



Disability Employment Initiative (DEI) Round 8 OSOS Guide



TABLE OF CONTENTS

| Table of Contents 1 - |
|---|
| Purpose 2 - |
| Goals of DEI Pilot SITES 2 - |
| OSOS Data Entry 3 - |
| Gen. Info tab 3 - |
| Add'l Info tab 4 - |
| Work History tab 5 - |
| DEI Round 8 Tab 7 - |
| Career Pathways Training 10 - |
| Service Delivery Strategies 11 - |
| Disability Categories 14 - |
| ACCES-VR, SSI, SSDI and Ticket to Work 15 - |
| Asset Development 16 - |
| Services 17 - |
| Eligible Participants 17 - |
| Allowable Training Services 17 - |
| Supportive Services 18 - |
| Needs Related Payments Service 29 - |
| Training Services 31 - |
| |
| Closing Services 46 - |
| Closing Services 46 - Performance and Outcomes |
| - |



PURPOSE

In November of 2017, the United States Department of Labor Employment & Training Administration (USDOL ETA) awarded NYSDOL with an 8th Round of DEI funding totaling \$2.25M. This grant will fund three Disability Resource Coordinators (DRC) and implement activities that will improve education and employment outcomes for youth (ages 14-24) with disabilities by increasing their participation in existing Career Pathways programs. It will also expand the capacity of the New York State Career Center system to serve youth with disabilities using a career-development approach. DEI funding will develop a broader business engagement approach within existing Career Pathways programs to address business needs and develop a sustainable talent pipeline. The targeted industry sectors will include Healthcare, Technology, Advanced Manufacturing, Agricultural/Food Production, Hospitality, and Financial Services.

Round 8 of DEI funding will operate until September 30th of 2020 in the Local Workforce Development Areas of Hempstead/Long Beach, Chenango/Delaware/Otsego, and Tompkins.

GOALS OF DEI PILOT SITES

- Engage Business to expand and support accessible and inclusive Career Pathways in target industries.
- Implement comprehensive outreach and training to businesses to support expansion of inclusive career pathways in target industries.
- Recruitment, training, and placement of youth with disabilities in inclusive career pathways.
- Expand work-based opportunities for youth (ages 14-24) with disabilities including job-shadowing, career mentoring, on-the-job training, pre-apprenticeships, registered apprenticeships, and internships.
- Work with training providers and other key stakeholders to identify and pilot ways career pathways can be made more accessible and inclusive.
- Develop and implement a comprehensive youth engagement strategy including social media, outreach, and marketing of Career Pathways programs.
- Identify and implement strategies for physical and programmatic accessibility of Career Pathways programs, as well as more accessible communications, services, technology, and materials.

OSOS is the case management system that will be used to collect the required reporting information for DEI Round 8. This guide will provide an overview of which fields in OSOS are essential for reporting DEI data elements.



This data is required to be collected from each of the three DEI pilot sites. If you work in one of these sites, you must collect this data. <u>If you do not work in a DEI Round 8</u> <u>pilot site, you do not need to collect the additional data elements needed for DEI</u> outlined in this guide.



OSOS DATA ENTRY

Most of the data elements needed for DEI are currently being collected in the OSOS **Customer Module**, on the **General Info** and **Work History** tabs of the **Customer Detail** window. A **DEI Round 8** tab has also been added to collect additional information. This guide will demonstrate which fields on each of these tabs are required for DEI reporting.



The DEI reporting data must be collected for **any** customers who disclose having a disability. Customer disclosure may come from an intake form such as the ES-100; previously recorded information found in the customer's OSOS record; or a verbal attestation by the customer.

GEN. INFO TAB

The fields needed on this tab for DEI are: Last Name, First Name, Date of Birth and Email.

| Gen. Info | Eligibility Add'I Info Pgms/PA Objective Work Hist. Ed/Lic Skills Saved | Sear | rches Activities Comments Te > >> |
|---------------------------------|---|------|---|
| Customer D | | | Ethnic Heritage & Race |
| SSN | Status Active Old Seeker Active | | |
| Username | casey123 •Password password123 Merge | | Education & Employment |
| Last Name | Customer First Name Casey | | Education Level |
| Date of Birth | 01/01/1997 Gender Not Disclosed V Portfolio LVI. JobZone Adult V | | Disabled w/Cert./IEP |
| Address | 123 Broadway | | School Status |
| | | 211 | Not Attending School; Secondary Scho 🗸 |
| ●City | Cortland State New York Sign 12206 | | Employment Status |
| County | Tompkins Country United States Metro | | Not Employed 🗸 |
| Phon | e 555-555-5555 Ext. Alt Ext. Fax | | Underemployed 💙 |
| Email | test@example.com | | Long Term Unemployed 🛛 🗸 |
| URL | | 1 | Contact Preferences |
| U.S. Citize | n 🗸 | -11 | ✓ Use Postal 🗌 Fax |
| Enrollments | JZ/CZ Manager | | Pri. Phone Image: Alt. Phone Alt. Phone Resume Contact Info |

These fields are usually entered as part of the normal OSOS data entry process, so in most cases, you will only need to verify that the information is correct. If any of the information is missing or needs to be updated, please make any necessary changes.



In addition to all of the DEI fields, all green-dotted fields are still required as part of the general OSOS data entry process.



ADD'L INFO TAB

Be sure to indicate disability status on the **Add'l Info** tab. Upon choosing *Disabled* in the Disability Status field, additional check box fields labeled **Disability Category** will appear below. Choose the correct option to indicate the type of disability.

| Disability Status | Disability Info Disability Status Disabled Disability Category | |
|-------------------|--|------------------|
| | Hearing Vision | |
| | Mental <u>Mobility</u> | |
| | Cognitive/I/DD Learning Disability Categ | gory Check Boxes |
| | Chronic Health Not Disclosed | |
| | Financial Capability - has a receipt and has received: | |
| | Benefit Planning Services | |
| | Financial Capability/Asset Development Services | |



WORK HISTORY TAB

The DEI grant will track certain information about a customer's most recent job, most of which can be pulled from the **Detail** box for the most recent job entry on the **Work History** tab. The fields needed on this tab for DEI are: **Job Title**, **Start Date**, **Hourly Wage**, and hours worked per week (**Hours/week**) for the most recent job the customer has held.

. .

| | If the customer does not have any work history, no information will need to be added or edited on the Work History tab. | | | | | | | | | |
|---|--|---|--|--|--|----------|--|--|--|--|
| | •Detail •Job Title •Employer •Address •City •State | Receptionists and Information O ABC Offices 123 Broadway New York New York United States | Include online Start Da Supervisor Wage \$ 15.00 Reason for Leaving Lack o Zip Gener | 0*Net Titles te 12/01/2015 ●End Date Phone) Hourly V H | O*Net Code 12/01/2018 E ours/week 40 | 43417100 | | | | |
| ſ | ✓ Receptio | Job nists and Information Clerks | Company ABC Offices | City New York | Start 12/01/2015 | End | | | | |
| ľ | - Heeepuro | | | THOM POIN | | A | | | | |

- Job Title: This should describe the customer's most recent job. This field should be populated using the **O*Net Titles** button.
- **Start Date:** This field should indicate when the customer started working in the most recent job, in the format of mm/yyyy. Also, if there is an end date for this job, enter it in the **End Date** field.
- Wage: The wage needs to be reported as the hourly wage. Additionally, the Wage Unit drop-down field next to the Wage field needs to be set to *Hourly*.
- **Hours/Week:** Type the number of hours the customer worked each week.



Keep in mind that the data for DEI reporting will be pulled for the customer's most recent job. This means that you should review the customer's work history and determine the most recent job to view its detail. An easy way to do this is to sort the job entries by end date (click on the **End** column header in the list of job entries) and then select the job with the most recent end date.

| | Job | | | Job Company City Start | | | | | E | End | | | |
|---|-----------------|------------|---------------|------------------------|---------|--------------|----------|-------------|---|-----------|-------|--------|---|
| 2 | Receptionists a | and Inform | nation Clerks | ABC Offic | ces | | N | lew York | 1 | 2/01/2015 | 12/01 | 1/2018 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | × | ~ |
| | | | | | New Job | Entry Delete | e Select | tion | | | | | |
| | | | | | | | | Ret to Srch | _ | - | | | - |



In addition to the DEI fields mentioned, the **End Date** field must also be filled in for any prior job that the customer is no longer working at. This will be used to pull the most recent job entry information for DEI reporting. Also, as per normal OSOS data entry, all green-dotted fields are also required for each job entry.

It is possible that the customer may still be working at their most current job. In this instance, nothing should be entered in the **End Date** field and the **Still employed** option should be selected in the **Reason for Leaving** field.

| < < Gen. In ●Detail | fo Eligibility Add'l Info Pgm | s/PA Objective Work Hist. | Category 3-DW self-employed Category 4-DW displaced homemaker | its Te > > |
|-----------------------------|-------------------------------------|---------------------------|--|-----------------------|
| Job Title | Receptionists and Information Clerk | ks | Category 5-DW Dislocated due to foreign tra Category 6-DW Spouse of a member of the | |
| Employer | ABC Offices | Include online 🗹 오 | Fired | |
| | 123 Broadway | Supervisor | Lack of work Medical/Health | |
| | | •Wage | Quit | |
| ●City | New York | Reason for Leaving | Still employed Still en | nployed |
| State | New York 💙 Zi | ip Job Duties | Strike | por Bolies |
| Country | United States | | WTC Disaster | |
| Job Type | Full Time 🗸 | | RR Event# | Event |
| NAICS | | | NAICS Lookup | |
| | | | | |
| | Job | Company | City | Start End |
| | nists and Information Clerks AE | O Officero | New York | 12/01/2015 12/01/2018 |



DEI ROUND 8 TAB

The **DEI** Round 8 tab can be accessed from the **Customer Detail** window. You may need to click on the arrows in the upper right hand of the screen to navigate to the furthest tabs in the window to be able to view the **DEI Round 8** tab.

