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## DEPARTMENT OF LABOR AND EMPLOYMENT

### WORKFORCE DEVELOPMENT PROGRAMS

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Category: Veterans
Subject: Veterans Workforce Investment Program (VWIP)
Source: Federal/State
Revise/Replace: 11-01-V
Contact: State VWIP Coordinator
Distribution: All Directors, Managers; Workforce Regional Field Directors, Workforce Center Directors, Employment & Training Program and Administrative Staff to include: Disabled Veterans Outreach Program Specialist (DVOP), Local/Regional Veterans Employment Representative (RVER), and Employment Service (ES) professionals.
Colorado One-Stop System Policy Guidance Letter: 12-09-V
Date: 11/02/2012

#### I. REFERENCE (S) :

- A. Public Law 107-288 (Jobs for Veterans Act)
- B. PGL 12-08-V Refocused Roles and Responsibilities of Jobs for Veteran State Grant (JVSG) Funded Staff
- C. Workforce Investment Act (WIA), Section 168
- D. Department of Labor Veterans' Employment and Training Service Solicitation for Grant Applications [SGA # 12-02/PY 12]
- E. General Provisions, Grants and Cooperative Agreements
- F. Special Provisions, Grants and Cooperative Agreements
- G. Technical Assistance Guide for Competitive Grants Reporting PY2012

#### II. PURPOSE:

To provide information and guidance regarding the newly received Veterans Workforce Investment Program (VWIP) grant and its relationship to WIA, the workforce regions and DVOP/RVER staff; and to provide specific program guidance to ensure effective implementation and standardization of program requirements.

#### III. BACKGROUND:

The Colorado Department of Labor and Employment (CDLE) Veterans' Employment and Training Program was awarded a new VWIP grant by the U.S. Department of Labor Veterans' Employment and Training Service (VETS). The VWIP grant is for a total of \$1,250,000 over a period of three years ending June 30, 2015. Colorado's VWIP grant builds upon the existing continuum of services and training to meet the needs of veterans, with a focus on training and placement into high-demand industries and occupations such as those identified in the Colorado Blueprint like health & wellness, bioscience, information technology, manufacturing, and infrastructure engineering & construction.

The VWIP grant targets veterans who have service-connected disabilities and/or significant barriers to employment; who have served on active duty in the armed forces during a war, in a campaign, or during an expedition for which a campaign badge is authorized; and/or who are **recently separated veterans within 48 months of discharge**. Veterans with a "dishonorable" discharge annotated on their discharge form from the military (also known as a Department of Defense form #214, DD214) are ineligible for VWIP grant services. To participate, veterans must provide a copy of their DD214, either a social security card or passport, and a government issued identification card (ID). When the veteran is receiving monthly compensation from the Department of Veterans Affairs (VA) for a service connected disability, the veteran must also provide a statement of disability letter from the VA. The DVOP shall assist the veteran in obtaining the required documentation if the veteran is unable to produce their DD214, social security card, ID, or statement of disability from the VA.

#### **IV. POLICY/ACTION:**

Services shall be provided by DVOP, RVER, and workforce center staff. Eligible veterans should be considered for VWIP enrollment whether or not they are currently enrolled in the Workforce Investment Act (WIA) Program. In addition, when appropriate, DVOP and WIA staff are strongly encouraged to collaborate to co-enroll eligible VWIP veterans into other WIA programs or grants. **The program code in Connecting Colorado (CC) to enroll veterans into VWIP is VW.**

