



Northern Middle Tennessee Workforce Board Inc.

May 6, 2021

Executive Summary

Trade Adjustment Assistance (TAA) Co-Enrollment Policy

1. What is the purpose of this policy?

To provide instruction and processes to ensure TAA participants who are WIOA eligible are co-enrolled in the WIOA Title I-B Dislocated Worker program in a seamless manner as required by federal and state law.

2. What are the notable guidelines conveyed within this policy?

- Explains the federal requirement that all TAA participants who meet WIOA eligibility must be co-enrolled into the WIOA Title I-B Dislocated Worker program.
- Describes the coordination and processes needed by TAA and WIOA to ensure the co-enrollment mandate is successfully achieved.



Northern Middle Tennessee Workforce Board Inc.

Effective Date: 5.12.2021

Duration: Indefinite

Trade Adjustment Assistance (TAA) Co-Enrollment Policy

Purpose

The purpose of this policy is to ensure TAA participants who are Workforce Innovation and Opportunity Act (WIOA) eligible are co-enrolled in the WIOA Title I-B Dislocated Worker program in a seamless manner to facilitate coordination of TAA and WIOA services as required by federal and state law. This policy will provide guidance to program administrators and service providers regarding the mandate for co-enrollment of eligible TAA participants in the Dislocated Worker (DW) program.

Background

The U.S. Department of Labor (DOL) published and consolidated TAA Final Rule on August 21, 2020. 20CFR 618.325 requires co-enrollment of all TAA participants to the WIOA Title I-B Dislocated Worker (DW) program, subject to eligibility, unless the participant declines.

While there is not a corresponding WIOA Final Rule, it is noted that DOL commented on page 51913 of the TAA Final Rule that “States, under their Governor-Secretary Agreements, are required to implement the Final Rule. The Governor-Secretary Agreements bind state governments to the terms and conditions of the Agreement and implementation of the TAA program, including the co-enrollment requirement, and the ability to enforce the co-enrollment requirement at the state and local levels.”

Policy

TAA participants, including Adversely Affected Incumbent Workers, must be co-enrolled in the WIOA Title I-B DW program if they are determined eligible. The following instructions provide details outlining the co-enrollment process as a means to facilitate integrated service delivery. The One Stop Operator (OSO) will be responsible for ensuring the coordination of partner staff to ensure TAA Co-Enrollment occurs as required. The Northern Middle Tennessee Workforce Board will provide needed technical assistance.

Instructions

- **Enrollment**

The TAA Career Specialist will manage the enrollment process for TAA participants and will upload the required TAA documents as well as the WIOA supplemental application and three signature forms listed below. The TAA application and the WIOA supplemental application will be completed by the participant at the time of initial enrollment. Three additional WIOA forms require a participant signature during the initial enrollment:

- Release of Information form
- Conflict of Interest form
- EEO form

The WIOA Supplemental Application, Release of Information form, Conflict of Interest form, and EEO form will be provided to the One Stop Operator (OSO) and the TAA specialist in each

American Job Center location. In addition, the forms will be provided electronically to the Career Service Provider responsible for the Title I program.

• **Assessment**

The TAA career specialist will manage the participant assessment (TABE) during enrollment. The WIOA career specialist will utilize the TAA assessment and will not require the customer to duplicate efforts.

• **IEP**

The TAA career specialist will develop the customer IEP during enrollment. The WIOA career specialist will utilize the TAA IEP and will not require the customer to duplicate efforts.

• **Referral**

After the initial enrollment, including the enrollment application, assessment, and IEP, the TAA career specialist will provide the enrollment referral to a WIOA career specialist via email. The WIOA career specialist will create the WIOA application from the TAA enrollment documents which will be visible in VOS.

• **WIOA Eligibility Determination**

TAA program participants will meet the Dislocated Worker program eligibility criteria. However, some may be ineligible for the Dislocated Worker program, including those who do not meet the Selective Service registration requirement, and will therefore be exempt from the co-enrollment mandate.

