-Ethnicity ___
 29-Family Status ___ 1-Married 2-Parent in Two-Parent Family 0-Information Not Available 1-White 2-Black or African American 3-Hispanic or Latino
 3-Single Parent 4-Single 4-American Indian or Alaskan Native 5-Asian 6-Hawaiian Native or Pacific Islander

MILITARY

For Military Staff/Civilian/Contract Personnel Only

34-Are you active military personnel 1=Y ___ N ___ 37-Do you anticipate retiring from the military 1=Y ___ N ___ 40-If so, which one _____
 35-Are you a civilian currently working on a military base 1=Y ___ N ___ 38-Is there an education fund set up for you 1=Y ___ N ___ 41-Do you know of any barriers you face obtaining non-military
 36-Are you a contract employee of a military base 1=Y ___ N ___ 39-Do you have an incentive package 1=Y ___ N ___ civilian employment 1=Y ___ N ___
 42-If so, what barriers _____

FOR OFFICE USE

DATA ENTERED BY _____

DATE DATA ENTERED _____

COMMENTS _____

TWIST SERVICE TRACKING

IDENTITY

TWIST ID

SSN - - NAME SUFFIX BIRTH DATE - - PHONE () - EXT

SERVICE INFORMATION

Service Category ONET Special Category Concurrent
Service CIP 0-None 5-Tryout Employment 7-Relocation Assistance 13-Local Innovation
Start Date State (for Rider reporting) 14-Micro-enterprise (for Rider reporting) 15-Job Retention/
Planned End Date FICE Reemployment (for Rider Reporting) 16-Adult Ed/Literacy (for Rider Reporting) Training Worksite
Planned Hours Subsidized 17-Distance learning 90-Duplicate Activity 95-Tryout Employment (Duplicate) Hourly Wage \$
Planned Training \$ Degree/Credential Public/Private 1-Pubic 2-Private Nonprofit 3-Private For Profit 97-Relocation Assistance (Duplicate) 102-Applicant Refused TANF Subsidy (hrly) \$
County
City

COMPLETION INFORMATION Actual End Date Training Cost \$ Actual Hours Completion Reason 19-Program Continuing 20-Complete-Successful
Comments: 21-Complete-Not Successful 22-Dropped Out

FUND DETAIL Fund - Start / / End / / Sub Fund - Amount \$
Ofc 3 Ofc 4 Ofc 5 Staff
ES Office No. ES Staff No.

SELECT PROVIDER Provider Code Program Name CIP Code Location

EMPLOYMENT OUTCOME DETAIL

WAGE DETAIL Source of Wage Data 2-Pay Stubs 3-W-2s 4-IRS 1099s 5-Employer Verified 6-Other (Specify) Wage Source Desc
Quarterly Earnings \$ Quarter Applied Year Applied Hourly Wage \$ Hours

VERIFICATION Date of Verification Verified By (First, MI, Last) Suffix

EMPLOYER Name Start Dt / /
Street Address City State Zip -
Contact Phone () - Ext

PROGRAM County - City O*NET -
RELATED NAICS - Training Related 1-Job Trained For 2-Training Related Worksite
3-Not Training Related 4-No Training Involved
Recalled By Former Employer UI Covered Employer Benefits Relocate Job Order

REFERRAL DETAIL Start Date Wage/Hr. \$ Hrs/Wk. Employer
Contact Address City, St, Zip State Zip -
Phone () County City O*NET -
NAICS - Training Related 1-Job Trained For 2-Training Related Worksite
3-Not Training Related 4-No Training Involved
Recalled By Former Employer UI Covered Employer Benefits Relocate Job Order

FOR OFFICE USE

DATA ENTERED BY DATE DATA ENTERED COMMENTS

IDENTITY

TWIST ID :

SSN - - Name First MI Last Suffix Birth Date - - Phone () - EXT

Mailing Address City State Zip - County City Code

Residence Address City State Zip - County City Code

CONTACTS

Name Suffix Phone - - Ext Contact Order Relationship Comments

Name Suffix Phone - - Ext Contact Order Relationship Comments

CHARACTERISTICS

Gender 1-Male 2-Female 3-No Response Given

INS Expiration / /

Deficient in Basic Literacy 1-Yes 2-No 3-Refused to Answer

Migrant Seasonal Farm Worker

Selective Service 1-Yes 2-No 3-Refused to Answer

Limited English 1-Yes 2-No 3-Refused to Answer

- 1-Seasonal Farm Worker
2-Migrant Farm Worker
3-Migrant Food Processing Worker
4-None

Registration No.

