

TECHNICAL ASSISTANCE

Date: 10/03/2023

Contact: policy@dwd.in.gov

Program: Workforce Innovation and Opportunity Act (WIOA) Youth Program

Subject: DWD Technical Assistance 2023-01
Indiana Career Connect Youth Work Experience Data Entry

Purpose

This guidance is divided into two sections, Management Information Systems (MIS) data entry and WorkOne/American Job Center (WorkOne/AJC) staff data entry. The MIS data entry section provides guidance on adding a work experience (WEX) with line-items to an existing employer record as well as updating an existing WEX to include line-items. The WorkOne/AJC staff data entry section covers recording a Youth WEX activity with line-items (supportive services).

References

- TEGL 9-22 *Workforce Innovation and Opportunity Act Title I Youth Formula Program Guidance*
- DWD Policy 2017-10, Change 1 *Guidance on WIOA Title I Youth Work Experience*

Content

Supportive services that enable WIOA Youth participants to successfully participate in a WEX are now an allowable Youth WEX expenditure.¹

At a minimum,² the following must be completed in Indiana Career Connect (ICC) **prior** to adding a WEX:

MIS Staff

The Employer Record.

WorkOne/AJC Staff

- WIOA Youth application and enrollment;
- Individual Service Strategy/Individual Employment Plan (IEP);
- All required case notes; and
- The employer record, WEX, and line-items (MIS entered).

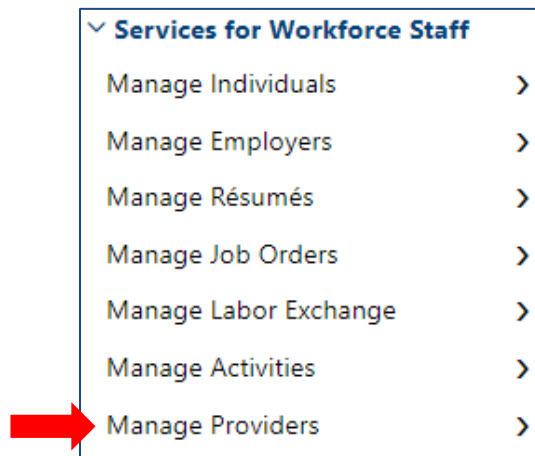
¹ See DWD's *WIOA Title I Youth Work Experience* policy for additional Youth WEX guidance.

² Staff should follow locally established processes for Youth participants in addition to DWD policy/technical assistance and federal guidance.

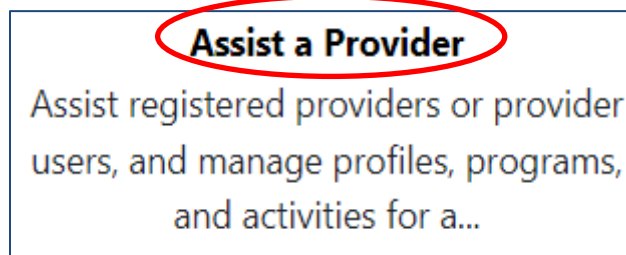
NOTE: Specific regional, employer/participant record, and/or funding information displayed in the screenshots below are examples created in the ICC testing environment.

MIS Staff - Adding a Youth Work Experience with Line-Items to an Employer Record

Step 1: From the left navigation menu, choose **Services for Workforce Staff** and then **Manage Providers**.



Step 2: Click **Assist a Provider**.



General Criteria

Status: Active Inactive No Selection

Provider ID:

Provider FEID:

Vendor Code:

LWIA / Region:

Provider Name 1:

Step 3: Search for the Provider by entering information in the **Provider Name 1** field.

Step 4: Click **Programs** in the **Action** column.

ID	Name	Address	Vendor	Region	Status	Action	Select
525	NBA Jammers	545 Springfield Way Shelbyville, IN 46176	12345	Region 5	Active	Profile Programs Activities	<input type="checkbox"/>

Step 5: Click **Add Program Service**.

Add Program Service

Step 6: Click options button for **PS-Work Experience**.

Service Type Information

Please select a service type from the options below. After you have selected a service type, you will see the associated service codes.

*** Service Type:**

PS - Work Experience

Associated service codes for the PS - Work Experience service type:

218 - Internships
 219 - Work Experience
 323 - Workplace Training & Cooperative Education
 400 - Youth Summer Employment

Step 7: Enter **Program/Service Name** and **Program/Service Description**.