| CUSTOMER | PROVIDER | EMPLO | OYER S | TAFF | HELP | |
|-----------------------|-----------------------------------|--|---|---------------------|--------------------|-----------|
| Customer Search | Customer Detail | Comp Assess | Services | Links | JobZone | NextGen |
| Customer, Casey | | SSN: | OSOS ID: NY | 015244924 | Record Sa | ved |
| < < s Tests Attachm | ents BE Events WIOA R | eferrals Primary | Language DOB DEI | DEI Round 6 DEI Ro | ound 8 Ticket to W | lork > >> |
| DEI Round 8 Staff | Date | Caree Servic Resou Bi Braidir W Appren De Mana W C Emplo Benefit | Enrolled in er Pathways e Delivery Strategies Integrated urce Teams ending and ng of Funds Vork-Based Experience, ticeship, or Internships Asset evelopment Case agement or Vraparound Services Customized Discovery ts Planning dividualized | Used DEI Round 8 | | |
| Add De | ete Print List | Lea | arning Plan | Help Print Ress | ord Audit | |
| | | | | | | |
| Save Start Match Serv | ices Comp <u>A</u> ssess Activity | I.A. Referrals Corre | espond IVR <u>R</u> et to S | rch Comments Tag | g Resume Sched | Message |

The **DEI Round 8** tab is available to track the remaining information needed for DEI reporting. This tab can be used to track:

- Enrollment in Career Pathways Training
- Service delivery strategies
- Self-disclosed disability categories
- Customer referrals from and to Adult Career and Continuing Education Services Vocational Rehabilitation (ACCES-VR)
- Information about the customer's Social Security disability benefits (Supplemental Security Income and/or Social Security Disability Insurance) and participation in the Ticket to Work (TtW) program
- Utilization of Asset Development strategies



To activate the fields on the right-hand side of the window, you will first need to add a new DEI Round 8 entry by clicking on the **Add** button in the lower left-hand side of the tab.

| S Tests Attachments | BE Events WIOA Refe | rrals | Primary Language DOB DEI DEI Round 6 DEI Round 8 Ticket to Work | >> |
|---------------------------|------------------------|---------|---|----------|
| DEI Round 8 | | | Date Enrolled in | |
| Staff | Date | > | Career Pathways | |
| | | ^ | Service Delivery Strategies Used Integrated Resource Teams Blending and | |
| | | | Braiding of Funds | |
| | | | Work-Based Experience, Apprenticeship, or Internships | |
| | | | Asset Development | |
| | | | Case Management or Wraparound Services | |
| | | | Customized Employment and Discovery | |
| | | | Benefits Planning | |
| | | \sim | Individualized Learning Plan | \ |
| button Add Delete | Print List | ļ | Help Print Record Audit | |
| Save Start Match Services | Comp Assess Activity L | A. Refe | errals Correspond IVR Ret to Srch Comments Tag Resume Sched Mess | age |



This will add a new DEI Round 8 record (displayed as a highlighted row on the left side of the screen) and activate the fields on the right-hand side of the tab for data entry.

| < s Tests Attachments BE Events WIOA Referrals | s Primary Language DOB DEI DEI Round 6 DEI Round 8 Ticket to Work > | » |
|---|---|----|
| DEI Round 8 | Date Enrolled in | |
| Staff Date added account in | s highlighted | |
| Newly added record is | s ingringited | |
| | Resource Teams | |
| | Blending and D Braiding of Funds | |
| | Work-Based Experience, Apprenticeship, or Internships | |
| | Asset Development | |
| | Case Management or Wraparound Services | |
| | Customized Employment and Discovery | |
| | Benefits Planning | |
| ✓ | Individualized Learning Plan | ~ |
| Add Delete Print List | Help Print Record Audit | |
| Save Start Match Services Comp Assess Activity I.A. Ref | ferrals Correspond IVR Ret to Srch Comments Tag Resume Sched Messag | je |



CAREER PATHWAYS TRAINING

For **Date Enrolled in Career Pathways Training**, a date field is provided. If the customer is enrolled in career pathways training, enter the enrollment date in the dd/mm/yyyy format in this field. If the customer is not enrolled, leave this field blank.

| S Tests Attachments BE Events | s WIOA Referrals | is Primary Language DOB DEI DEI Round P ound 8 Ticket to Work > >> |
|---------------------------------------|-------------------|---|
| DEI Round 8 | | Date Enrolled in Date dd/mm/yyyy |
| Staff D | ate > | Career Pathways |
| ✓ | | Service Delivery Strategies Used |
| | ^ | Resource Teams |
| | | Blending and Braiding of Funds |
| | | Work-Based Experience, Apprenticeship, or |
| | | Internships |
| | | Asset Development |
| | | Case Management or Wraparound Services |
| | | Customized Employment and Discovery |
| | | Benefits Planning |
| | ~ | Individualized Learning Plan |
| Add Delete Print List | | Help Print Record Audit |
| Save Start Match Services Comp Assess | Activity I.A. Ref | eferrals Correspond IVR Ret to Srch Comments Tag Resume Sched Message |

IMPORTANT: Customers enrolled in Career Pathway Training **MUST HAVE** a service recorded and funded with the appropriate DEI funds. See <u>ENTERING A TRAINING</u> <u>SERVICE</u> for instructions on how to enter a training service.



The funded training service in OSOS will keep the program enrollments open while the customer is in training. Entering the training service will avoid premature program exits and negative performance outcomes.



SERVICE DELIVERY STRATEGIES

For each of the Service Delivery Strategies used, click on the checkboxes to indicate YES. The definitions for each strategy are as follows:

| < <s attachment<="" tests="" th=""><th>s BE Events WIOA Referra</th><th>als</th><th>Primary Language DOB DEI DEI Round 6 DEI Round 8 Ticket to Work > >></th><th></th></s> | s BE Events WIOA Referra | als | Primary Language DOB DEI DEI Round 6 DEI Round 8 Ticket to Work > >> | |
|---|---------------------------------------|------|---|----|
| DEI Round 8 Staff | Date | | Date Enrolled in Career Pathways | Ī |
| | Date | 2 | C Service Delivery Strategies Used | 11 |
| | · · · · · · · · · · · · · · · · · · · | ` | Integrated C Resource Teams | |
| | | | Blending and Braiding of Funds | |
| | | | Work-Based Experience, Apprenticeship, or Internships | |
| | | | Asset Development | |
| | | | Case Management or Wraparound Services | |
| | | | Customized Employment and Discovery | |
| | | | Benefits Planning | |
| | | / | Individualized Learning Plan | |
| Add Delete | Print List | | Help Print Record Audit | |
| Save Start Match Services | Comp Assess Activity I.A. F | \efe | errals Correspond IVR <u>R</u> et to Srch Comments Tag Resume Sched Message | |

• Integrated Resource Teams

Team compositions vary depending on the employment needs of the jobseeker, and could include, for instance, representatives from the One-Stop Career Center, other government agencies, community colleges or other post-secondary institutions, nonprofit partners, and other organizations (NDI Consulting, 2011a). "An IRT brings together private and public sector representatives at the local, One-Stop community level. It improves communication and collaboration which results in enhanced coordination of services and supports for an individual jobseeker with a disability" (NDI Consulting, 2011b). The focus on the <u>individual</u> is paramount, and differentiates IRTs from Interagency Committees, which meet regularly to collaborate on systems-level improvements. (From Social Dynamics' Synthesis Report)



• Blending and Braiding of Funds

This refers to the contribution of funds from two or more State and Federal agencies toward the jobseeker's goals in education, training, and job placement. In the DEI grant, blended funding refers to arrangements that pool funds from multiple sources and make the fund streams indistinguishable. Braided funding pulls together resources from different sources, as well, but keeps the funding streams clearly separated. The use of funds from multiple sources is believed to provide more effective services to the jobseeker, as different funding streams can address the differing needs of jobseekers with disabilities. (SC Interim Synth Report 12-28-12)

• Work Based Experience, Apprenticeships, and Internships

Work experience is a planned, structured learning experience that takes place in a workplace and provides opportunities for career exploration and skill development. A work experience may take place in the private for-profit sector, the non-profit sector, or the public sector. WIOA identifies types of work experience for employment opportunities available; pre-apprenticeship and apprenticeship programs, internships and job shadowing. Work-based experiences, apprenticeships, and internships should ideally take place in the DEI target industries of Health care, Advanced Manufacturing, Information Technology, Hospitality, Finance and Agriculture.

Asset Development

The systematic use of asset development strategies can help jobseekers with disabilities navigate and take full advantage of the myriad benefits, programs, and incentives that are available to them. What is more, such programs include several services that impact asset building and work decisions; these include housing, child care assistance, health care, nutrition, and other areas not directly related to employment.

• Case Management or Wraparound Services

A system of case management known as wraparound services incorporates the natural support systems of clients, along with various agency personnel and community representatives, to address the individual's needs.

• Customized Employment and Discovery

Customized Employment and Discovery uses a flexible and individualized process for matching employer job descriptions to jobseekers, one jobseeker and one employer at a time. In the first type of job customization, some job tasks of incumbent workers are reassigned to create a new job description. A job is carved when there is a modification in the job description, reducing the number of responsibilities from an existing job description. And in job sharing, two or more workers share the responsibilities of one job based on each worker's strengths (ODEP, n.d.a).



• Benefits Planning

The term "benefits planning" refers to the person-centered analysis of the effect that work and other life situation changes have on public and private programs, including income support programs. Benefits planning helps people with disabilities steer through the complicated maze of public and private benefits programs while minimizing disincentives and barriers that exist for them to prepare for, obtain, advance in, retain, leave, and regain employment.

• Individual Learning Plan

A document consisting of:

(a) course taking, and post-secondary plans aligned to career goals; and

(b) documentation of the range of college and career readiness skills that the student has developed.



DISABILITY CATEGORIES

For each of the categories listed in the **Disability Categories** section, click on the corresponding checkboxes to indicate YES.