Runaway Youth 1-Yes 2-No 3-Refused to Answer

Offender 1-Yes 2-Yes, Misdemeanors Only 3-No

Hispanic/Latino 1-Yes 2-No 3-Refused to Answer

Pregnant/Parenting Youth 1-Yes 2-No 3-Refused to Answer

Homeless 1-Yes 2-No 3-Refused to Answer

Race Please check mark all that apply

Foster Child 0-Not a foster child 1-Foster Child

Citizenship 1-US Citizen 2-Refugee/Parolee

- White
Black or African American
American Indian or Alaskan Native
Asian
Hawaiian Native or Pacific Islander

Receiving Parent Training 1-Yes 2-No 3-Refused to Answer

- 3-Permanent Resident Alien
4-Other Eligible Non-Citizen

TANF Recipient Any 36 of the Preceding 60 Months

EDUCATION

School Status 1-In-School, H.S. or Less
2-In-School, Alternative School
3-In-School, Post-H.S.
4-Not Attending School, H.S. Dropout
5-Not Attending School, H.S. Graduate

Attend School 1-Full Time 2-Part Time

Major

Highest Grade Completed

Job Corps

List Special Courses Taken (Military, Vocational, Technical)

Class Schedule

MILITARY

Military Service 1-Yes 2-No 3-Other Eligible(*) Vietnam Service 1-Yes 2-No 3-Refused to Answer Disabled Veteran 1-Disabled Veteran 2-Special Disabled Veteran

(*) (the spouse of any member of the armed forces serving on active duty, or M.I.A., or who died while on active duty)

- Military Branch 1-Army 4-Marines
2-Navy 5-Coast Guard
3-Air Force 6-National Guard

Start Date

Release Date

- Discharge Type 4-Honorable
3-Under Honorable
2-Other Than Honorable
1-Dishonorable

Release/Retire 1-Release 2-Retire

Campaign Badge Reserves

PUBLIC ASSISTANCE

DHS Case Number DHSClient Number Amount Start Date Certification Date Named on Grant? Currently Receiving?

Table with 8 columns: DHS Case Number, DHSClient Number, Amount, Start Date, Certification Date, Named on Grant?, Currently Receiving?. Rows include General Assistance, Refugee Assistance, TANF, Food Stamps, SSI, FSE&T ABAWD.

FAMILY

Family Status 1-Parent in One-Parent Family 2-Parent in Two-Parent Family 3-Other Family Member 0-Not a Family Member
Marital Status 1-Single 3-Separated 2-Married 4-Divorced 5-Widowed
Dependent Under 18 Head of Household Non-Custodial Parent Number in Family

Table with 7 columns: Child's SSN, Child's First Name and Last Name, Child's Birth Date, Parent's SSN, Parent's First and Last Name, Parent's Birth Date, DHS Case No. Includes checkboxes for Tanf Recipient, Received 30 Mo. of TANF, etc.

SPECIALIZED SERVICES *(continued)* SSN _____ - _____ - _____ NAME _____ SUFFIX _____ TWIST ID: _____

EMPLOYMENT STATUS

Available for Work _____ 1-Yes 2-No 3-Refused to Answer
 Employment Status _____ 1-Employed 2-Employed but received Notice of Termination 3-Not Employed
 Not Self Sufficient _____ 1-Yes 2-No 3-Refused to Answer
 Lack Significant Work History _____ Worked less than 3 out of 12 months 1-Yes 2-No 3-Refused to Answer
 _____ Worked Less than 3 out of 24 months 1-Yes 2-No 3-Refused to Answer

Unemployment Comp Status _____ 1-Eligible/Claimant 2-UC Exhaustee 3-UI Covered Dislocation
 4-Non UI covered – attachment to Workforce 0-None
 UI Claimant _____ 1-State 2-Other – UCX, UCFE, TRA, DUA OR FSC 3-Extended Benefits 4-Federal Use (Reserved) 5-None
 Last Job Start Date _____ - _____ - _____ End Date _____ - _____ - _____
 Hourly Wage \$ _____ . _____ Hours Per Week _____
 Weeks Worked Last 26 Weeks _____ # of Months Worked out of last 24 _____

DISLOCATED WORKER

Planned Closure/ Public Notice _____ 1-Yes 2-No 3-Refused to Answer
 Terminated/Laid Off _____ 1-Yes 2-No 3-Refused to Answer
 Unlikely to Return _____ 1-Yes 2-No 3-Refused to Answer
 Permanent Closure/Substantial Layoff _____ 1-Yes 2-No 3-Refused to Answer
 Dislocated Job Hourly Wage \$ _____
 Natural Disaster _____ 1-Yes 2-No 3-Refused to Answer