• **Case Management**

The TAA career specialist will serve as the primary career specialist and coordinate services with the WIOA career specialist. The WIOA career specialist will provide and case note supportive services, documenting justification for services and funds via uploaded documents in VOS. The signature on TAA enrollment paperwork will serve as the WIOA signature. The WIOA career specialist will utilize the TAA assessment and IEP and will not require the customer to duplicate efforts. The TAA 60-day benchmark documented by the TAA career specialist will equal the WIOA measurable skills gain (MSG). The WIOA 30-day case note requirement is waived with TAA co-enrollments.

Definitions

Adversely Affected Incumbent Workers (AAIW) – A worker who: (1) is a member of a worker group certified as eligible to apply for the TAA program under subpart B of the TAA Final Rule; (2) has not been totally or partially separated from adversely affected employment; and (3) DOL determines, on an individual basis, is threatened with total or partial separation.

References

20 CFR 618.325, Integrated service strategies and Workforce Innovation and Opportunity Act co-enrollment, Trade Adjustment Assistance Final Rule, Federal Register, Volume 85, No. 163, August 21, 2020, page 51987.

Training and Employment Guidance Letter (TEGL) 04-20, Guidance on Integrating Services for Trade-Affected Workers under the TAA Program with the WIOA Title I DW Program, October 29, 2020.

Authorized by:

Approved by:

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Date

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TAA/WIOA Dislocated Worker Supplemental Application

Name: _____ AJC Office Location: _____

Application Date: _____ Date of Eligibility: _____

Family Size: _____ Verified

Annualized Family Income: _____ Verified

Barriers (Circle one, Yes or No)

Homeless: _____ Y or N Verified

Offender: _____ Y or N Verified

Hawaiian Native: _____ Y or N Verified

Individual facing substantial cultural barriers: _____ Y or N Verified

Eligible migrant seasonal farmworker: _____ Y or N Verified

Meets Governors special barriers to employment: _____ Y or N Verified

Ticket-To-Work Participant: _____ Y or N Verified

Applicant Signature _____ Date _____

Staff Signature _____ Date _____



Conflict of Interest Disclosure for Participant

In accordance with Workforce Services Conflict of Interest Policy, the local workforce development system must ensure that individuals or representatives entrusted with public funds will not personally benefit from the award or expenditure of such funds. This form is used as a method to prevent a conflict of interest by assuring that staff and members of the workforce development system do not provide direct service during the intake and eligibility determination for WIOA Title I services.

1. Does the participant have a relative or close acquaintance who is currently employed at the American Job Center? If yes, please list the name(s) of the employee(s).

Yes _____ No _____ Name: _____

2. Does the participant have a close relationship with or relative who is currently a local elected official? If yes, please list the name(s) of the elected official(s).

Yes _____ No _____ Name: _____

3. Does the participant have a close relationship with or relative who is currently a member of the Local Workforce Development Board or its staff?

Yes _____ No _____ Name: _____

I hereby acknowledge that the information provided is true to the best of my knowledge.

Client Printed Name: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Authorization to Request and/or Release Information

I understand that the partner agencies of the American Job Center (AJC) are requesting my permission to share my\my child’s confidential information and records in order to facilitate access to programs under the Workforce Innovation and Opportunity Act (WIOA).

I understand that if I agree to share my\my child’s confidential information and records, the information will be shared with members of the AJC partner agencies for the sole purposes of assisting with determining appropriate services to assist me\my child and that my\my child’s information and records will only be shared to the extent allowed by Federal and state law.

I understand that my/my child’s information may be used for reporting purposes as a result of federal regulations associated with the benefit of federal funds.

I, (Print Name) _____ hereby consent and agree to share my\my child’s confidential information and records and hereby authorize the American Job Center and partner agencies to request and release information pertaining to my records, which is relevant to my participation in WIOA programs. I understand that this authorization includes, but is not limited to:

- Name, address, phone number, email address, social security number, date of birth, age, gender, and race/ethnicity
- Educational records as described in the Family Education Rights and Privacy Act of 1974
- Financial information (such as household income and student financial aid information, including award status and amounts)
- Employment history to include employer name, employment dates, wages, hours worked per week, benefits, and performance
- Eligibility for special programs such as public assistance, unemployment insurance, veteran services, and disability services.