General Information

*** Status:**

Active Inactive

*** Program / Service Name:**

Work Experience

Program / Service Description:

Work Experience

(4000 characters max.)

Step 11: Click the **Attain Credential** dropdown arrow, select the appropriate credential, and click **Save**.

Outcome Information	
*Attain Credential:	None Selected ▾
Other, Specify:	<input type="text"/>
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Step 12: In the **Program/Service Customer Group** section, click the **Edit Customer Group Details** link.

Program / Service Customer Group
Customer Group Description
No data available
[Edit Customer Group Details]

Step 13: Click the **Program** dropdown and select the appropriate Program.

Step 14: Select all **Customer Groups** that will be associated with the WEX.

Program:	Title I - Workforce Development (WIOA) ▾
Customer Group:	<input type="checkbox"/> 10 - Adult <input type="checkbox"/> 20 - Youth <input type="checkbox"/> 30 - Dislocated Worker <input type="checkbox"/> 80 - National Dislocated Worker Grant (NDWG) <input type="checkbox"/> 90 - Statewide Youth <input type="checkbox"/> 92 - Incumbent Worker - Adult <input type="checkbox"/> 93 - Statewide Adult <input type="checkbox"/> 94 - Statewide Rapid Response Add'l Assistance DW <input type="checkbox"/> 96 - Statewide Dislocated Worker <input type="checkbox"/> 97 - Non-WIOA Special Grant <input type="checkbox"/> 98 - Local Funded Grant

Step 15: In the **Program/Service Occupation** section, Click the **Edit Occupation Details** link.

Program / Service Occupation	
Occupation Code	Occupation Title
No data available	
[Edit Occupation Details]	

Step 16: Click the **Add Occupation** link.

Program / Service Occupation(s)	
Occupation Code	Occupation Title
No records found	
[Add occupation] Delete selected occupation(s)]	

Step 17: Locate and select the appropriate **Occupation**.

Display only Occupations with a Bright Outlook Display Green Occupations only

Keyword Search

- Architecture and Engineering Occupations
- Arts, Design, Entertainment, Sports, and Media Occ
- Building and Grounds Cleaning and Maintenance Occu
- Business and Financial Operations Occupations
- Community and Social Service Occupations

Step 18: Click on the **Edit Cost Details** link.

Program / Service Cost Details	
Cost Title	Cost Value
No data available	
Total Amount	\$0.00
[Edit Cost Details]	

Step 19: Click the **Add Cost Items (Opens in a new window)** link.

Service Cost Information
Please ensure that the amounts entered are the costs for the service duration.
* Add Cost Items [Add Cost Items (Opens in new window)]

Step 20: Click the **Total WEX Wage Costs** link.

Click on any Cost item to select it	
Code	Item
24	Total Training Costs
29	Total WEX Wage Costs
34	Total WEX Fringe Costs

Step 21: In the **Service Cost Information** section, click the **Add Cost Item (Opens in new window)** link to add **Total WEX Fringe Costs (FICA)**.

Service Cost Information	
Please ensure that the amounts entered are the costs for the service duration.	
* Add Cost Items	[Add Cost Items (Opens in new window)]

Step 22: A new window will open. Complete all required fields in the **Total WEX Fringe Costs** section.

* Total WEX Fringe Costs:	\$ 0.00	[Remove Cost Items]
* FICA Rate:	<input type="text"/>	<input type="button" value="..."/>
* FICA Cost:	\$ 0.00	<input type="button" value="..."/>
* WC Rate:	<input type="text"/>	<input type="button" value="..."/>
* WC Cost:	\$ 0.00	<input type="button" value="..."/>

Step 23: Complete all remaining required fields in the **Service Cost Information** section.

Service Cost Information	
Please ensure that the amounts entered are the costs for the service duration.	
* Add Cost Items	[Add Cost Items (Opens in new window)]
* Total WEX Wage Costs:	\$ 0.00 [Remove Cost Items]
* Wage:	\$ 0.0000 <input type="button" value="..."/>
* Wage Type:	None Selected <input type="button" value="..."/>
* Duration:	<input type="text"/> <input type="button" value="..."/>
* Wage Reimburse Rate:	<input type="text"/> <input type="checkbox"/> Applicable

Step 24: Click the **Click Here to Add Line Items (Opens in new window)** link to add line-items (supportive services) associated with the WEX.