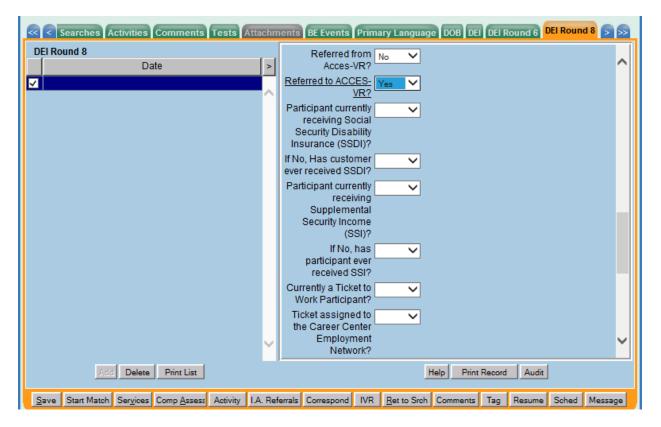
| < s Tests Attachment | BE Events WIOA Referr | als | Primary Language DOB DEI DEI Round 6 DEI Round 8 Ticket to Work > >> | |
|---------------------------|-----------------------------|------|--|---|
| DEI Round 8 Staff | Date | > | Disability Categories Attention Deficit/Hyperactivity Disorders | |
| | | | Blindness/Low Vision | |
| | | | Traumatic Brain Injury | |
| | | | Deaf/Hard of Hearing | |
| | | | Learning Disabilities | |
| | | | Medical ✓ Disabilities | |
| | | | Physical Disabilities | |
| | | | Mental Health Disabilities | |
| | | | Speech and Language Disabilities | |
| | | - | Developmental Disabilities | ' |
| Add Delete | Print List | | Help Print Record Audit | |
| Save Start Match Services | Comp Assess Activity I.A. F | Refe | rrals Correspond IVR Ret to Srch Comments Tag Resume Sched Message | |



ACCES-VR, SSI, SSDI AND TICKET TO WORK

As part of this initiative, we will also be tracking the number of customers referred to our services by ACCES-VR and the number of customers our staff refer to ACCES-VR services. We must also track information about the customer's Social Security disability benefits (SSI and/or SSDI) and participation in the Ticket to Work (TtW) program.

For each of these fields, you will click on the drop-down arrow and select the appropriate option. The options listed are: *Yes* and *No*.





ASSET DEVELOPMENT

For each of the topics in the **Training or Information in Asset Development** section, click on the corresponding checkboxes to indicate YES.

| < s Tests Attachment | s BE Events WIOA Refe | errals | Is Primary Language DOB DEI DEI Round 6 DEI Round 8 Ticket to Work > | >> |
|---------------------------|-------------------------|--------------|--|----|
| DEI Round 8 | | 1-1 | Employment | |
| Staff | Date | > | INELWOIK? | |
| ✓ | | | Training or Information in Asset Development | |
| | | \mathbf{r} | Beneficial Tax Provisions | |
| | | | Individual Development | |
| | | | Accounts | |
| | | | Social Security Disability Benefits, | |
| | | | Work Incentives, | |
| | | | and Employment Supports | |
| | | | Referral to | |
| | | | Benefits Advisor | |
| | | | outside the Career Center | |
| | | | Managing Money 🖌 and Credit | |
| | | | | |
| | | | Self-Employment | |
| | | | Home-Ownership | |
| | | ~ | Other | ~ |
| Add Delete | Print List | | Help Print Record Audit | |
| Save Start Match Services | Comp Assess Activity I. | A. Ref | eferrals Correspond IVR <u>R</u> et to Srch Comments Tag Resume Sched Messag | je |



SERVICES

DEI funding may be used for training, supportive services, and needs-related payments.



Grantees must use WIOA, W-P, or other program resources to the greatest extent possible to fund all education, training, job search activities, and supportive services for participants. The Department believes that the successful outcomes of adults and youth with disabilities accessing the American Job Center system during the life of DEI (and indeed the success of the DEI projects) depends upon the leveraging of funds and resources beyond the DEI grant funds for education, training, and other activities.

ELIGIBLE PARTICIPANTS

- Customer must be a youth between the ages of 14 and 24 with a disability.
- Customer must self-disclose a disability and be determined in need of training services in order to increase employability. No documentation is required to establish disability status.
- Customer must be eligible to enroll in WIOA individualized or WIOA training services.
- Customer does not need to be a ticketholder; however, priority of service is encouraged for SSA beneficiaries as an incentive to assign the ticket to a Career Center.
- Utilization of the IRT model is not a requirement to utilize training funds; however, it is encouraged and recommended as a way to address the multiple challenges to employment.
- Local area "Policies and Procedures" pertaining to Individual Training Accounts (ITAs), supportive services, and needs-related payments must be followed.
- Training providers must be found on the NYSDOL's Eligible Training Provider List (ETPL) except for OJT. The service must state "ETPL Auto Load" in the description.
- Training must be for a job determined to be in demand in the customer's geographic area.
- Training completion must occur before September 30^{th,} 2020, or the end date of the grant period.

ALLOWABLE TRAINING SERVICES

- Occupational skills training
- On-the-Job training (OJT)
- Workplace training and cooperative education programs
- Private sector training programs
- Skill upgrading and retraining
- Entrepreneurial training
- Adult education and literacy activities in combination with training
- Customized training

The Workforce Innovation and Opportunity Act (WIOA) "emphasizes training that leads to industry-recognized post-secondary credentials."

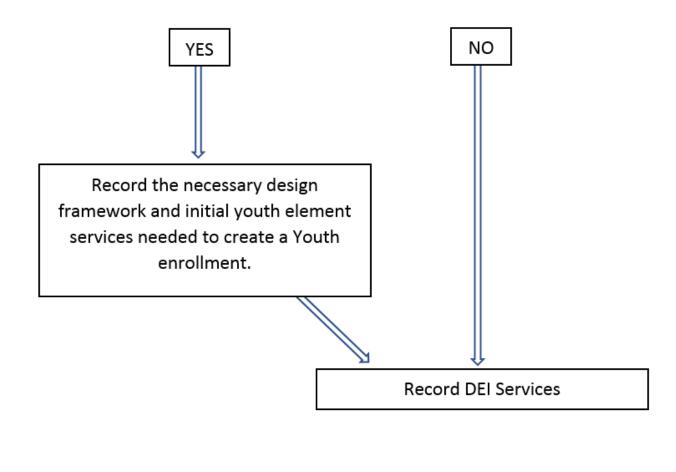
Wage subsidies and work readiness credentials are not considered allowable training services under this funding.



SUPPORTIVE SERVICES

The DEI grant does not require that youth served are WIOA Youth Program Participants. Therefore, when entering services provided to youth served under DEI, staff must not select services identified for WIOA Youth. These services are indicated with the word (Youth) in parentheses or the word element at the end of the service name.

However, most DEI 8 participants will meet the criteria for WIOA youth program eligibility. Prior to entering services, it is important to note that in order to co-enroll most youth customers in both the WIOA and DEI programs staff must follow the enrollment procedures outlined in the <u>Documenting Services to Youth</u> guide. WIOA Youth eligible customers should receive the necessary design framework and initial youth element services needed to create a Youth enrollment, followed by the DEI funded service.



Is the DEI Round 8 participant a WIOA eligible youth?



To record a service in the customer's OSOS record, click **Services** window \rightarrow **Services** tab.

| CUSTOMER | ER EMPLO | YER STAF | F | HELP | |
|---------------------------------|-------------|-----------------------|-----------|-------------------|-----------|
| Customer Search Customer Detail | Comp Assess | Services | Links | JobZone | NextGen |
| Cecelia, Customer | SSN: | OSOS ID: NY015 | 304710 | | |
| Achievement Objectives Services | Services | ents Outcomes Empl. O | utcomes 1 | Frng. Outcomes Co | mmen > >> |
| | | | | | |

Click the **New Service** button at the bottom of the screen.

| Provider Name | Service Name | Actual Start Dat Actual End Dat | Program Svc Type |
|------------------------------|---------------------------------------|---------------------------------|------------------|
| | | | |
| | | | |
| | | | |
| < | | | > |
| Options Print List New Servi | 🚥 📃 📃 New Service | IPA Service Summary Payments | Tracking |
| Save Custo | mer Detail <u>C</u> on ssess Comments | Check Labor Market Information | |



Clicking the **New Service** button will bring the user to the **Quick Search** tab. If the **Offering ID is known**, enter it in the field labeled **Offering ID** and click the **Search** button.

| CUSTOMER | PROVIDER | EMPLO | YER | STAFF | HELP | |
|-------------------|--------------------|-----------------|-----|-----------------|-------------|--|
| Provider Search P | rovider Detail 🛛 🧧 | Offering Search | | Offering Search | NextGen | |
| Quick Search Quic | CK Search ustom | | | | | |
| | More | | | | | |
| Provider Name | Servic | e Name | | | Description | |
| | | | | | | |



If the Offering ID is not known, then click the **General Info** tab. Enter any known information in the available data fields. OSOS will allow you to enter the beginning letters of a **Provider Name, Service Name**, select the **Program** from a drop-down menu, or select the Service Type using the **Service Type** button. Click the **Search** button at the bottom of the screen.

| | CUSTOMER | PROVIDER | EMPLOYER | STAFF | HELP |
|-----|-------------------------|------------------------------|---------------------------------------|------------------------|--------------|
| | Provider Search | Provider Detail | Offering Search C |)ffering Detail Links | NextGen |
| | | | _ | | |
| 9 | uick Search General Inf | o General Ir | nfo | | |
| | Location | | St | art Date Range | |
| WIB | WIB Tompkins Count | ty 🗸 City | Fro | m To | |
| | Provider Informatio | n | | | |
| | Provider Name | Р | rovider Name | Program | ~ |
| | Provider Status Act | ive 🗸 | | | |
| | Service Type Ref | ferred to Supportive Service | s [LX Enrolling] | Service Type | Service Type |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Ľ | Provider Name | | | Description | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | < | | | | > |
| | | earch Search | h ▼ Assign to List Clea | Detail Delete Schedula | |



Clicking the **Search** button will bring up a menu of services. Select the appropriate service.