- A. **Workforce center staff** must provide the initial assessment and workforce center orientation to assist with referral to the VWIP through veteran triage. They may provide veterans with assistance in job search preparation, including but not limited to: resume writing skills, interview skills, job search, and career coaching. Workforce Center business service staff must collaborate with the RVER to identify businesses in high-demand industries with staffing needs that can be met with trained VWIP participants. The local workforce region shall provide administrative support, accounting, and fiscal oversight regarding training program payments and are strongly encouraged to co-enroll VWIP participants into other programs for supportive services and/or to supplement VWIP training funds, subject to the local workforce region's policies, program, and data requirements.
- B. **DVOP** staff are primarily responsible for the day-to-day operations of the VWIP grant and must coordinate with the workforce center staff having fiscal responsibility to ensure training is provided to the targeted number of veterans without exceeding the region's budget allocation. DVOP staff must conduct outreach to identify eligible veterans for VWIP enrollment. Veterans enrolled into the VWIP will receive services from the DVOP including but not limited to: comprehensive assessment, enrollment, job preparation, career coaching, case management, referral to supportive services, and follow-up services.
- C. **RVER** staff must work with local workforce business service teams to conduct targeted outreach to identify businesses in high-demand industries with company needs that will lead to training opportunities for VWIP participants.

To the extent possible, the RVER will identify an existing high-demand employment opportunity prior to the enrollment of an eligible veteran into related training coursework. The RVER will assist the DVOP to place job ready VWIP participants into employment opportunities with businesses in high-demand industries. The RVER will collect and report regional quarterly VWIP performance data and submit the data electronically to the State VWIP Coordinator.

V. MANDATORY PROGRAM REQUIREMENTS:

- A. Outreach - Eligible veterans will be identified through regular intake processes at the local workforce centers. Other eligible veterans will be identified by DVOPs in their outreach strategies such as the Transition Assistance Program (TAP), referrals from VA Vocational Rehabilitation, County Veterans' Service Offices, and other agencies serving eligible veterans.
- B. Orientation - Workforce center staff will provide an overview of the VWIP in their customer orientations that includes information about high-demand occupations and industries, and services and resources offered at the local workforce center. Veterans demonstrating an interest in VWIP during the orientation will be referred to the DVOP for an appointment and assessment.
- C. Pre-Enrollment Assessment - This process will be completed by DVOP staff for eligible veterans who are interested in VWIP training. The assessments will verify program eligibility; determine the nature and degree of barrier(s); identify potential VA benefit and service eligibility and the appropriateness of VWIP enrollment. Priority for program consideration will be given to veterans who have not previously participated in the VWIP. DVOPs will justify and receive prior approval from the State VWIP Coordinator to enroll any veteran into the VWIP who participated in VWIP training during the previous three years. Veterans who are not appropriate for the program or eligible for DVOP service will be referred to workforce center staff for assistance and possible enrollment into WIA or other programs.
- D. Individual Employment Plan (IEP) [Also known as Employment Development Plan (EDP)] - The DVOP will collaborate with eligible veterans, and WIA staff if co-enrolling, during the enrollment process to create a formal written document outlining a course of action that will lead to the veteran entering employment. The IEP must be signed by both veteran and DVOP, and a copy must be placed in the VWIP case file. It will include short and/or long term goals to remove barriers to obtaining and keeping employment and will incorporate the services, activities, training and assessments completed by the DVOP and veteran. The IEP shall assess the veteran's job skills, work experience, and identify any employment barriers. The IEP will address issues such as transportation, necessary work clothing or tools, child care, etc. The DVOP will provide services and make referrals to eliminate or reduce barriers. Throughout the process, the DVOP will provide guidance, career counseling, and offer access to current information on training programs and labor market information to help the veteran make appropriate career path choices. For veterans co-enrolled in WIA, a copy of the WIA IEP must be provided in the veterans' VWIP case file. A VWIP IEP does not need to be completed if a current WIA IEP already exists.
- E. Comprehensive Case File - The DVOP must document all VWIP services and activities provided to a veteran in CC and a paper file. All records including the application and eligibility documentation must be maintained electronically in CC using a format that can be easily transmitted and printed. After the veterans' case file is completed and approved for training the participant will receive services appropriate to meet their needs. DVOPs must maintain all of the documents below in the veteran's case file for 2 years. Mandatory documents to be maintained in the case file are as follows:
- CC "Applicant Information Full View" Screen print,
  - VWIP pre-enrollment application (see attachment #1),