* Add Cost Items	[Add Cost Items (Opens in new window)]
* Add Line Items:	[Click Here To Add Line Items (Opens in new window)]

Step 25: Click the link to select **each** item associated with the WEX.

Code	Item
72	Other/Misc Program Cost
177	Other Expense - Program Service
178	Application Fee
179	Registration Fee
180	Standardized Testing Fee
181	Licensing Fee
182	Supplies
183	Uniforms
184	Pre-Testing
185	Assessments

This is how “supportive services” will appear in the **Costs Section**.

* Uniforms:	\$ 0.0000	[Remove Line Items]
-------------	-----------	---------------------------------------

Step 26: In the box, add the **MAXIMUM** allowable amounts for each item.

* Add Cost Items	[Add Cost Items (Opens in new window)]	
* Uniforms:	\$ 100.00	[Remove Line Items]

Step 27: Click **Save**.

Save

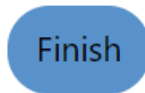
Step 28: Click the **Edit Location Details** link.

Program / Service Locations	
Address	Bill Address
No data available	
[Edit Location Details]	

Step 29: Select the **Location Address** for the WEX.

Program / Service Locations			
Provider: NBA Jammers			
Program / Service: Work Experience			
Selected	Location Name	Location Address	Billing Address
<input type="checkbox"/>	NBA Jammers	545 Springfield Way Shelbyville, IN 46176	545 Springfield Way Shelbyville, IN 46176

Step 30: Click **Finish**.



MIS Staff – Adding a Line-Item to an Existing WEX

NOTE: If a participant already has an open WEX activity associated with the WEX you are about to update, that existing activity will not update to include the newly added line-items (supportive services). The added line item(s) will only be available to new WEX activities.

Step 1: Follow steps 1, 2, and 3 above.

Step 2: On the **Program Services** tab, click **Edit** in the Action column.

Program Services			
Service Name	Service Description	Active	Action
Mascot Trainer		✓	Edit
Work Experience		✓	Edit

Step 3: In the **Program/Service Cost Details** section, click on the **Edit Cost Details** link.

Program / Service Cost Details	
Cost Title	Cost Value
Total WEX Wage Costs	\$1,000.00
Wage	\$25.0000
Wage Type	Hourly
Duration	40.000
Wage Reimburse Rate	100 %
Total WEX Fringe Costs	\$1,000.77
FICA Rate	0.0765 %
FICA Cost	\$0.77
WC Rate	100 %
WC Cost	\$1,000.00
Total Amount	\$2,000.77

[\[Edit Cost Details \]](#)

Step 4: Click on the **Click Here to Add Line Items (Opens in new window)** link for a list of available supportive services.

* Add Cost Items	[Add Cost Items (Opens in new window)]
* Add Line Items:	[Click Here To Add Line Items (Opens in new window)]

Step 5: Follow steps 25, 26, and 27 above.

WorkOne/AJC Staff - Adding a Youth WEX Activity with Supportive Services to a Participant Record

Step 1: Locate the Youth Participant. (Manage Individuals -> Assist an Individual)





First Name:	<input type="text" value="nancy"/>	<input checked="" type="radio"/> Exact match	<input type="radio"/> Begins with
Last Name:	<input type="text" value="drew"/>	<input checked="" type="radio"/> Exact match	<input type="radio"/> Begins with <input type="radio"/> Like

Enter the participant's name in the **First Name** and **Last Name** fields.⁴ Click **Search**.


Step 2: Click on the **Programs-Tab** link.

nancydrew@yahoo.com WIOA - Enrolled 07/04/2023	Nancy	Drew	9999	13733	7/13/2023		7/13/2023	Summary Tab Case Notes Tab Activities Tab Programs Tab
--	-------	------	------	-------	-----------	--	-----------	---

Step 3: Scroll down to the Title I Workforce Development (WIOA) application and click on the plus (+) sign to see the different sections associated with the application.