| CUSTOMER | PROVIDER EMPLOYI | ER STAF | F HELP | |
|-----------------------------|---|----------------------------|------------------|--------------|
| Provider S Offering Search | Offering Search | Offering Detail | Links *Gen | |
| | | Multiple | matches 1 | - 4 of 4 Đ |
| Quick Search Gengral Info | Search Custom | | | |
| | | - Start Date Range | | 1 |
| WIB Tompkins County | ✓ City | From | То | |
| | | | | |
| Provider Information | | | | |
| Provider Name | Service Name | Program | | ~ |
| Provider Status Active 🗸 | | | | |
| Service Type Referred to | Supportive Services [LX Enrolling] | | Servic | се Туре |
| J | | | | |
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| | | | | |
| Provider Name | | Description | | |
| Tompkins County E + T | ** Funding Ended-Do not use | | | R |
| Tompkins County E + T | VESID | | | R |
| Tompkins County E + T | Use to refer to computer training, and | d/or resume assistanc | 9 | R |
| Women's Opportunity Center | Referral to DOL | | | R |
| | | | | |
| | | | | |
| < | | | | > |
| Options | Search Assign to List | <u>C</u> lear Detail Delet | Schedule | |
| Staff: CARSTENSEN III, POUL | Office: Schenectady County Career C | enter | Security: Search | 06/10/2019 |



When the information that is data entered results in a single match, OSOS navigates to the **Offering Detail** screen:

| | STAFF HELP |
|---|--|
| Provider Search Provider De Offering Detail | ing Detail Links NextGe |
| WOC Onerin 2056 | Single match |
| General Info | |
| Provider Info | - Schedule |
| Provider Name Tompkins County E + T | Start Date End Date |
| Service Category Supportive Services | Start Time End Time |
| Service Type Referred to Supportive Services | Sun. Mon. Tue. Wed. Thu. |
| Service Description Use to refer to computer training, and/or resume assistance | Fri. 🗌 Sat. 🗌 |
| Pay for Performance No | |
| ETP Status | ETP Program of Study Leading to |
| | Industry Recognized Certification |
| Location Women's Opportunity Center | Registered Apprenticeship |
| Address 315 N. Tioga Street | State or National License |
| | Associate Degree |
| City Ithaca, State New York | Bachelor's Degree |
| Zip 14850 WIB Tompkins County | Community College Certificate |
| | Secondary School Diploma or Equivalent Employment |
| | MSG Leading to Credential |
| | MSG Leading to Employment |
| | |
| Additional Info Cost \$ 1.00 Total Seats 1000 Availab | le Seats 499 |
| Description Availab | |
| | |
| | × × |
| Save Single Save Ongoing Provider Serv | ices Return to Search Return to Search |
| gave ongre Oave ofigoing Provider Serv | Return to Search |
| Staff: CARSTENSEN III, POUL Office: Schenectady County Career Center | Security elete 06/10/2019 |



Select the appropriate offering and click the Schedule button

| CUSTOMER | PROVIDER EMPLOYER STAFF | HELP |
|-----------------------------|---|--------------------------|
| Provider Search Provid | ler Detail Offering Search Offering Detail Links N | extGen |
| Quick Search General Info | Search Custom | 1-4of4 💬 |
| WIB Tompkins County | City City To | |
| Provider Information | | |
| Provider Name | Service Name Program | ~ |
| Provider Status Active | | |
| Service Type Referred to | Supportive Services [LX Enrolling] | Service Type |
| | | |
| Provider Name | Description | |
| Tompkins County E + T | Use to refer to computer training, and/or resume assistance | t one offering |
| Tompkins County E + T | ** Funding Ended-Do not use | |
| Tompkins County E + T | VESID | R |
| Women's Opportunity Center | Referral to DOL Search | R Schedule |
| Staff: CARSTENSEN III, POUL | | curity Search 06/10/2019 |



OSOS will navigate back to the **Services** tab with the provider and offering details automatically populating the service. For **Supportive Services** and **Needs Related Payments**, enter the **Planned** and **Actual Start Dates**, **Planned End Date** and the appropriate **Program Service Type** from the drop-down menu and then click the **Save** button:

| | CUSTOMER | ROVIDER | MPLOYER | STAFF | HELP | | | | | |
|-------|-------------------------------------|-------------------------------|--------------------|----------------------------|-----------------------------|--|--|--|--|--|
| | Customer Search Customer | Detail Comp As | sess 🦲 S | Services Links | JobZone NextGen | | | | | |
| | Pickett, Polly | S SN: | OSC | OS ID: NY012312655 | | | | | | |
| | Reference Achievement Objectives | vices Service History | Enrollments Outco | mes Empl Outcomes | Trng. Outcomes Commen > >> | | | | | |
| | Detail | our not motory | Funding - | | | | | | | |
| | Service Name WOC | | Level | Source Obli | gated Actual Oblig# | | | | | |
| | Service Desc. Use to refer to comp | ter training, and/or resume a | | ,, | | | | | | |
| | Service ID 2052 | | | 1 | ^ | | | | | |
| | Service Type Referred to Supportion | ve Services | | | | | | | | |
| | Provider Name Tompkins County E - | •т | Auto-p | opulated provide | der and offering | | | | | |
| | Location Name Women's Opportunity | / Center | | | | | | | | |
| | Provider ID 3118 | Offering ID 2056 | | | | | | | | |
| | Plan. Start Date 01/31/2019 F | Plan. End Date 02/05/20 | Planr | ned End Date | | | | | | |
| Dates | Actual Start Date 01/31/2019 A | ctual End Date | ▁ <mark>ヽ</mark> ┍ | | Add Edit Delete | | | | | |
| | Completed Successfully | | Petit | tion # | | | | | | |
| , | Next Contact Date | | | | | | | | | |
| | Program Service Type Individualize | | ⊻ P | Program Service | Type drop down | | | | | |
| | Part Time Learn. D | istance Learn. | | | | | | | | |
| | Provider Name | Servi | ce Name | Actual Start Date Actu | al End Dat Program Svc Type | | | | | |
| | Schenectady County Career Cer | nter Youth - ISS | | 02/01/2019 02/ | 01/2019 Youth Services | | | | | |
| | Tompkins County E + T | Tutoring Assistar | nce | 01/31/2019 | Youth Services | | | | | |
| | Tompkins County E + T | WOC | | 01/31/2019 | Individualized Career S | | | | | |
| | < | | | | > | | | | | |
| | Options Print List Ne | w Service Delete Servic | e Authorization | IPA Service Summary | | | | | | |
| | | | | , , | | | | | | |
| | Save | Customer Detail Comp As | sess Comments (| Check Labor Market Informa | ation | | | | | |
| | Staff: CARSTENSEN III, POUL Off | ice: Tompkins County Or | ne Stop | | Security: Delete 06/10/2019 | | | | | |



Enter the number "1" in the **Total Funding** data field. OSOS is not used as a financial tracking system. It is only used to track programmatic services provided. For this reason, the \$1.00 entry acts as a placeholder so that the system will designate a funding source to be attached to the service. This allows the system to track services provided under this grant. Click the **Add** button.

| CUSTO | OMER | PROVIDER | EMPL | ΟΥΕ | 2 | STAFF | | HELP | |
|-------------------|---------------------|-----------------------|-----------------|-------|------------|-----------------|---------------|----------|-----------------|
| Customer Search | h Custom | er Detail | Comp Assess | (| Sei | vices | Links | JobZone | NextGen |
| Pickett, Polly | | | SSN: | | OSOS | ID: NY012312 | 2655 | | |
| < Achieveme | nt Objectives | ervices Service | History Enrollr | nents | Outcom | es Empl. Outo | omes Trng. | Outcomes | Commen > >> |
| Detail | | | (| 🕝 Fu | nding | | | | (|
| Service Name | WOC | | | | Level | Source | Obligated | Actual | Oblig # |
| Service Desc. | Use to refer to con | nputer training, and/ | for resume ass | | | | · | | |
| Service ID | 2052 | | | | | | | | <u>^</u> |
| Service Type | Referred to Suppo | rtive Services | | | | | | | |
| Provider Name | Tompkins County | E+T | | | | | | | |
| Location Name | Women's Opportu | nity Center | | | | | | | |
| Provider ID | 3118 | Offering ID | 2056 | | | | | | |
| Plan. Start Date | 01/31/2019 | Plan. End Date | 02/05/201 | | | | | | |
| Actual Start Date | 01/31/2019 | Actual End Date | 1 | Т | otal Fundi | ng \$ 1.00 | | Add | Add butto |
| Completed Succe | essfully | ~ | | | Petitio | n # | | | |
| Next Conta | ct Date | | | | RR Even | t # | | ~ | |
| Program Servic | e Type Individua | lized Career Service | s 🗸 | In | cumbent | Norker Trainin | g 💙 | | |
| Part Time Learn. | | Distance Learn. | | | | | | | |
| Pro | ovider Name | | Service Nar | me | | Actual Start Da | at Actual End | Dat Pr | rogram Svc Type |



The **Funding - - Webpage Dialog** box will appear. Enter the number "1" in **the Obligated Amount** data field and select the **DEI Supplemental** funding source. Click the **OK** button.

