**Local Plan Modification Transmittal Form**

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| **To Be Completed by LWDB** | **STATE USE ONLY** |
| **LWDB:** | **Region 15** | **Date Received:** |  |
| **Date Submitted:** | **4/9/19** | **Date Approved:** |  |
| **Provide a description of Local Plan changes below:** | **Effective Date:** |  |
| **Title I Rep:** |  |
| Add the following to the Region 15 Local Service Plan:1. **Geographical Preference for Enrollment Policy and Procedures:**

The Geographical Preference for this Region is that the participant must be a resident within the following counties: Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, and Wayne or within the local School District boundaries. For individuals living outside of these boundaries who request assistance from this Region, the application must be forwarded to the current residency WIOA Title I Director to either approve assistance or defer the application for service to this region. Approval must be documented in the data management system.1. **Eligibility Determination Policy for Participation of Minors:**

The Region 15LWDB does not authorize any additional responsible adults outside of those mentioned in the State Policy to authorize program participation for minors.1. **Ineligibility to Receive Services Policy:**

On the date that the individual is found ineligible to receive services the individual will be mailed a letter stating why they are ineligible and providing them 30 days to respond to correct the ineligible status. A final determination will be made after the 30 days have expired and the individual will be mailed a letter stating the final determination of services. 1. **Closure of Services Due to Fraud Policy:**

On the date that the individual is found to have committed or attempted to commit fraud to receive services, the individual will be mailed a letter stating the determination and provide them 30 days to respond to the fraud status. A final determination will be made after the 30 days have expired and the individual will be mailed a letter stating the final determination of services.1. **Selection of Adult Mentors Policy:**

Region 15 will partner with other Partner Agencies for Adult Mentoring Services.1. **Objective Assessment Policy:**

Region 15 will utilize one or a combination of the following assessments as part of the Objective Assessment Service: TABE 9/10, CASAS, CAPS/COPS/COPES, and O\*NET Interest Profiler.Page 1 of 31. **Support Services Policy:**

GeneralThe American Job Center partners will work in conjunction to ensure that duplication of services does not happen for dual enrolled participants.See Policy Memo 16-2 Change 2.Removed the following Support Services:* + - 1. Counseling
			2. Residential Meal Support
1. **Additional Assistance for Youth Policy:**

Region 15 identifies the following categories for Youth Needing Additional Service in addition to those outlined in State Policy: None1. **Economic Self-Sufficiency:**

Region 15 adopts the State Standard for Economic Self-Sufficiency.1. **Underemployed Individuals Policy:**

Region 15 outlines the following criteria to qualify as an Underemployed Individual under the Adult and Dislocated Worker Programs:1. Currently employed on a less than full time basis and is seeking full time employment.
2. Currently in a position that is below their level of skills and training.
3. Currently meets the definition of a low-income individual, but their current job’s earnings are not sufficient compared to their previous job’s earnings from their previous employment. Must be at 80% or below previous earnings.
4. **Individualized Career Services Policy:**

Region 15 will utilize the following assessments to determine eligibility:1. TABE 9/10 or CASAS

These assessments are approved for use by the National Reporting System.**Page 2 of 2** |
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**Approvals:**

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**LWDB Chair Date CEO Chair Date**