Title I - Workforce Development (WIOA)				Apps: 1
Create Title I - Workforce Development (WIOA) Application Convert WIOA Pre-Application				
WIOA #10511 - Complete				
  				
	LWDB:	05 - Region 5	Application Date	07/01/2023

Step 4: Locate the **Activity/Enrollment/Service** section. Click on plus (+/-) sign and then click on the **Create Activity/Enrollment/Service** link.

 Activities / Enrollments / Services
Create Activity / Enrollment / Service

⁴ There are multiple ways to locate a participant. Searching by first/last name is being used as an example.

Step 5: On the **General Information** tab, select the appropriate information for the required fields.

WIOA Youth Funding:	Out Of School Youth
* Customer Program Group:	20E - Youth Out School ▼
	[Select program enrollment template]
* LWDB:	Region 5
	LWDB cannot be modified if staff has local region assignment.
* Office Location:	Franklin WorkOne ▼

Step 6: Click on the **Select Activity Code** link. A popup box will open with a listing of all available activities.

* Activity Code:	<input type="text"/>	<input type="text"/>
	[Select Activity Code]	


Step 7: Select the appropriate activity by clicking on the activity link.


425	Work Experience - Paid	Not Provided	PS - Work Experience
426	Work Experience - Un-Paid	Not Provided	PS - Work Experience


Step 8: Enter the appropriate dates of the activity.

- If staff are creating the activity **before** the participant enters the WEX, the **Projected Begin Date** should be entered.
- If it is being entered after/on the day the activity staff will place a date in the **Actual Begin Date** field.
- The **Projected End Date** field must be filled out with the date it has been determined the WEX will end.

* An actual begin date or a projected begin date is required.

Projected Begin Date: (mm/dd/yyyy)  [Today](#)

Actual Begin Date: (mm/dd/yyyy)  [Today](#)

* **Projected End Date:** (mm/dd/yyyy)  [Today](#)

Step 9: Click **Next**.

Next >>

Step 10: On the **Service Provider** tab, click on the **Select Provider** link.

* **Provider:**

[\[Select Provider \]](#)

Step 11: Select the appropriate provider by clicking on the **Provider Name**.⁵

Provider Code	Provider Name	Address
525	NBA Jammers	545 Springfield Way Shelbyville, IN 46176

⁵ The **Provider Location** will auto-populate once on the Provider has been selected.

Step 12: Click on the **Select Service, Course or Contract** link.

* **Service, Course or Contract:**

[\[Select Service, Course or Contract \]](#)

Step 13: Select the Work Experience activity link from the list.⁶

2369	Work Experience	Occupational Skills certificate or credential / N/A	\$5,388.25	1
------	---------------------------------	---	------------	---

Step 14: Click on the **Occupational Training Code** link.

* **Occupational Training Code:**

[\[Occupational Training Code \]](#)

Step 15: Click on the **Select Occupation From ONET Table** link.

[\[Select Occupation From ONET Table \]](#)

Step 16: Select the appropriate occupational code from the list by clicking on the **Item** link.

Code	Item
13201100	Accountants and Auditors

Step 17: Click **Next**.

Next >>

⁶ NOTE: If staff do not see "Work Experience" listed, they will need to contact their region and have them research the issue.

Step 18: Complete the required **Worksite Information** fields.

* Worksite Name:	<input type="text" value="From Downtown Industries"/>
* Address:	<input type="text" value="888 Seconds Lane"/> <input type="text"/>
* City:	<input type="text" value="Shelbyville"/>
* State:	<input type="text" value="Indiana"/>
* Zip Code:	<input type="text" value="46176"/>
* Contact Name:	<input type="text" value="HR"/>
* Phone Number:	<input type="text" value="222"/> - <input type="text" value="222"/> - <input type="text" value="2222"/> Ext <input type="text"/>
E-mail Address:	<input type="text"/>
Hourly Wage:	<input type="text" value="\$ 18.00"/>
	<small>Note: This field is for record-keeping purposes only. Program costs are derived from the service.</small>
* Weekly Hours:	<input type="text" value="40.0"/> <small>Example: 99.9</small>
Is this a green job?:	<input type="radio"/> Yes <input checked="" type="radio"/> No

On the **Enrollment Cost** tab, WEX fields such as **Total Costs, Wages Costs, Fringe Costs, and Additional Costs** will be pre-filled based on information entered when the activity was set up in the Provider Record.

Available supportive services are located under the **Additional Costs** section. The maximum available amount for each service is pre-filled.