| WIB WIOA Adult Loc WIB WIOA Adult Loc WIB WIOA Dislocate WIB WIOA Dislocate WIB Youth Adult Loc WIB WIOA Dislocate WIB Youth Adult Loc WIB WIOA Dislocate WIB Youth Statewide State Youth Statewide WIB Dislocated Wor State Dislocated Wor State Adult Statewide State Adult Statewide State MIB DEl Supplement State State H-1B Nursing | al d Worker Local d Worker Local e 15% e 15% ker Statewide 15% ker Statewide 15% 15% | Year 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 | Remaining \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 99915.00 \$ 100000.00 \$ 99999.00 \$ 100000.00 | NEG/Contract/Grant # |
|---|---|--|---|------------------------|
| WIB WIOA Adult Loc WIB WIOA Dislocate WIB WIOA Dislocate WIB Youth Statewide State Youth Statewide WIB Dislocated Wor State Dislocated Wor State Dislocated Wor WIB Adult Statewide State Adult Statewide State WIB Adult Statewide State State WIRED ✓ WIB DEl Supplement State State H-1B Nursing | al d Worker Local d Worker Local e 15% e 15% ker Statewide 15% ker Statewide 15% 15% | 2018 2017 2018 2017 2018 2017 2018 2018 2018 2017 | \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 10000.00 \$ 99915.00 \$ 100000.00 \$ 99999.00 | |
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| State Youth Statewide WIB Dislocated Wor State Dislocated Wor State Dislocated Wor WIB Adult Statewide State Adult Statewide State WIRED State WIRED VIB DEl Supplement State H-1B Nursing | ker Statewide 15% ker Statewide 15% ker Statewide 15% | 2018 2017 2018 2017 | \$ 99915.00 \$ 100000.00 \$ 99999.00 | |
| WIB Dislocated Wor State Dislocated Wor WIB Adult Statewide State Adult Statewide State WIRED VIB DEl Supplement State H-1B Nursing | ker Statewide 15% ker Statewide 15% 15% | 2017 2018 2017 | \$ 100000.00 \$ 99999.00 | |
| State Dislocated Wor WIB Adult Statewide State Adult Statewide State WIRED WIB DEl Supplement State H-1B Nursing | ker Statewide 15% 15% | 2018 2017 | \$ 99999.00 | |
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| State Adult Statewide State WIRED WIB DEI Supplement State H-1B Nursing | | | \$ 100000.00 | |
| State WIRED WIB DEI Supplemer State H-1B Nursing | 15% | 2018 | | |
| ✓ WIB DEI Supplemer □ State H-1B Nursing | | | \$ 99998.00 | |
| State H-1B Nursing | | 2018 | \$ 150 | M/D 10 |
| | ntal | 2017 | DEI Su | pplemental Funding Sou |
| | | 2018 | \$ 500 | AA123451055A20 |
| State Workforce Lear | ning Link | 2017 | \$ 99996.00 | 1013 |
| State Industry Standa | rd | 2018 | \$ 5000.00 | NY222215 |
| WIB Hurricane Maria | a DWG | 2017 | \$ 100000.00 | EM-31592-18-60-A-36 |
| ated Amount \$ 1.00 | WIB Tom | pkins County | | |
| OR | | pkins County (| One Stop | |
| Obligated Percentage 100 | Region Sout | | | |
| Obligated Percentage 100 | Region Sou | | | |
| | ок | ОК | | |



Click the **Save** button. If the service has ended, enter the **Actual End Date** and **Completed Successfully** data fields. Click the **Save** button again:

| CUSTO | OMER | PROVI | DER | EMP | LOYE | र | ST | AFF | | н | ELP | | |
|-------------------|-------------------|----------------|---------------------|-------------|----------|---------------------|------------|------------------------|-----------|----------|-----------|-------------|-------|
| Customer Searc | h Custo | omer Detail | Co | mp Assess | | Se | ervices | 📄 Li | nks | lob | Zone | NextG | ien |
| Pickett, Polly | | | SS | iN: | | OSO | S ID: N | Decer | d Saveo | | Re | cord Save | ed |
| Achievem | ent Objectives | Services | Service His | tory Enrol | Iments | Outcor | mes Fmr | | | | | ommen > | |
| - Detail | | | | | | nding — | | | | | | | |
| Service Name | WOC | | | | | Level | Sour | ce | Obligate | d Act | ual | Oblig # | |
| Service Desc. | Use to refer to (| computer train | ing, and/or re | esume ass | | | | | | | | | |
| Service ID | 2052 | | | | | | | | | | | | |
| Service Type | Referred to Sup | portive Servi | ces | | | | | | | | | | |
| Provider Name | Tompkins Cour | ity E + T | | | | | | | | | | | |
| Location Name | Women's Oppo | rtunity Center | | | | | | | | | | | |
| Provider ID | 3118 | Off | ering ID 20 | 56 | | | | | | | | | |
| Plan. Start Date | 01/31/2019 | Plan, El | nd Date 02/ | /05/2019 | | | | | | | | | Ť |
| Actual Start Date | 01/31/2019 | Actual Er | nd Date 02/ | 05/2019 | | - | dina | | | | Add Ed | it Delete | |
| Completed Succ | essfully | ~ | | < | | <mark>Comp</mark> l | leted Su | <mark>iccessf</mark> i | ully | | | | |
| Next Conta | act Date | | | | | | | | | | ~ | | |
| Program Servio | ce Type Individ | Jualized Caree | r Services | <u> </u> | In | cumsen | t Worker 1 | Fraining | | ~ | | | |
| Part Time Learn. | | Distance | Learn. | * | | | | | | | | | |
| Pr | ovider Name | | | Service Na | ame | | Actual S | Start Dat | Actual E | ind Dat | Prog | ram Svc Typ | ре |
| · · · · | County Caree | r Center | Youth - ISS | ; | | | 02/01/2 | | 02/01/2 | 019 | Youth Se | | |
| Tompkins Co | | | Tutoring As | ssistance | | | 01/31/2 | | | | Youth Se | | |
| Tompkins Co | ounty E + T | | WOC | | | | 01/31/2 | 2019 | 02/05/2 | 019 | Individua | alized Care | er Se |
| < | | | | | | | | | | | | | > |
| Option | s Print List | New Servi | . Delete | Service | Authoriz | | IPA Servic | | . 1 . | | 1 Treats | | |
| | | · · · | | , | | | IPA Servic | e Summar | y Pa | aymenta | Tracki | ng | |
| Save | | Save Custo | mer Detail <u>C</u> | omp Assess | Comme | ents C | heck Labo | r Market In | formation | | | | |
| Staff: CARSTENS | EN III, POUL | Office: To | mpkins Cou | unty One St | op | | | | | Security | : Delete | 06/10/20 | 19 |

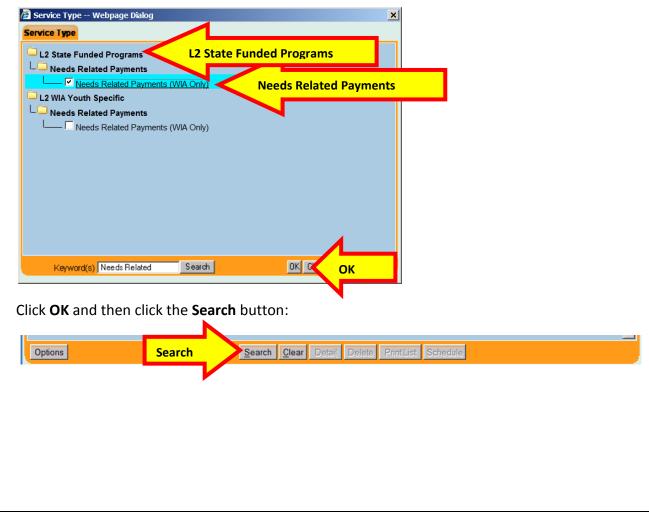


NEEDS RELATED PAYMENTS SERVICE

To record Needs Related Payments, click the **New Service** button in the Services tab. Select the WIB and click the **Program Service Type** button.

| | CUSTOMER | PROVIDER | EMPLOYE | R STAFI | н | ELP |
|---|-------------------------------|---------------------------|-----------------|--------------------|-------------|--------------|
| | Provider Search | Provider Detail | Offering Search | Offering Detail | Links NextG | en |
| | Quitk Search General In | fo List Search Custor | n | | | |
| w | ocation B IB Tompkins Cour | nty 🗸 City | | From | То | |
| | Provider Informati | on | | | | |
| | Provider Name | | Service Name | Program | | ~ |
| | Provider Status Ad | xive 💙 | | | | |
| | Service Type Ne | eeds-Related Payments (Yo | uth) Program | Service Type butto | on | Service Type |
| | | | | | | |

Select the L2 State Funded Programs Needs Related Payments option to search for the service:





Clicking the **Search** button navigates the user to the **Needs Related Payments** offering. Click the **Schedule** button.

| CUSTOMER | PROVIDER | EMPLOYE | R | STAFF | | HELP | |
|---|-----------------------|------------------|-------------------|------------|-------------|----------|-----------|
| Provider Search Prov | ider Detail 🛛 🛑 Offe | ring Search | Offering | Detail L | inks Ne | xtGen | |
| | | | | | | 1 | -1 of 1 🕑 |
| Quick Search General Info Lis | t Search Custom | | | | | | |
| Provider Search Provider Detail Offering Search Offering Detail Links NextGen 1 - 1 of 1 | | | | | | | |
| WIB Tompkins County | ✓ City | | | | 0 | | |
| | | | | | | | |
| | 0 | Name | | D | | | |
| | Service | Name | | Program | | | |
| | | | | | | | - |
| Service Type Needs-Re | ated Payments (Youth) | | | | | Servic | æ lype |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Provider Name | Service Nam | ne l | Location | Start Date | Start Time | End Date | End Time |
| Tompkins County E + T | Supportive Services | Wor | rkforce Devel | _ | _ | - | |
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| | | | | | | | |
| | | | | | | 1 | ~ |
| Options | Search 💌 | Assign to List 💌 | Charle David | a | a hand a la | | |
| Options | <u>D</u> earch | Assign to List | <u>U</u> ear Deta | n neietei | chequie | Schedule | |

Complete the remainder of the data entry for the service in the Services tab as described in the <u>Supportive Service section</u>.



If the program service and offering does not exist for the LWDA, then it will need to be created. There are designated staff in each of the LWDAs that have permission to create and modify provider offerings. If the offering is not found or needs to be modified, contact the appropriate staff.



TRAINING SERVICES

Classroom trainings and On-the-Job training are recorded as Training Services in OSOS.

Clicking the **New Service** button will bring the user to the **Quick Search** tab. If the **Offering ID is known**, enter it in the field labeled **Offering ID** and click the **Search** button.

| CUSTOMER | PROVIDER | EMPLOYER | STAFE | HELP | |
|-------------------|---|----------------|---------------------|-------------|---|
| Provider Search P | rovider Detail 🛛 🦲 | ffering Search | Offering Search | NextGen | |
| | Search Offering ID ID 1 20573 Enter or paste one or more Offering IDs. | Offering ID # |] | | |
| Provider Name | Service N | Jame | | Description | |
| | | | | Description | |
| | ſ | | | | |
| < | | | _ | | > |
| Options | <u>S</u> earch | Search | Detai Delete Schedu | E | |
| | | | | | |



If the Offering ID is not known, click the **General Info** tab. Enter any known information in the available data fields.