- DD214,
- Social Security card, green card, or passport,
- VA disability verification (if applicable),
- Proof of selective service registration,
- Drivers license or government issued picture ID,
- Affidavit of Immigration Status (see attachment #2),
- Completed skill assessment,
- Information release form (see attachment #3),
- Quality review form,
- Vocational training request (see attachment #4),
- Individual Employment Plan (IEP) (see attachment #5),
- CC screen print of services provided,
- Employment and benefit tracking form (see attachment #6),
- Training progress reports and/or certificates of completion,
- CC screen print of notes related to services provided, and
- Any supporting documentation (Labor Market Information (LMI), pre-hire letter, employment documents, resume, and statement of need, etc.).

F. **Training** - DVOPs must receive approval from the Workforce region staff with fiscal responsibility prior to enrolling each new VWIP participant to ensure funds are available for the requested training costs. Priority for program enrollment and training will be given to veterans who have not previously participated in the VWIP. DVOPs must justify the enrollment of any veteran into the VWIP who participated in VWIP training during the previous three program years and shall receive prior approval from the State VWIP Coordinator. Once a VWIP case file has been completed and approved, DVOP staff may notify the veteran of their eligibility to attend training. Training shall consist of classroom training, occupational skills training, and remedial education. Training provided must be for high-demand occupations and industries (identified using LMI or local workforce region definitions) and should be approved through the Eligible Training Provider List (ETPL) available at <https://eligibility.coworkforce.com/eligibility>.

Fast track skills training will also be offered. Fast track job skills training will be available for both traditional and non-traditional occupations and must be approved on the ETPL. If the IEP identifies basic skills deficiencies, the veteran will be offered basic skills or remedial training prior to entry into a job skills training program. Participants will also be offered a wide variety of in-house training programs and basic readjustment services that include workshops and self-paced, computer-based training programs. DVOPs must conduct follow-up with the veteran participants and individual training providers to verify veteran attendance, grades, and completion of training. VWIP case managers are to follow local procedures to notify fiscal staff of training requests, student dropouts, etc. Local workforce region staff are responsible for payments to training providers utilizing their standard fiscal processes.

G. **Case Management and follow-up services** - DVOP staff must provide case management and follow-up services that will be made available to participants throughout their program participation. The majority of these services will occur after the completion of training. Contact should be maintained between the veteran and the DVOP no less than monthly while the veteran is enrolled in VWIP. The veteran case management procedures outlined in PGL 12-08-V must be followed to document the services provided and monitor the veteran's progress. Specific documentation of any open VA disability claim will also be maintained and documented in the veteran's case file before, during, and

after placement into training. Placement services may include, but are not limited to: job search assistance workshops, job development, computerized job match activities (mediated services), access to the internet for self-referral of jobs listed in CC, and vet-only job clubs or facilitated networking groups (where available). RVER and local workforce Center staff must assist the DVOP and veteran in finding and contacting businesses with appropriate opportunities in high-demand industries. Follow-up must occur at 90, 180, and 270 day intervals following placement into unsubsidized employment. Documentation of employment location, status, and wage data must be documented in the veteran's case file at exit and at each follow-up interval.

I. **Closeout Procedures** - At the end of the quarter in which a veteran has obtained unsubsidized employment after completion of VWIP training, the DVOP must manually exit the veteran using the exit WIA and Other Non-ES Programs "Terminations" screen in CC. The exit will be retroactive (back dated) to the date of the last recorded service. Follow-up services shall begin 90 days after exit and be recorded in CC. The DVOP must follow up with participants 90, 180, and 270 days post exit. All follow-up services must be documented in CC as well as in the veteran's case file. As of June 30, the last day of **each** program year, all veterans enrolled into VWIP must be manually exited from the VWIP in CC regardless of their training or employment status.