Additional Costs
These optional fields are used to record additional expenses related to the service.

Uniforms	<input type="text" value="\$ 250.0000"/>	
	<small>Available: \$250.0000</small>	
	<small>Obligated: \$0.0000</small>	
Supplies	<input type="text" value="\$ 100.0000"/>	
	<small>Available: \$100.0000</small>	
	<small>Obligated: \$0.0000</small>	

Step 19: Click Next.

Next >>

On the **Financial** tab, the **Enrollment Financial Aid** allows staff to enter any financial aid the participant may have to offset the total amount of funding requested. Staff should follow local policy concerning financial aid.

Enrollment Financial Aid

Financial Aid Applicable: Yes No

Financial Aid Web Site: [\[View the Financial Aid Web Site. ↗\]](#)

Step 20: On the Enrollment Budget tab, create a budget for the funding by clicking the Click Here to Select a Budget link.

Enrollment Budget Information

Enrollment Summary: Enrollment ID: 11975
 Username: nancydrew@yahoo.com
 WIOA Application ID: 10511
 Youth Funding: Out Of School Youth
 Activity Code: 425 - Work Experience - Paid
 Activity Dates: 7/18/2023 - 8/31/2023

Total Enrollment Cost: \$5,388.25
Financial Aid Contribution: \$0.00
Net Cost: \$5,388.25
Total Funded Costs: \$0.00
Total Obligations: \$0.00
Costs To Be Funded: \$5,388.25

Budget Allocation

Budget	Funded Amount	Obligated Amount	Current Balance
You have no records			

[\[Click Here To Select a Budget \]](#)

Step 21: Select the correct budget from the available choices in the pop-up box.

Select a Budget		
Select one budget from the list.		
Available Budgets	Budget Amount	Available Balance
PY2016 checklist 5-20-16 PY2016 checklist 5-20-16 (5/18/2016 - 5/18/2026) State [State]	\$450,000.00	\$169,187.50
PY2016 checklist 9-12-16 PY2016 checklist 9-12-16 (9/12/2016 - 9/12/2026) State [State]	\$450,000.00	\$443,708.45

Step 22: Once the budget is selected, click the **Edit** link.

Budget Allocation				
Budget	Funded Amount	Obligated Amount	Current Balance	Action
PY2016 checklist 9-12-16 PY2016 checklist 9-12-16 (9/12/2016 - 9/12/2026) State [State]	\$0.00	\$0.00	\$0.00	Edit History

Step 23: In the new window, enter the **Funded Amount** of the WEX and click **Save**.

Funded Cost Allocation

Budget Amount: \$12,000.00

Available to Allocate: \$10,075.00

Available to Obligate: \$10,075.00

*** Funded Amount:**

Step 24: Click **Next**.

Creating a Voucher

Staff will need to create separate vouchers for each supportive service provider. Additionally, if the participant receives a portion of the allotted amount for a supportive service, staff will need to create separate vouchers for each amount.

Step 25: On the **Budget Planning** tab, click **Add a Voucher**.

PY2016 checklist 5-20-16 : PY2016 checklist 5-20-16 (5/18/2016 - 5/18/2026)		
Budget Location: State [State]		
Funded Amount: \$5,388.25	Obligated Amount: \$0.00	Current Balance: \$5,388.25
Total Payments: \$0.00	Total Refunds: \$0.00	Total Paid: \$0.00
[Add a Voucher]		

Step 26: Select **Another Provider**.

* Payable To:	<input checked="" type="radio"/> Pending Approval <input type="radio"/> Pending Resolution <input type="radio"/> Participant <input type="radio"/> Service Provider <input checked="" type="radio"/> Another Provider
----------------------	---

Step 27: Click on the **Other Provider Selection** dropdown arrow to access the list of available supportive service providers. Select the appropriate provider.⁷

Other Provider Selection	
Please select a provider from the list below:	
	<div style="border: 1px solid black; padding: 2px;">None Selected</div> <div style="border: 1px solid gray; padding: 5px; margin-top: 2px;"> None Selected 180 Skills, Llc. 1st Option Adult Day Services & Home Health Llc 2 Nurses Home Care, Inc 360training.com, Inc. Dba Meditec 3d Training Institute 3dvision Technologies Training Center Ac/c Tech Acl Nurse Aide School, Llc Adams Memorial Hospital Adonia Community Services Inc. Advanced Healthcare Training Advanced Healthcare Vocational Institute </div>
Billing Locations:	<input type="checkbox"/>
Bill Address1:	<input type="checkbox"/>
Bill Address2:	<input type="checkbox"/>
Bill City:	<input type="checkbox"/>
Bill State:	<input type="checkbox"/>
Bill Zip:	<input type="checkbox"/>

⁷ Once the provider is selected, the address information will auto-populate.