Make sure that the appropriate **WIB** is listed. OSOS allows you to enter the beginning letters of a **Provider Name**, **Service Name**, or select the **Program** or **Service Type**.

Note: For On-the-Job Training (OJT) services, the **Provider Name** is usually the name of the business providing the training. If it is known, enter all, or part of the **Provider Name** or **Service Name**.

Click the **Service Type** button.

| CUSTO | MER PRO | | LOYER | STAFF | HELP |
|--|-------------------|-----------------------|------------------------|-------------------------|--------------|
| Provider Search | Provider Deta | il 🥂 🦲 Offering Searc | h Of | fering Search | |
| - Location - | eral Info Ge | neral Info | Start Date | Range | |
| Provider Info Provider Nam Provider Statu Service Typ | ne us Active V | Service Name | | Program Service Type | Service Type |
| Provider | Name | Service Name | Location | | Desc |
| | | | 1 | | |
| | | | | | |
| < | | | | | 2 |
| Options | | Search Assign to L | ist <u>C</u> lear Deta | r] Delete Schedule | |



This will bring up the **Service Type Webpage Dialog**. Use the hierarchy of folders or enter in a keyword and click the **Search** button to locate the appropriate **Service Type**.

Once selected, click the **OK** button.

| e | Service Type Webpage Dialog |
|------------|---|
| | Service Type |
| | 🖵 L2 Training |
| | Ccupational Skills Training Element |
| Select | Cccupational Skills Training |
| | L2 WIOA Youth Services |
| | - 💭 Occupational Skills Training Element |
| | Cccupational Skills Training |
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| | |
| Keyword(s) | Keyword(s) occupational Search OK OK ncel |
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Once all of the information has been entered in the **General Info** tab, click the **Search** button at the bottom of the screen.

| CUSTOMER Provider Search Provider | PROVIDER EMPLO | | AFF Links N | HELP | |
|--|----------------------|---------------------------|----------------|--------------|--------------|
| Quick Search General Info | General Info | | | | |
| Location WIB WIB Tompkins County | ✓ City | From | To | | |
| Provider Information Provider Name Tompkin | Provider | Name Progra | ım | ~ | |
| Provider Status Active Service Type Occupation | | | | Service Type | Service Type |
| | | | | | |
| Provider Name | Service Name | Location | | Description | |
| | | | | | |
| Options Searc | Search Assign to Lis | t <u>C</u> lear Detail De | stere Schedule | | > |



Select the appropriate offering. Remember that if you are recording an Occupational Skills Training, the description must state "**ETP Auto load**" with the auto loaded date.

Click the **Schedule** button.

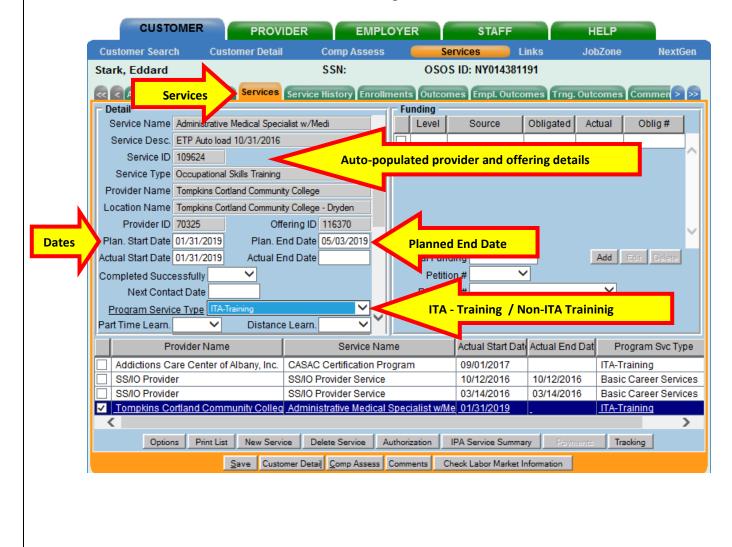
| сизтом | ER | PROVID | | MPLOYE | R | STAF | F | HE | LP | | |
|--|-------------|--------------------------|------------------|---------------------|-------------|-------------|-------------|----------------|--------------|------------|--|
| Provider Search | Provid | er Detail | Offering S | earch | Offerin | g Detail | Links | NextGei | 1 | | |
| | | | | | | | | | 1 - 77 of | 77 D | |
| uiale Search General Info List Search Custom | | | | | | | | | | | |
| Quick Search General Info List Search Custom | | | | | | | | | | | |
| - Location | | | | (| - Start Da | te Range – | | | | | |
| WIB Tompkins (| County | City | / | | From | | То | | | | |
| | | | | | | | | | | | |
| Provider Inform | nation | | | | | | | | | [| |
| Provider Name | Tompkins | | Service Nam | ne | | Program | | | | ✓ | |
| Provider Status | Active | | | | | | | | | | |
| Service Type | Occupations | al Chille Trainin | - | | | | | | Service Type | | |
| Service Type | Occupation | a okiiis traifiir | lg | | | | | | Service Type | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Provider N | ame | Se | ervice Name | [1 | Location | [| | | | Descript | |
| Tompkins Cortla | nd Commur | A.S., A.A.S., | Certificate Deg | rees Ton | npkins Cort | a See coll | ege catalo | g for all offe | rings and de | scriptions | |
| Tompkins Cortla | nd Commur | AA / AS / AA | S Degree Prog | ram Ton | npkins Cort | a ETP Aut | load 12/2 | 2/2014 | | | |
| Tompkins Cortla | nd Commur | AA/AS/AA | S Degree Prog | ram Ton | npkins Cort | a ETP Aut | o load 12/2 | 2/2014 | | | |
| Tompkins Cortla | | | | | npkins Cort | | | | | | |
| Tompkins Cortla | | | tive Medical Spe | <u>ecialist Ton</u> | npkins Cort | la ETP Auto | | 1/2016 | ETP Au | to load | |
| Tompkins Cortla | nd Commun | AutoOad | | | | | | | | | |
| <u> </u> | | | | | npkins Cort | | | | | | |
| Tompkine Cortla | | | 0111.00011 | | npkins Cort | | | 1/2016 | | > | |
| | | AutoCAD 2 | | Top | ankine Cort | | 100d 10/2 | | hedule | - | |



OSOS will navigate back to the **Services** tab with the provider and offering details automatically populated for the training service.

Complete the following data fields in the **Detail** section of the tab:

- **Plan. Start Date**: Enter the planned started date when the service is expected to start in the format of mm/dd/yyyy.
- Plan. End Date: Enter the date the service is expected to end.
- Actual Start Date: Enter the date the service begins. This cannot be a future date.
- **Program Service Type**: For classroom training and other Occupational Skills Training, select **ITA - Training** from the drop-down menu. For OJT and customized training, select **Non-ITA Training** from the drop-down menu.
- Part Time Learn.: Enter Yes or No to indicate if the training is part time.
- **Distance Learn.**: Enter **Yes** or **No** to indicate if the training will include on-line or another form of distance training.





The **O*Net** code must be included for all training services.

If the **O*Net** code is not known, it may be identified by clicking the **O*Net button**.

| CUSTO | OMER | PROVIDER | EMPLO | OYER | STAFF | н | ELP | |
|-------------------|------------------|--------------------|---------------------------|-----------------|---------------------|----------------|--------------|------------|
| Customer Searc | h Custom | er Detail | Comp Assess | Se | rvices Li | inks Jol | bZone | NextGen |
| Stark, Eddard | | | SSN: | OSOS | ID: NY0143811 | 91 | | |
| Achieveme | nt Objectives | Services Servic | e History Enrollm | ents Outcom | es Empl. Outco | mes Trna. Outo | comes Comn | nen > >> |
| - Detail | | | | - Funding | | | | |
| Part Time Learn. | No 🗸 | Distance Learn | . No 🗸 | Level | Source | Obligated Ac | tual Obli | g# |
| Program | | | ✓ ^ | | | | | |
| Minimum Hours | N | umber of Weeks | 5 | | | I | I | ~ |
| O*Net 29207100 | Medical Records | and Health Informa | ation O*Net | O*Net | | | | |
| NAICS | | | NAICS | | | | | |
| Min. Prog. Agreed | Ŀ | | | | | | | |
| Achv. Objective | | | ✓ | | | | | |
| Staff Assigned | | | Change 💌 | | | | | × I |
| WIB Assigned | Tompkins County | | | Total Fund | ina | | Add Edit D | Delete |
| Agency | Tompkins WAE | | Change | Petitio | | 7 - | | |
| Office | Tompkins County | One Stop | Office | RR Ever | | | ~ | |
| Orig. Obligation | | Total Obligation | \$ 0.00 | | Worker Training | ~ | | |
| Offering Cost | \$ 1.00 Actu | ual Cost | Change ¥ | meaniberit | worker framing | | | |
| Pro | ovider Name | | Service Nam | ne | Actual Start Dat | Actual End Dat | Program | Svc Type |
| Addictions Ca | re Center of Alb | any, Inc. CASA | C Certification Pro | gram | 09/01/2017 | | ITA-Training | |
| SS/IO Provide | r | SS/IO | Provider Service | | 10/12/2016 | 10/12/2016 | Basic Caree | r Services |
| SS/IO Provide | | | Provider Service | | 03/14/2016 | 03/14/2016 | Basic Caree | r Services |
| ✓ Tompkins Co | rtland Communi | ity Colleg Admir | histrative Medical S | Specialist w/Me | 01/31/2019 | - | ITA-Training | |
| < | | | | | | | | > |
| Option | s Print List | New Service [| Delete Service Au | ithorization | PA Service Summa | ry Payments | Tracking | |
| | Sav | e Customer Det | ail <u>C</u> omp Assess (| Comments Ch | eck Labor Market Ir | nformation | | |



Clicking the **O*Net button** will bring up the O*Net window.

