

Region 4 Workforce Board  
WIOA Title I Adult Priority of Service

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***WIOA requires priority of service and at least 50% of adult participants enrolled must fall into one of the priority categories listed below. Participants served as incumbent workers are excluded from the priority calculation. Staff must ensure proper identification, documentation and data entry in DWD's data management system.***

### **Purpose**

This policy discusses priority of service requirements for Workforce Innovation and Opportunity Act (WIOA) Title I Adults for both Career Services and Training Services. Priority applies for low-income individuals, participants on public assistance, and individuals who are basic skills deficient. Veterans (and eligible spouses) continue to receive priority of service for all DOL-funded training programs.

### **References**

- Workforce Innovation and Opportunity Act, Section 134(c)(3)(E)
- WIOA Regulations, Section 680.600
- TEGL 19-16
- TEGL 10-09

### **Content**

WIOA Title I Section 134(c)(3)(E) requires that priority of service be given to “recipients of public assistance, other low income individuals, and individuals who are basic skills deficient for receipt of career services ... and training services.” Under WIOA priority must be given regardless of funding levels. As described in the Act, WIOA increases access to and opportunities for employment, education, training, and support services that individuals need, *“particularly those with barriers to employment.”*

“Priority of service” status is established at the time of eligibility determination for WIOA Title I Adult Registrants and does not change during the period of participation. Priority does *not* apply to the dislocated worker population.

Veterans continue to receive priority of service in all DOL-funded training programs but a “veteran must still meet each program’s eligibility criteria.” Thus for WIOA Title I Adult services, the program’s eligibility and priority considerations must be made first, and then veteran’s priority applied\*  
Local areas must give priority of service to participants that fall into one the below priority categories:

1) Recipients of public assistance.

2) Other low income individuals. The term “low income individual” is defined at Section 3(36) means an individual who:

- Receives, or in the past 6 months has received or is a member of a family that is receiving or has received in the past six months, assistance through the supplemental nutrition program (SNAP), TANF, supplemental security income under title XVI of the Social Security Act, or a state or local income-based public assistance program; or
- Is in a family with total family income that does not exceed the higher of:
  - The poverty line or
  - 70% of the lower living standard income level or

- Is a homeless individual or
- Is an individual with a disability whose own income meets the income requirements above, but who is a member of family whose income does not meet this requirement.

3) Individuals who are basic skills deficient. The term “basic skills deficient” is defined at Section 3(5) to mean means a youth or adult who is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual’s family, or in society. The Department of Workforce Development (DWD) is providing guidance for making this determination by defining it as an individual who meets ANY ONE of the following:

- Lacks a high school diploma or equivalency and is not enrolled in secondary education; or
- Scores 8.9 or below on the TABE; or
- Is enrolled in Title II adult education (including enrolled for ESL); or
- Has poor English language skills (and would be appropriate for ESL even if the individual isn’t enrolled at the time of WIOA entry into participation); or
- Is WorkINDiana eligible (Title II participants are eligible for WorkINDiana up to a year after exit); or
- The case manager makes observations of deficient functioning and records those observations as justification in a case note.

Effective Date: July 2018

\*For example, three individuals are applying for services. Two of them are receiving public assistance and one is not. The first two receive priority for enrollment over the third individual. Of the two who fall into the priority categories, one of them is a veteran and the other is not. The veteran would receive priority for enrollment.

## FAMILY SIZE & INCOME STATEMENT

(List all family members here; include member's income such as employment income, social security payments, etc. if they have no

Client Name: \_\_\_\_\_ Client SS# \_\_\_\_\_

Date: \_\_\_\_\_ Site: \_\_\_\_\_

Please provide the information for all family members residing in the household in the last 26 weeks.

**Number in Household:** \_\_\_\_\_

Family – two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are included in one or more of the following categories: • a husband, wife, and dependent\* children • a parent or guardian and dependent\* children • a husband and wife o The definition of family and the phrase "husband and wife" includes same-gender married couples

**\*\* EMPLOYMENT INCOME \*\***

Use average hours per week x hourly wage OR average weekly or bi-weekly pay multiplied by Number of Weeks (or pay periods) in last 26 weeks. Remember overtime & tips.

Average Hours Per Week **multiplied by** Hourly Wage **multiplied by** Number Of Weeks Employed or Average Pay **multiplied by** Number of Weeks/Pay Periods in Last 26 Weeks. **Include Unemployment Insurance, Old Age Survivors Insurance and Child Support.**

Family Member	Relationship	Age	Income Source	Income (Last 6 months)		Annualized Income
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____

If no income is reported, explain source of support. \_\_\_\_\_

Do you provide 50% or more of your own support?  Yes  No

Will you be claimed as a dependent on another's tax return?  Yes  No

What documentation was used to determine income eligibility? (Attach Documentation) \_\_\_\_\_

**\*\*EXCLUDABLE/ASSISTANCE INCOME\*\*** (Answer all that apply.)

Currently receiving TANF Yes\_\_\_\_ No\_\_\_\_ Currently receiving food stamps Yes\_\_\_\_ No\_\_\_\_

Determined eligible or received

Food stamps in last 6 months Yes\_\_\_\_ No\_\_\_\_ Currently receiving Trustee Assistance Yes\_\_\_\_ No\_\_\_\_

Currently receiving Refugee Assistance Yes\_\_\_\_ No\_\_\_\_ Currently receiving SSI Yes\_\_\_\_ No\_\_\_\_

If youth with documented disability (with personal includable income under the economic guidelines), but household income is over economic guideline limit, check here: **HOUSEHOLD OVER INCOME \* INDIVIDUAL WITH DISABILITY \* TAKEN AS FAMILY OF ONE** Yes\_\_\_\_\_

Comments:

Signatures

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_