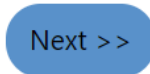
Step: 28 Scroll down past the **WEX Fringe Costs** section to locate the available supportive services (line-items) and enter the amount of the voucher. Once the amounts have been entered, the **Total Amount** field will auto-populate.

* Uniforms:	\$ 0.0000
	Available: \$250.0000 Planned: \$250.0000
* Supplies:	\$ 0.0000
	Available: \$100.0000 Planned: \$100.0000
Total Amount:	\$ 0.00

Step 29: Click **Save**.



Step 30: Click **Next**.



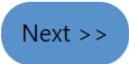
A summary of the vouchers created will be provided at the bottom of the page. Staff can click the plus (+) sign to see the different options for the voucher.⁸

- **Edit:** allows staff to make changes to the voucher (prior to approval).
- **History:** provides staff a list of the voucher timeline.
- **Print:** prints the voucher.

Type	Date	Check Number	Amount	Service Dates	Doc #	Action
You have no records						
[Add a Payment Add a Refund]						
+	Voucher #1218 - Active - Pending Approval \$100.00					

⁸ See **Attachment A** for an example WEX supportive service voucher.

Step 31: Click **Next**.

A blue rounded rectangular button with the text "Next >>" in white.

Closure Information tab. Do **NOT** complete the **Closure Information**. Staff will **not** update this tab until the participant has **completed** the WEX.

Step 32: Click **Finish** to complete the entry of the activity.

A blue rounded rectangular button with the text "Finish" in white.

Attachments

Attachment A – Example of a WEX Supportive Service Voucher

Additional Information

Questions regarding the content of this publication should be directed to policy@dwd.in.gov.

Attachment A

Example of a WEX Supportive Service Voucher

Voucher ID: 1217 Voucher Date: 07/19/2023 Voucher Expire Date: 07/18/2024	Check Here if Final: <input type="checkbox"/>
Voucher Remittance Address: Franklin WorkOne 97 Umbarger Lane Franklin, IN 46131	For Participant Name: Nancy Drew SSN: XXX-XX-9999 Student ID: N/A State ID: 13733 Program ID: Title I - Workforce Development (WIOA) - Youth App ID: 10511
Provider of Service: Al's Bike Shop Mailing Address: 3232 Stafford Rd. Plainfield, IN 46168 Attn: N/A FEIN/SSN: XXX-XX-9999 Vendor ID: 22222222 Reference No.: N/A Service Name: Work Experience	Agreement Information: Agreement #: Service Code: 425 - Work Experience - Paid Service Date: Start - 07/19/2023 End - 08/31/2023 FundStream: PY2016 checklist 5-20-16

Total payment for this voucher cannot exceed the TOTAL VOUCHER amount

Item	Voucher Amount	Payments To Date	Amount Submitted for Payment For Service Provided Between: Start Date: 07/19/2023 End Date:
Total WEX Wage Costs	\$0.00	\$0.00	
Wage	\$25.00	\$0.00	
Wage Type	Hourly	Hourly	
Duration	0.00	0.00	
Wage Reimburse Rate	100.00%	100.00%	
Total WEX Fringe Costs	\$0.00	\$0.00	
FICA Rate	\$0.77	\$0.00	
FICA Cost	\$0.00	\$0.00	
WC Rate	\$0.00	\$0.00	
WC Cost	\$0.00	\$0.00	
Supplies	\$100.00	\$0.00	
Uniforms	\$250.00	\$0.00	
TOTAL VOUCHER:	\$350.00	\$0.00	

I hereby certify, under penalty of law, that this voucher is correct and accurate. I understand that subsequent vouchers will be dependent on the participant's continued progress in Title I - Workforce Development (WIOA)

Provider's Authorized Signature	Date	Authorized Staff Signature	Date
		Authorized Staff Signature	Date