Enter in a keyword and click the **Search** button or expand the folders to locate the appropriate **O*Net** title. Then click the **Select** button.

| Select O*Net Webpage Dialog | X |
|--|---|
| Hierarchy Search Details | |
| Current O*Net O*Net Code 29207100 O*Net Title Medical Records and Health Information Technicians | |
| Hierarchy Construction and Extraction Occupations Education, Training, and Library Occupations Farming, Fishing, and Forestry Occupations Food Preparation and Serving Related Occupations | ^ |
| Healthcare Practitioners and Technical Occupations Health Diagnosing and Treating Practitioners Select Folders | |
| | |
| Health Practitioner Support Technologists and Technicians Licensed Practical and Licensed Vocational Nurses Generation Technicians Medical Records and Health Information Technicians | |
| L Miscellaneous Health Technologists and Technicians L | ~ |
| Keyword(s) Medical Search Search Select Select Select | |



Enter the number "1" in the **Total Funding** data field. Click the **Add** button.

| CUSTO | OMER PRO | OVIDER | EMPLO | DYER | STAFF | н | IELP | |
|-------------------|---------------------------|-------------------------|-----------------|--------------|------------------------|------------------|--------------|------------|
| Customer Searc | h Customer De | tail Co | mp Assess | | Services | Links Jo | bZone | NextGen |
| Stark, Eddard | | SS | N: | OS | OS ID: NY014381 | 191 | | |
| Achievem | ent Objectives Servic | es Service His | tory Enrolln | nents Outc | omes Empl. Outc | omes Trng. Out | comes Comn | nen > >> |
| - Detail | | | (| Funding | | | | |
| Service Name | Administrative Medical S | oecialist w/Medi | | Level | Source | Obligated Ac | ctual Obli | g# |
| Service Desc. | ETP Auto load 10/31/20 | 16 | | | | ii | | |
| Service ID | 109624 | | | | | · · · | | ^ |
| Service Type | Occupational Skills Train | ing | | | | | | |
| Provider Name | Tompkins Cortland Com | nunity College | | | | | | |
| Location Name | Tompkins Cortland Com | nunity College - Dr | yden | | | | | |
| Provider ID | 70325 | Offering ID 116 | 370 | | | | | |
| Plan. Start Date | 01/31/2019 Plar | . End Date 05/ | 02/2010 | | | | | × |
| Actual Start Date | 01/31/2019 Actua | I End Date | 1 | Total Fu | nding \$ 1.00 | | Add | Add |
| Completed Succ | essfully 🗸 | | | Pet | ition # | < | | |
| Next Conta | act Date | | | RR E | vent# | | ~ | |
| Program Servi | ce Type ITA-Training | | ~ | Incumbe | ent Worker Training | | | |
| Part Time Learn. | | nce Learn. No | ~ ~ | | | | | |
| PI | rovider Name | | Service Nan | ne | Actual Start Da | t Actual End Dat | Program | Svc Type |
| Addictions Ca | are Center of Albany, Ir | IC. CASAC Ce | rtification Pro | ogram | 09/01/2017 | | ITA-Training | |
| SS/IO Provide | | SS/IO Prov | ider Service | | 10/12/2016 | 10/12/2016 | Basic Caree | r Services |
| SS/IO Provide | | | ider Service | | 03/14/2016 | 03/14/2016 | Basic Caree | r Services |
| Tompkins Co | ortland Community Co | leq Administra | tive Medical (| Specialist w | / <u>Me_01/31/2019</u> | - | ITA-Training | |
| | 1 1 | | - | - 1 | | | 1 1 | > |
| Option | ns Print List New S | ervice Delete | Service A | uthorization | IPA Service Summ | ary Payments | Tracking | |
| | <u>Save</u> C | ustomer Detail <u>C</u> | omp Assess | Comments | Check Labor Market | Information | | |



If the training is being funded totally through WIOA or DEI, then enter the number "1" in the **Obligated Amount** and select the single funding.

Click the **OK** button.

| | Level | Funding Source | Year | Remaining | NEG/Contract/Grant | | | | | |
|---|----------------|-------------------------------------|--------------|--------------|--------------------|--|--|--|--|--|
| ונ | WIB | WIOA Adult Local | 2017 | \$ 100000.00 | | | | | | |
| ו | WIB | WIOA Adult Local | 2018 | \$ 10000.00 | | | | | | |
| ו | WIB | WIOA Dislocated Worker Local | 2017 | \$ 100000.00 | | | | | | |
| | WIB | WIOA Dislocated Worker Local | 2018 | \$ 10000.00 | | | | | | |
|] | WIB | Youth Statewide 15% | 2017 | \$ 100000.00 | | | | | | |
|] | State | Youth Statewide 15% | 2018 | \$ 99915.00 | | | | | | |
| ו | WIB | Dislocated Worker Statewide 15% | 2017 | \$ 100000.00 | | | | | | |
|] | State | Dislocated Worker Statewide 15% | 2018 | \$ 99999.00 | | | | | | |
|] | WIB | Adult Statewide 15% | 2017 | \$ 100000.00 | | | | | | |
| State Adult Statewide 15% | | | 2018 | \$ 99998.00 | | | | | | |
|] | State | WIRED | 2018 | \$ 15000.00 | WF | | | | | |
| 1 | WIB | DEI Supplemental | 2017 | \$ 9999.00 | | | | | | |
| | State | H-1B Nursing | 2018 | \$ 5000.00 | AA123451655A | | | | | |
| | State | Workforce Learning Link | 2017 | \$ 99996.00 | 10 | | | | | |
| | State | Industry Standard | 2018 | \$ 5000.00 | NY2222 | | | | | |
| | WIB | Hurricane Maria DWG | 2017 | \$ 100000.00 | EM-31592-18-60-A | | | | | |
| Obligated Amount \$ 1.00 \$1 Obligated Amount | | | | | | | | | | |
| | <u>Obligat</u> | OR Diffice Tompkins County One Stop | | | | | | | | |
| | <u>Obligat</u> | | pkins County | One Stop | | | | | | |



If the training is being funded through both WIOA Adult or Dislocated Worker and DEI, then enter the number "0.50" in the **Obligated Amount** and select DEI Supplemental funding.

Click the **OK** button.

| Level | Funding Source | Year | Remaining | NEG/Contract/Grant # | | | | | | |
|---------------------------|---|--------------|-------------------|----------------------|--|--|--|--|--|--|
| WIB | WIOA Adult Local | 2017 | \$ 100000.00 | | | | | | | |
| WIB | WIOA Adult Local | 2018 | \$ 10000.00 | | | | | | | |
| WIB | WIOA Dislocated Worker Local | 2017 | \$ 100000.00 | | | | | | | |
| WIB | WIOA Dislocated Worker Local | 2018 | \$ 10000.00 | | | | | | | |
| WIB | Youth Statewide 15% | 2017 | \$ 100000.00 | | | | | | | |
| State | Youth Statewide 15% | 2018 | \$ 99915.00 | | | | | | | |
| WIB | Dislocated Worker Statewide 15% | 2017 | \$ 100000.00 | | | | | | | |
| State | Dislocated Worker Statewide 15% | 2018 | \$ 99999.00 | | | | | | | |
| WIB | Adult Statewide 15% | 2017 | \$ 100000.00 | | | | | | | |
| State Adult Statewide 15% | | | \$ 99998.00 | | | | | | | |
| State | WIRED | 2018 | \$ 15000.00 | WR | | | | | | |
| WIB | DEI Supplemental | 2017 | <u>\$ 9999.00</u> | _ | | | | | | |
| State | H-1B Nursing | 2018 | \$ 5000.00 | AA123451655A | | | | | | |
|] State | Workforce Learning Link | 2017 | \$ 99996.00 | 10 | | | | | | |
| State | Industry Standard | 2018 | \$ 5000.00 | NY2222 | | | | | | |
| WIB | Hurricane Maria DWG | 2017 | \$ 100000.00 | EM-31592-18-60-A- | | | | | | |
| | | | | _ | | | | | | |
| Oblig | 0.50 \$ 0.50 WIB Tom | pkins County | | | | | | | | |
| - | R Office Tom | pkins County | One Stop | | | | | | | |
| | Obligated Percentage 50 Region Southem Tier | | | | | | | | | |
| Obligated | Percentage 50 Region Sou | | | | | | | | | |

Repeat the above process, selecting either WIOA Dislocated Worker Local funding or WIOA Adult Local funding.



Once the funding has been correctly added, click the **Save** button.

| | mer Detail | Comp Asse | SS | S | | | | | |
|-------------------------------|---|---------------------------|----------|---------------|----------------------|----------------------------|--------------|------------|--|
| | | | | | ervices | inks Jo. | bZone | NextGen | |
| Achievement Objectives | Stark, Eddard SSN: OSOS ID: NY014381191 | | | | | | | | |
| | Services Ser | vice History Enr | ollm | ents Outco | mes Empl. Outco | omes Trng. Out | comes Com | men > >> | |
| Detail | | | | Funding — | | | | | |
| Service Name Administrative M | ledical Specialist v | w/Medi | | Level | Source | Obligated A | ctual bl | ig# | |
| Service Desc. ETP Auto load | 10/31/2016 | | \sim | | DEI Supplement | \$0.50 \$0. | .00 | al funding | |
| Service ID 109624 | | | | VIB WIB | WIOA Dislocated | <u>\$0.50</u> <u>\$0</u> . | <u>.00</u> | | |
| Service Type Occupational S | kills Training | | | | | | | | |
| Provider Name Tompkins Cortla | nd Community Co | llege | | | | | | | |
| Location Name Tompkins Cortla | nd Community Co | llege - Dryden | | | | | | | |
| Provider ID 70325 | Offering | D 116370 | | | | | | | |
| Plan. Start Date 01/31/2019 | Plan. End D | ate 05/03/2019 | | | | | | × | |
| ctual Start Date 01/31/2019 | Actual End D | ate | | Total Fun | ding \$ 1.00 | | Add Edit | Delete | |
| completed Successfully | ~ | | | Petiti | on # | 7 | | | |
| Next Contact Date | | | | RR Eve | ent# | | ~ | | |
| Program Service Type ITA-Tra | ining | ~ | | Incumben | t Worker Training | × | | | |
| art Time Learn. No 🗸 | Distance Lea | arn. No 🗸 | ~ | | - | | | | |
| Provider Name | | Service I | Nam | ie | Actual Start Da | Actual End Dat | l Program | Svc Type | |
| Addictions Care Center of A | Ibany, Inc. CA | SAC Certification | Pro | gram | 09/01/2017 | | ITA-Training | | |
| SS/IO Provider | SS | IO Provider Servi | ice | | 10/12/2016 | 10/12/2016 | Basic Caree | r Services | |
| SS/IO Provider | | IO Provider Servi | | | 03/14/2016 | 03/14/2016 | Basic Caree | | |
| Tompkins Cortland Commu | inity Colleg Adr | ministrative Medio | cal S | pecialist w/N | le <u>01/31/2019</u> | - | ITA-Training | | |
| | | | | | | 1 | | > | |
| Options Print List | New Service | Delete Service | Au | thorization | IPA Service Summa | ary Payments | Tracking | | |
| Save | ave Customer [| Detail <u>C</u> omp Asses | is C | omments C | heck Labor Market | nformation | | | |
| | | | | | | | | | |



When the Planned End Date is reached, remember to follow-up with the customer to determine the training outcome. At this point, enter an Actual End Date and indicate whether the customer completed the training successfully or not.





