

TULARE COUNTY WORKFORCE INVESTMENT BOARD, INC. WORKFORCE INVESTMENT ACT TITLE I-B ACTIVITIES	DATE: November 27, 2002
	SUBJECT: YOUTH SERVICES School Referral Form

TCWIB DIRECTIVE

TCWIBD-02-3

TO: TCWIB Youth Service Providers
TCWID Staff: Supervisors; Intake/Assessment; Program and Monitoring Analysts; MIS

SUBJECT: YOUTH SERVICES: SCHOOL REFERRAL FORM

EXECUTIVE SUMMARY

Purpose:

This directive transmits local policy regarding use of the School Referral Form in documenting risk factors (barriers) associated with WIA eligibility requirements, when youth attending secondary schools apply for services.

Scope:

This directive applies to all TCWIB-funded, WIA Youth Service Providers and TCWID staff responsible for documenting and certifying WIA eligibility criteria for youth attending secondary schools.

Effective Date:

This directive is effective November 27, 2002

References:

- ◆ Workforce Investment Act, Sections 101(13) & 129
- ◆ 20 CFR, The Final Rule, Part 664
- ◆ State of California, EDD, WIA Eligibility Technical Assistance Guide, Section VII
- ◆ TCWIB, WIA Eligibility Technical Assistance Guide, Section VII

TCWIB-IMPOSED REQUIREMENTS:

This directive contains TCWIB-imposed requirements. These requirements are in ***bold, italic type***.

FILING INSTRUCTIONS:

Retain this directive until further notice.

BACKGROUND:

Individuals eligible to receive WIA youth services are defined as: 14-21 years of age; low-income, [defined in the WIA section 101(25)]; and within one or more of the following categories: 1) deficient in basic literacy skills; 2) school dropout; 3) homeless, runaway, or foster child; 4) pregnant or parenting; 5) offender; or 6) an individual who requires additional assistance to complete an educational program or to secure and hold employment. The TCWIB, WIA Eligibility Technical Assistance Guide should be referenced for further definition of youth eligibility criteria.

Over the years the school referral form was found to be an effective tool for documenting certain risk factors (barriers) required for eligibility in youth employment and training programs. The attached School Referral Form has been revised to address WIA eligibility requirements and will provide an effective and consistent mechanism for documenting both referrals and risk factors associated with youth who are attending secondary schools. Additionally, it will serve to inform schools when students apply for WIA youth services, solicit the school's assistance in identifying service needs, and further strengthen the linkage between schools and WIA youth programs.

POLICY AND PROCEDURES:

WIA Youth Service Providers and appropriate TCWID staff shall use the attached School Referral Form for documenting risk factors associated with WIA eligibility requirements, when youth attending secondary schools apply for services. The information provided on the form may also be used when assessing service needs and making appropriate referrals to quality youth services.

ACTION:

Please forward this directive and the attached School Referral Form to all appropriate staff.

INQUIRIES:

Direct questions to Eldonna Caudill, Senior Program Analyst, TCWID, (559) 713-5200, ecaudill@tcwid.org, or Diane King, Program Analyst, TCWID, (559) 713-5200, dking@tcwid.org.

JOSEPH H. DANIEL

Administrator

JHD:EC:MB

Attachment TCWID School Referral Form

E:\Workforce Investment Act - Working Papers\WIB Policy Bulletins & Directives\TCWIBD-02-3 (Yth Serv School Referral Form).doc

**TULARE COUNTY WORKFORCE INVESTMENT DEPARTMENT
SCHOOL REFERRAL FORM**

School Name

Street Address

City, State, Zip

Dear Sir or Madam,

Customer Name has applied to **Agency Name** for participation in a youth workforce development program funded by the Tulare County Workforce Investment Board, Inc. (TCWIB). **Agency Name** and the TCWIB are committed to providing quality programs that enhance the educational, occupational, and citizenship skills of youth, encourage school completion, increase employment and earning potential, and assist young people in addressing problems that impair their ability to make successful transitions from school to work or advanced education and training. In order to make appropriate referrals to quality youth services, we need your help in documenting the information listed on the attached page.

We recognize and appreciate your time and effort in providing the information requested.

Please return this form to: **Staff Name**
Agency Name
Address
City, State, Zip

Thank you for your assistance.

Student Signature

Date

Agency Staff

Date