H. **Reporting** - DVOPs must receive approval from the Workforce region staff with fiscal responsibility prior to enrolling each new VWIP participant so the workforce region staff can monitor the assigned budget allocation. DVOP staff must capture requested enrollment, training, and employment data for each VWIP participant and must report to the RVER the date placed, hourly wage at placement, hours worked per week, and retention information for 270 days after program exit. RVERs must submit a quarterly report narrative and spreadsheet (see attachment #7) **electronically** to the State VWIP coordinator **no later than the 5<sup>th</sup>** calendar day following the end of each quarter to allow adequate time for the State VWIP coordinator to submit a statewide report to U.S. DOL VETS.

#### VI. **ALLOWABLE COSTS:**

VWIP funds will be spent only on: tuition, fees, books, supplies, and other training related costs invoiced by an approved provider on the ETPL. In addition, up to 5% of a region's allocation may be spent on administration of the grant, such as the processing and payment of invoices.

No supportive services costs may be incurred with VWIP funds. Veterans in need of supportive services shall be referred to WIA and other supportive service programs for co-enrollment. Supportive services provided by other programs will be subject to the local workforce region's program supportive service requirements, policies, and data requirements.

#### VII. **PERFORMANCE REQUIREMENTS:**

DVOP and RVER staff shall be responsible to provide training and employment services to the targeted number of veterans for the region and shall not exceed the budget allocated to the region for training costs. The expected performance is no less than a 67% entered employment and an 89% retention rate with average earnings of \$15,901 for program participants.

#### VIII. **RECAPTURE AND REALLOCATION:**

At the end of each calendar quarter, the State VWIP Coordinator will assess funding allocations for each local workforce region. The State reserves the

right to recapture and reallocate funds to the local workforce regions that have not spent at least 25% of their respective allocations for the ending calendar quarter on participant training. This will allow funds to be transferred to local workforce regions with greater demand for VWIP services and insure 100% expenditure of funds by the end of the grant term.

**IX. IMPLEMENTATION DATE:**

Upon receipt of this PGL

**X. INQUIRIES:**

Please direct inquiries to the State VWIP Coordinator, Johnathan Tillman at 303-318-8811 or [Johnathan.tillman@state.co.us](mailto:Johnathan.tillman@state.co.us)



Elise Lowe-Vaughn  
Acting Director, Workforce Development Programs

**Attachments:**

1. VWIP pre-enrollment application
2. Affidavit of immigration status
3. Information Release form
4. Vocational training request
5. Individual Employment Plan (IEP)
6. Employment and benefit tracking form
7. Quarterly reporting narrative and spreadsheet



# VETERANS WORKFORCE INVESTMENT PROGRAM (VWIP) PRE-ENROLLMENT APPLICATION

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

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOC #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender:  Female  Male

Are you registered with Selective Service?  Yes  No

Ethnicity: Are you Hispanic?  Yes  No

Race: (check all that apply)

- American Indian / Alaska Native
- Asian
- Black / African American
- Hawaiian Native or Other Pacific Islander
- White / Caucasian
- Other \_\_\_\_\_

Are you Currently Homeless?  Yes  No If yes how long? \_\_\_\_\_

Are you currently enrolled in HVRP?  Yes  No

Have you ever been to a Veterans Stand-down?  Yes  No

Are you Service Connected Disabled?  Yes  No If yes, at what percent? \_\_\_\_\_%

Do you currently have a claim open or pending with the VA?  Yes  No

If yes what is the status? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE:**

- 0-3 Years Ago       4-7 Years Ago       8-11 Years Ago  
 12-15 Years Ago       16-19 Years ago       20+ Years Ago

Do you have a campaign badge?  Yes  No

**IF YES, is it a campaign badge for service in a recent war?**  Iraq  Afghanistan  Other \_\_\_\_\_

**BENEFITS INFORMATION / OTHER:**

Do you receive public assistance at enrollment?  Yes  No

- SSI / SSDI / SSA       TANF       Food Stamps       Unemployment Insurance  
 Div. of AIDS Services Income Support       Medicaid       Medicare  
 Private Health Insurance through work or family member       Other \_\_\_\_\_