Customer Signature

Date

Parent or Legal Guardian Signature

Date

Staff Signature

Date

“Equal Opportunity Is the Law”

It is against the law for NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD, INC. a recipient of Federal financial assistance, to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIOA Title I – financially assisted program or activity.

NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD, INC. must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title – I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with such a program or activity.

If you think that you have been subjected to discrimination under a WIOA Title I – financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Northern Middle TN Workforce Board
Attn: Sherry Maynard, EOO
523 Madison Street
Suite A
Clarksville, TN 37040
TTY/TDD: 1-800-848-0299

US Department of Labor
Director, Civil Rights Center
US Department of Labor
200 Constitution Avenue, NW
Room N – 4123
Washington, DC 20210

TN Dept. of Labor & Workforce Development
Attn: EO Officer
220 French Landing Drive
Nashville, TN 37243
Phone: 615-253-1331
TTY/TDD: 615-532-2879

To file a complaint with the Northern Middle Tennessee Workforce Board Equal Opportunity Officer (EEO):

- All complaints must be submitted in writing to the EEO at 523 Madison Street, Suite A, Clarksville, TN 37040 within 180 days of the date of the incident
- All complaints must be filed using the Employment and Training Administration (ETA) Complaint/Apparent Violation Form
- The EEO will provide written acknowledgement of receipt of complaint to complainant.
- The EEO will launch an investigation and hold a formal verbal discussion with complainant within fifteen (15) working days of receipt of complaint.
- The EEO will communicate a written decision to the complainant within ten (10) working days of the verbal discussion.
- If a resolution is not obtained at the local level within sixty (60) days of the filing of the complaint, or either party is dissatisfied with the local hearing decision, an appeal may be filed with the Tennessee Department of Labor and Workforce Development (TDLWD) at WIOA.complaints@tn.gov.

If you file your complaint with NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD, you must wait either until NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD issues a written Notice of final Action, or until 90 days have passed (whichever is sooner), before filing with the CRC.

If NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD does not give you written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90–day deadline.

If NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD is an Equal opportunity employer/program; auxiliary aid and services are available upon request to individuals with disabilities.

GRIEVANCE/COMPLAINT PROCEDURES

If you feel you have a complaint or concern with a program funded through or by NORTHERN MIDDLE TENNESSEE WORKFORCE BOARD, follow these steps:

- All complaints must be submitted to the Executive Director of the Northern Middle Tennessee Workforce Board (NMTWB) at: Executive Director, 523 Madison Street Suite A, Clarksville, TN 37040.
- All complaints must be filed using the Employment and Training Administration (ETA) Complaint/Apparent Violation Form
- The Executive Director or their designee will provide written acknowledgement of receipt of complaint to complainant.
- The Executive Director or their designee will launch an investigation and hold a formal verbal discussion with complainant within fifteen (15) working days of receipt of complaint.
- The Executive Director or their designee will communicate a written decision to the complainant within ten (10) working days of the verbal discussion.
- Should the complainant not be satisfied, the complainant may file a written appeal, prepared consistent with item b above, with the Board Chairman.
- Upon receipt of an appeal, the Chairman will convene an ad hoc committee to review the appeal. The hearing will be limited to the original complaint and the complainant can choose to be represented by another individual, including legal counsel.



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- The committee will render a written decision to the complainant within five (5) working days of the hearing. If more time is needed to reach a decision, the complainant will be notified in writing of the time by which a decision will be made.
- If a resolution is not obtained at the local level within sixty (60) days of the filing of the complaint, or either party is dissatisfied with the local hearing decision, an appeal may be filed with the Tennessee Department of Labor and Workforce Development (TDLWD) at WIOA.complaints@tn.gov. The TDLWD decision may be appealed to the Secretary in the event that a decision has not been reached within sixty (60) days, or a decision has been reached and the party wishes to appeal to the Secretary.
- An individual party to a collective bargaining agreement, alleging a labor standards violation, may also submit the grievance to a binding-arbitration procedure.

I understand that I have a right to file a complaint, and must do so within one hundred eighty (180) calendar days of the alleged occurrence.

Customer Signature:

Staff Signature:

Date:

Date:
