



July 14, 2020

**EASTERN CAROLINA LOCAL AREA ISSUANCE NO. 2020-02**

**SUBJECT:** Re-Enrollment of Participants that Exited

**PURPOSE:** To transmit policy regarding the re-enrollment of WIOA Title I participants that have exited within two years or less of the current program year.

**BACKGROUND:** Performance standards are calculated on outcomes of participants that have exited WIOA. Occasionally WIOA participants re-apply for services after they have been exited for at least 90 days. An evaluation of their past participation and impact on performance is necessary in order to determine if the individual is suitable for re-enrollment into WIOA Title I services.

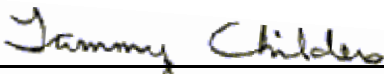
**ACTION:** All WIOA service providers will complete a request to re-enroll WIOA Title I participants that have exited within the past two years or less of the current program year. The request must be signed and submitted by the supervisor/program coordinator of the Career Advisor making the request and submitted to the Eastern Carolina Workforce Development Board for review and approval. For individuals that have been exited over two years from the current program year, a request to re-enroll should be completed and submitted to the career advisor's supervisor for review and approval. Impact on past performance as well as program compliance should be taken into consideration when determining if re-enrollment into WIOA Title I services is suitable. When submitting the request to the supervisor, a copy of the case notes should be attached to the request for their review. All request to re-enroll exited participants should be maintained by the service provider by program year and for a period of not less than two complete program years. This information should be available for review by ECWDB upon request.

**EFFECTIVE DATE:** Immediately

**EXPIRATION DATE:** Indefinite

**CONTACT:** Executive Director

**DISTRIBUTION:** All WIOA Service Providers

  
\_\_\_\_\_  
Tammy L. Childers, Executive Director

Attachment: Request to Re-Enroll Participants That Have Exited within past 2 years or less  
Request to Re-Enroll Participants That Have Been Exited over 2 years

## **REQUEST TO RE-ENROLL PARTICIPANTS THAT HAVE EXITED WITHIN PAST TWO YEARS OR LESS**

*This request should only be made for a participant that has exited **within the last two years or less of the current program year.***

*Please provide the following information*

Name of Career Advisor Making Request: \_\_\_\_\_

Participant Name: \_\_\_\_\_

NCWorks Online UserID: \_\_\_\_\_

Exit Date: \_\_\_\_\_ Reason for Exit: ☐ Soft Exit ☐ Global Exclusion

Reason for Exit:

Employed at Exit: ☐ Yes ☐ No If yes, was it training related? ☐ Yes ☐ No

If applicable, Employed in Quarter 1 after exit: ☐ Yes ☐ No

If applicable, Employed in Quarter 4 after exit: ☐ Yes ☐ No

### **Assessment Information from Previous Enrollment**

Reading/Math level: R: \_\_\_\_\_ M: \_\_\_\_\_ Instrument used: \_\_\_\_\_

Interest/Aptitude: \_\_\_\_\_ Instrument used: \_\_\_\_\_

What curriculum was this individual enrolled in? {if applicable} \_\_\_\_\_

Did they get a credential? ☐ Yes ☐ No

If so, what type? \_\_\_\_\_

If not, # of credit hours needed to complete and get their credential? \_\_\_\_\_

Does this individual want to enroll in a different curriculum? ☐ Yes ☐ No

If yes, what curriculum? \_\_\_\_\_

# of credit hours needed to complete this curriculum and get their credential? \_\_\_\_\_

**RATIONALE** {Why should special consideration be given to re-enroll this individual? Include whether the individual is able to successfully complete the WIOA program} Attach additional sheets as necessary

Submitted By {signature of supervisor}

Agency Name

Date Submitted

Approved By

ECWDB Executive Director  
Title

Date Approved

# **REQUEST TO RE-ENROLL PARTICIPANTS THAT HAVE BEEN EXITED OVER TWO YEARS**

*This request should only be made for a participant that has been exited **for over two years from the current program year.***

*Please provide the following information and attach case notes to this completed request.*

Name of Career Advisor Making Request: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Exit Date: \_\_\_\_\_ Reason for Exit: ☐ Soft Exit ☐ Global Exclusion

Reason for Exit:

Employed at Exit: ☐ Yes ☐ No If yes, was it training related? ☐ Yes ☐ No

If applicable, Employed in Quarter 1 after exit: ☐ Yes ☐ No

If applicable, Employed in Quarter 4 after exit: ☐ Yes ☐ No

## **Assessment Information from Previous Enrollment**

Reading/Math level: R: \_\_\_\_\_ M: \_\_\_\_\_ Instrument used: \_\_\_\_\_

Interest/Aptitude: \_\_\_\_\_ Instrument used: \_\_\_\_\_

What curriculum was this individual enrolled in? {if applicable} \_\_\_\_\_

Did they get a credential? ☐ Yes ☐ No

If so, what type? \_\_\_\_\_

If not, # of credit hours needed to complete and get their credential? \_\_\_\_\_

Does this individual want to enroll in a different curriculum? ☐ Yes ☐ No

If yes, what curriculum? \_\_\_\_\_

# of credit hours needed to complete this curriculum and get their credential? \_\_\_\_\_

**RATIONALE** {Why should special consideration be given to re-enroll this individual? Include whether the individual is able to successfully complete the WIOA program} Attach additional sheets as necessary

\_\_\_\_\_  
**Career Advisor Signature**

\_\_\_\_\_  
**Date Submitted**

\_\_\_\_\_  
**Approved By (Supervisor Signature)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date Approved**