**If you receive SSI what is your disability?** \_\_\_\_\_

**What amount do you receive each month?** \$ \_\_\_\_\_

Do you have any child support obligations?  Yes  No

**If YES, Number of Children:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**FINANCIAL STATUS:**

Please indicate the level of your last full yearly income:

- Below \$8,000       Between \$8,000 & \$18,000       Between \$18,000 & \$28,000  
 Between \$28,000 & \$35,000       Above \$35,000

Including yourself how many people are currently supported by your yearly family income? \_\_\_\_\_

Are you required to pay restitution?  Yes  No **If YES, how much per month?** \$ \_\_\_\_\_

**IDENTIFICATION/TRANSPORTATION:** (Check all that you DO have in your possession)

- Current Driver's License       Current State ID       Birth Certificate       DOC ID  
 Social Security Card       Green Card       DD214 (Veterans)       Passport

Can you show us (do you have possession of) any of these documents?  Yes  No

What do you need to obtain a Driver's License? \_\_\_\_\_

(Revoked until \_\_\_\_\_, SR22, old fines, drug/alcohol classes, child support, money for test, other)

- Bus transportation       Own car/truck       Bicycle

**SPECIAL SOCIAL SERVICE NEEDS:** *Note: VWIP may not provide the following services, but may help locate resources to meet your needs.*

- Bus Tokens       Housing       Child Care       Medical appointments/testing  
 Bicycle       Emotional counseling       Eyeglasses       Drug/Alcohol counseling  
 Tools       Food Voucher       Work Clothes       Community Voice Mail  
 Federal Bonding       Hard Skills Training       Interview Clothing  
 Other: \_\_\_\_\_

**Other Contact Information:**

Contact Name \_\_\_\_\_

Relation to You \_\_\_\_\_

Organization / Employer / Hang Out (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

What times are you there? \_\_\_\_\_

Your Comments and Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Colorado Department of Labor and Employment  
Workforce Development Programs  
AFFIDAVIT OF IMMIGRATION STATUS**

<b>Social Security Number:</b>
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<b>Print Your Name:</b>
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Are you a United States (U.S.) citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, verify or provide your alien permit number.</b>	Alien Permit Number
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If you are not a U.S. citizen, are you in satisfactory immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In accordance with the Colorado Revised Statutes 24-76.5, you must possess **one** of the following forms of identification (ID). Check the appropriate box and provide the ID number. If you do not possess one of the forms of ID listed and do not provide the requested information, your benefits may be denied. .

<input type="checkbox"/> Colorado Driver's License ID Number _____ <input type="checkbox"/> U.S. Military Card ID Number _____ <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card ID Number _____ <input type="checkbox"/> Other State Driver's License/State ID Card ID Number _____	<input type="checkbox"/> Colorado Identification Card ID Number _____ <input type="checkbox"/> Military Dependent Identification Card ID Number _____ <input type="checkbox"/> Native American Tribal Document ID Number _____ Expiration Date _____
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**Affirmation**

I affirm under penalty of perjury that the above information is true to the best of my knowledge. I understand that my lawful presence in the U.S. will be verified before workforce program services can be provided. I affirm that I am a U.S. citizen, legal permanent resident, or am otherwise lawfully present in the U.S. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to obtain or increase workforce program services. I authorize the release of all information to determine my eligibility for workforce program services. I understand this may include release of information from former employers, verification with the U.S. Bureau of Citizenship and Immigration Services, and sharing of information with other public agencies in the performance of their public duties in accordance with the Colorado Employment Security Act 8-72-107.

<b>Signature</b>	<b>Date</b>
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# Veteran's Workforce Investment Program Authorization to Release/Exchange Information

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

Name \_\_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

To assist the DVOP staff in their efforts to secure appropriate training or employment, I \_\_\_\_\_ consent to the release and exchange of the information indicated below to \_\_\_\_\_ or other agents of the Colorado Department of Labor & Employment.

- Vocational Assessment information
- Academic information
- Employment information
- Military Service Records/Veteran Status information
- VA benefit/disability claim information
- Program participation and outcome information
- Other \_\_\_\_\_

I hereby release the authorized requester and the provider of information from any liability that may result from furnishing the information requested.