Local Economic Conditions _____ 1-Yes 2-No 3-Refused to Answer
 NAFTA/TAA _____ 1-Yes 2-No 3-Refused to Answer
 Trade Adjustment Assistance _____ 1-Yes 2-No 3-Refused to Answer
 Job of Dislocation Information Begin Date ____/____/____
 End Date ____/____/____
 Worker Profiled and Referred _____ 1-Yes 2-No 3-Refused to Answer
 Previous Self-Employment _____ 1-Yes 2-No 3-Refused to Answer
 Displaced Homemaker _____ 1-Yes 2-No 3-Refused to Answer

DISABILITY / MEDICAL

Disabled _____ 1-Yes 2-No 3-Refused to Answer
 Disability Barrier _____ 1-Yes 2-No 3-Refused to Answer
 Substance Abuse _____ 1-Yes 2-No 3-Refused to Answer

OPTIONAL QUESTIONS

Office	Optional Question	Answer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

This certification is to be signed by the applicant after the Application has been completed and the applicant has reviewed the information on the Application

I certify there is no intent to commit fraud. I am also aware that the information provided is true to the best of my knowledge and will be used to determine eligibility and that I am required to document the accuracy of the information and that the information is subject to external verification and may be released for such purposes. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment as a result of falsifying information on the Application and may be prosecuted for fraud and/or perjury.

Name *(Signature of Applicant)* _____ Date _____ Name *(Signature of Parent or Legal Guardian)* _____ Date _____
 Name *(Signature of Intake Officer)* _____ Date _____ Name *(Reviewed by)* _____ Date _____

FOR OFFICE USE

OFFICE 3 _____	ES STAFF NO. _____	COMMENTS _____ _____ _____ _____
OFFICE 4 _____	ES OFFICE NO _____	
OFFICE 5 _____	DATA ENTERED BY _____	
STAFF _____	DATE DATA ENTERED _____	

TWIST SUPPORT SERVICES

IDENTITY

SSN _____ - _____ - _____ NAME _____ Suffix _____

BIRTH DATE _____ - _____ - _____ PHONE (_____) _____ - _____ EXT _____

TWIST ID : _____

- | | | | |
|---------------------------------|--|-------------------------------------|------------------------------------|
| 201 - Health Care | 206 - Needs-based/related payments | 211 - GED Test Payment | 221 - Relocation Allowance |
| 202 - Family/Child Care | 207 - Other _____ | 212 - Work Related Expense | 222 - PRA Entered Employment Bonus |
| 203 - Transportation | 208 - Substance Abuse Treatment | 218 - Financial Planning Assistance | 223 - PRA Retention Bonus |
| 204 - Housing/Rental Assistance | 209 - IDA (Individual Development Account) | 219 - Work-related Incentives | |
| 205 - Counseling | 210 - Wheels To Work | 220 - Job Search Allowance | |

Service Provided	Start Date	Fund Source	Sub Fund	Planned Amount	Planned End Date	End Date	Actual Amount	Comments:
_____	____-____-____	_____	_____	_____	____-____-____	____-____-____	_____	_____
Office 3 _____		Office 4 _____		Office 5 _____		Staff _____		
Service Provided	Start Date	Fund Source	Sub Fund	Planned Amount	Planned End Date	End Date	Actual Amount	Comments:
_____	____-____-____	_____	_____	_____	____-____-____	____-____-____	_____	_____
Office 3 _____		Office 4 _____		Office 5 _____		Staff _____		
Service Provided	Start Date	Fund Source	Sub Fund	Planned Amount	Planned End Date	End Date	Actual Amount	Comments:
_____	____-____-____	_____	_____	_____	____-____-____	____-____-____	_____	_____
Office 3 _____		Office 4 _____		Office 5 _____		Staff _____		
Service Provided	Start Date	Fund Source	Sub Fund	Planned Amount	Planned End Date	End Date	Actual Amount	Comments:
_____	____-____-____	_____	_____	_____	____-____-____	____-____-____	_____	_____
Office 3 _____		Office 4 _____		Office 5 _____		Staff _____		
Service Provided	Start Date	Fund Source	Sub Fund	Planned Amount	Planned End Date	End Date	Actual Amount	Comments:
_____	____-____-____	_____	_____	_____	____-____-____	____-____-____	_____	_____
Office 3 _____		Office 4 _____		Office 5 _____		Staff _____		
Service Provided	Start Date	Fund Source	Sub Fund	Planned Amount	Planned End Date	End Date	Actual Amount	Comments:
_____	____-____-____	_____	_____	_____	____-____-____	____-____-____	_____	_____
Office 3 _____		Office 4 _____		Office 5 _____		Staff _____		

FOR OFFICE USE

DATA ENTERED BY	DATE DATA ENTERED	ES STAFF NO.	ES OFFICE NO.	COMMENTS
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