**Attachment C**

**Additional Local Priority of Service Population Form**

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| **WIOA Title I Adult – Additional Priority of Service Population Form** | **Region:** |  |
| **Population Feature** | **WDB Response** |
| **Describe priority of service population** *Criteria, characteristics of group members. Use one form per additional population.* |  |
| **Reason for Designation***Describe the circumstances leading to a POS designation. How will creating a local POS population help this group?* |  |
| **Why are members of this population unlikely to be included in the WIOA priority populations?***Public Assistance Recipients, Low-Income Individuals, and Basic Skills Deficient Individuals* |  |
| **Describe the timeline for serving this population.***If there is not a specific timeline, please explain.* |  |
| **Service Goals***What are the SMART (Specific, Measurable, Achievable, Realistic, Timeframe) goals for the population? Percentage of clients served, number of clients achieving a specific milestone, etc.* | **Specific Goal** | **Measurement**  | **Why is it Achievable/ Realistic?** | **Timeframe to Accomplish** **(If applicable)** |
| **Method** *(How)* | **Frequency** *(How Often)* |
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| **Outreach & Engagement Strategies***How will the local area try to connect the target population with WorkOne services?* | **Strategy** | **Resources Needed** | **Timeframe** |
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