I realize that this consent will expire automatically in one year and I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. A copy of this authorization is to be considered as valid as the original.

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Veteran's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness \_\_\_\_\_ Date \_\_\_\_\_

VWIP  
Release of Information  
Original – Case File  
Copy – Veteran

# Vocational Training Request

Veteran's Name: \_\_\_\_\_

Veteran's Telephone #: (        ) \_\_\_\_\_ - \_\_\_\_\_

Case Manager: \_\_\_\_\_

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**All pages of this packet must be completed with supporting documentation attached in order for funding request to be considered.**

- School/Training Provider contacts
- Program information showing all costs, program length, credentials, and start date
- Eligible Training Provider List (ETPL) printout (all providers **MUST** be on the ETPL)
- Labor Market Information showing outlook for desired occupation
- Pre-Hire letters if applicable
- All above supporting documents attached to this form

Be aware that your request for Veterans Workforce Investment Program (VWIP) training assistance is based on approval and availability of funds. The VWIP funding for which you are applying for is not an entitlement, thus the selection process is competitive. Please provide a thorough, detailed Training Request Packet for review. Training requests of more than one year will not be approved.

If you enroll and start a program prior to approval of the Training Request Packet, you are responsible to pay for all accrued costs. CDLE **will not reimburse** any costs accrued prior to the approval of the Training Request Packet. It is recommended that you wait for the approval before you begin training.

If approved, funding is provided on a timeframe set by individual training providers and does not guarantee approval or availability of funds for future training. We wish you the best of luck in pursuing your educational and career goals.

Respectfully,



Johnathan Tillman, Veterans Workforce Investment Program Coordinator  
Colorado Department of Labor & Employment

I have read and understand the content of this letter.

\_\_\_\_\_  
Veteran's Signature

\_\_\_\_\_  
Date

# Training Provider/Program Information

Training Provider of Choice: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Training Provider Contact/Counselor: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_     Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Length: \_\_\_\_\_

**Cost Breakdown:**

To be invoiced by  
training provider:

(Supplied by training provider: test vouchers, books, materials, supplies, tools, labs, etc.)

Line Item:	Cost:
<b>Total Included:</b>	<b>\$</b>

Will not be invoiced  
by training provider:

(Required for training or employment but not supplied by provider)

Line Item:	Cost:
<b>Total Additional</b>	<b>\$</b>

Total Cost: \$ \_\_\_\_\_

- **Attach supporting documentation from school of choice, including cost, schedule, dates of training, required books, and any applicable fees, supplies etc. to this form.**

Resources to obtain books, materials, tools, tests, etc. not supplied by training provider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Training Provider's Signature**

## **INDIVIDUAL EMPLOYMENT PLAN (IEP)**

(The IEP is a living document and can be maintained electronically on Connecting Colorado in the C notes (see unattached note "VWIP IEP"), I signed copy should be maintained in the paper case file)

Veteran's Name: \_\_\_\_\_

Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Employment Goals: (Short term)

(Long-term)

Qualifications: (Skills, experience, education, training)

Barriers: (disability, transportation, work clothing, tools, child care, etc.)

Action Plan: (steps to employment, responsible party, suspense date, status)

### Provisions:

- This IEP is a contract between you and Colorado Department of Labor & Employment (CDLE). It contains the terms and conditions of your eligibility to receive VWIP assistance.
- Providing follow-up information is a requirement of this program.
- **Your failure to comply may result in a possible cancellation of all current and future VWIP intensive and training services that we provide.**

Clients Initials \_\_\_\_\_ Date \_\_\_\_\_ DVOP Initials \_\_\_\_\_ Date \_\_\_\_\_

Participant: I agree to the following terms and conditions:

- ✓ I will be responsible for completing each step of my plan.
- ✓ I will alert my DVOP immediately if any problems arise that interferes with my ability to complete this plan.
- ✓ I shall get the approval of my DVOP before changing any activity in this plan.
- ✓ CDLE will not pay for classes that are failed or withdrawn from and that need to be re-taken or classes that do not count towards your certifications.
- ✓ I will maintain attendance in accordance with my Program/Institution's policies.
- ✓ If in training/school, I will maintain at least a 2.0 Grade Point Average and provide my DVOP with a copy of grades at least one time each month during the training and upon completion if the training is longer than 1 week.
- ✓ I will provide a copy of the Certificate or Degree of completion earned upon graduation.
- ✓ I will conduct a job search upon graduation.
- ✓ I will seek, accept and maintain employment that meets my planned goal(s) to the best of my ability as stated above after program completion and will notify my case manager with employment information.
- ✓ I will provide all follow-up information that my DVOP requires after employment for the following 12 months.

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

Workforce DVOP: I agree to the following terms and conditions:

- ✓ I will assist you in your goals of employment/training and referrals for services outlined above contingent upon approval and enrollment into the VWIP program.
- ✓ I will assist in the coordination related to Workforce services, other agencies and programs as appropriate.
- ✓ I will monitor your participation in the activities above.
- ✓ I will assist you in your search for employment.
- ✓ I will assist you in any post-termination services as needed.

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

# Employment and Benefit Tracking Form

Veteran's Name: \_\_\_\_\_ Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **90 Days Employment Tracking:**

Employment status \_\_\_\_\_ Employer \_\_\_\_\_  
( ) Emp. ( ) Unemp.  
Position Title \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ Wage per Hour

## **180 Days Employment Tracking:**

Employment status \_\_\_\_\_ Same Employer \_\_\_\_\_ Employer (if different) \_\_\_\_\_  
( ) Emp. ( ) Unemp. ( ) Yes ( ) No  
Position Title \_\_\_\_\_  
\_\_\_\_\_ (Reason for leaving \_\_\_\_\_)  
\$ \_\_\_\_\_ Wage Per Hour

## **270 Days Employment Tracking:**

Employment status \_\_\_\_\_ Same Employer \_\_\_\_\_ Employer (if different) \_\_\_\_\_  
( ) Emp. ( ) Unemp. ( ) Yes ( ) No  
Position Title \_\_\_\_\_  
\_\_\_\_\_ (Reason for leaving \_\_\_\_\_)  
\$ \_\_\_\_\_ Wage Per Hour

## **VA Benefits Tracking:**

Date referred to VA: \_\_\_\_\_  
Date of application submission for VA benefits: \_\_\_\_\_  
Date of Follow-up by DVOP with VA/VSO: \_\_\_\_\_  
Status of open and/or ongoing application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

End Result of veteran's application/award rating by VA \_\_\_\_\_%

Status of Appeal if applicable \_\_\_\_\_.



# Quarterly Report Narrative

Region:

Program Year: PY 2012-13

Quarter: Qtr 1 (Jul 1 - Sep 30)

**Narrative of Activities:** Include any outreach activities (please be as detailed as possible, list any community and faith based outreach efforts, employers contacted, orientations/and or briefings to large groups etc. remember who, what, when, where and why):

**Success Stories:** (please give the veterans' brief background history, training experiences, training outcomes, internships if applicable and where veteran is now working and for how much and any other details that may be important):

# Quarterly Report Narrative

Region:

Program Year: PY 2012-13

Quarter: Qtr 1 (Jul 1 - Sep 30)

**Problems and Concerns:** (Please list any problem you may be experiencing and would like direct assistance with, please be specific as possible):

Qtr 1 (Jul 1 - Sep 30)	Pending	N/A	PY 2012-13
Qtr 2 (Oct 1 - Dec 31)	Successful	YES	PY 2013-14
Qtr 3 (Jan 1 - Mar 30)	Unsuccessful	NO	PY 2014-15
Qtr 4 (Apr 1 - Jun 30)			

Adams  
Arapahoe/Douglas  
Boulder  
Denver  
El Paso  
Jefferson  
Larimer  
Rural Consortium  
Weld