OSOS will not allow the training service to be dual funded with DEI and WIOA Youth Local funding. This is a system limitation. Under the DEI Round 8 program, eligible participants can be served by both the WIOA Youth and the DEI programs. An individual service can be paid for by both programs.

When entering a training service that will be paid for with both WIOA Youth funds and DEI funds, it is important that the service is entered in OSOS as an Occupational Skills Training. Select **ITA Training** from the **Program Service Type** dropdown and enter all applicable information in the Detail fields. Since OSOS will not allow a service to be funded with both WIOA Youth Local and DEI funding, use the **Program** dropdown to select **DEI Round 8 and WIOA Youth Funding.** This will allow the system to document that the participant's training service is being funded with both WIOA Youth and DEI Round 8 funds. Enter "1" in the **Total Funding** field and click **Add**.

| Pickett, Polly | | S SN: | | oso | S ID: NY012312 | 655 | | |
|--------------------|---|--------------------------------------|------|-----------------------|--------------------|----------------|--------------------|---------|
| Achieveme | ent Objectives Services | Service History Enr | ollr | ments Outco | mes Empl. Outco | omes Trng. Out | comes Commen | |
| 🗆 Detail | | | | Funding - | | | | _ |
| Service ID | 115872 | | ~ | Level | Source | Obligated Ad | ctual Oblig # | |
| Service Type | Occupational Skills Training | | | | | | | |
| Provider Name | e-Comell | | | | | | | |
| Location Name | e-Comell | | | | | | | |
| Provider ID | 79574 Off | ering ID 123284 | | | | | | |
| Plan. Start Date | 01/31/2019 Plan. E | nd Date 02/25/2019 | | | | | | |
| Actual Start Date | 01/31/2019 Actual E | nd Date | | | | | | |
| Completed Succe | essfully 🛛 🗸 | | | T () F | | | | |
| Next Conta | act Date | | | | nding \$1.00 | ! | Add Ad | d |
| Program Servio | ce Type ITA-Training | \sim | | | ion # | | | |
| Part Time Learn. | V Distance | e Learn. | | RR Ev | ent# | | <u> </u> | |
| Program | DEI Round 8 and WIOA You | th Funding | ual | funding | Worker Training | | | |
| Minimum Hours | Number of | | | /B | | | | |
| Pr | rovider Name | Service | Nai | me | Actual Start Da | Actual End Dat | Program Svc T | Гуре |
| Schenectady | County Career Center | Youth - ISS | | | 02/01/2019 | 02/01/2019 | Youth Services | |
| Tompkins Co | ounty E + T | WOC | | | 01/31/2019 | 02/05/2019 | Individualized Car | reer Se |
| Tompkins Co | Tompkins County E + T Tutoring Assistance | | | | 01/31/2019 | | Youth Services | |
| ✓ <u>e-Cornell</u> | | Hospitality Manager | mer | nt Certificate | <u>01/31/2019</u> | _ | ITA-Training | |
| < | | | | | | | | > |
| Option | ns Print List New Serv | ce Delete Service | A | Authorization | IPA Service Summa | ary Payments | Tracking | |
| | <u>S</u> ave Custo | mer Detai <u>l</u> <u>C</u> omp Asse | ss | Comments | Check Labor Market | Information | | |



Enter \$1.00 in the **Obligated Amount** field and select DEI Supplemental funding. Then click **OK**.

| | Level | Funding Source | Year | Remaining | NEG/Contract/Grant # | | | |
|--|-------|---------------------------------|-------------------------|--------------|----------------------|--|--|--|
| | WIB | WIOA Adult Local | 2017 | \$ 100000.00 | | | | |
| | WIB | WIOA Adult Local | 2018 | \$ 10000.00 | | | | |
| | WIB | WIOA Dislocated Worker Local | 2017 | \$ 100000.00 | | | | |
| | WIB | WIOA Dislocated Worker Local | 2018 | \$ 10000.00 | | | | |
| | WIB | Youth Statewide 15% | 2017 | \$ 100000.00 | | | | |
| | State | Youth Statewide 15% | 2018 | \$ 99915.00 | | | | |
| | WIB | Dislocated Worker Statewide 15% | 2017 | \$ 100000.00 | | | | |
| | State | Dislocated Worker Statewide 15% | 2018 | \$ 99999.00 | | | | |
| | WIB | Adult Statewide 15% | 2017 | \$ 100000.00 | | | | |
| State Adult Statewide 15% | | | ult Statewide 15% 2018 | | | | | |
| State WIRED 2 | | | | \$ 15000.00 | WR | | | |
| ł | WIB | DEI Supplemental | 2017 | \$ 9999.00 | | | | |
| | State | H-1B Nursing | 2018 | \$ 5000.00 | AA123451655A | | | |
| | State | Workforce Learning Link | ning Link 2017 \$ 99996 | | 10 | | | |
| | State | Industry Standard | 2018 | \$ 5000.00 | NY2222 | | | |
| | WIB | Hurricane Maria DWG | 2017 | \$ 100000.00 | EM-31592-18-60-A- | | | |
| Obligated Amount \$ 1.00 OR On Tompkins County One Stop | | | | | | | | |
| Obligated Percentage 100 Region Southem Tier | | | | | | | | |



Once the funding has been correctly added, click the **Save** button.

| Pickett, Polly | | S SN: | | OSOS | ID: NY0123126 | 55 | | |
|----------------------------|-----------------------------|-------------------------------|-------|------------------------------|---------------------|-------------------|-------------|------------------|
| achievem ent Objec | tives Services | Service History En | rollr | ments Outcom | es Em pl. Outcoi | mes Trng. Ou | tcomes | Commen > >> |
| Detail | | | | Funding | | | | |
| Service ID 115872 | | | | Level | Source | Obligated / | Actual | Oblig # |
| Service Type Occupation | onal Skills Training | | | <u> ✓ <u>WB</u> <u>C</u></u> |)El Supplementa | <u>\$1.00</u> \$(| <u>).00</u> | |
| Provider Name e-Comell | | | Í | | | | | |
| Location Name e-Comell | | | | | | | | |
| Provider ID 79574 | Off | ering ID 123284 | Í | | | | | |
| Plan. Start Date 01/31/20 | 19 Plan. E | nd Date 02/25/2019 | | | | | | |
| Actual Start Date 01/31/20 | 19 Actual E | nd Date | | | | | | \sim |
| Completed Successfully | ~ | | | T F | | _ | | |
| Next Contact Date | | | | Total Fund | | | Add | Edit Delete |
| Program Service Type | TA-Training | ~ | | Petitio | | | | |
| Part Time Learn. | Distanc | e Learn. 💙 | | RR Ever | ···· | | ~ | |
| Program DEI Roun | d 8 and WIOA You | ith Funding 🛛 🗸 | | Incumbent | Worker Training | | | |
| Minimum Hours | Number o | fWeeks | | <u> </u> | | | | |
| Provider Na | ime | Service | Nai | me | Actual Start Date | Actual End Da | at Pro | ogram Svc Type |
| Schenectady County C | areer Center | Youth - ISS | | | 02/01/2019 | 02/01/2019 | Youth | Services |
| Tompkins County E + | Г | WOC | | | 01/31/2019 | 02/05/2019 | Individ | ualized Career S |
| Tompkins County E + | Г | Tutoring Assistance | е | | 01/31/2019 | | Youth | Services |
| ✓ <u>e-Cornell</u> | | Hospitality Manage | mer | nt Certificate | 01/31/2019 | _ | ITA-Tr | aining |
| < | | | | | | | | > |
| Options Print | List New Serv | ice Delete Service | A | Authorization | PA Service Summar | y Payment | s Tra | c kin g |
| Save | <u>S</u> ave Custo | omer Detail <u>C</u> omp Asse | ess | Comments Ch | eck Labor Market In | formation | | |
| | | | | | | | | |



CLOSING SERVICES

It is important that Services are closed when appropriate. Funded services other than Follow-Up Services that remain open will prevent a customer from exiting their enrollment.

To close the Service, navigate to the **Customer** module, **Services** window, **Services** tab. Select the Service that has ended and must be closed.

Enter the Actual End Date and select Completed Successfully (yes/no). Click Save.

| Pickett, Polly | | S SN: | OSOS | ID: NY0123126 | 55 | |
|--------------------|------------------------------|---|----------------|---------------------|-----------------------------|--------------------------|
| < < Achievem | ent Objectives Services | Service History Enroll | ments Outcom | es Em pl. Outcor | nes Trng. Outo | comes Commen > >> |
| Detail | | | Funding | | | (|
| Service ID | 115872 | ~ | Level | | | tual Oblig # |
| Service Type | Occupational Skills Training | | <u> </u> | El Supplementa | <u>\$1.00</u> <u>\$0.</u> (| <u>00</u> |
| Provider Name | e-Comell | | | | | |
| Location Name | e-Comell | | | | | |
| Provider ID | 79574 Of | ering ID 123284 | | | | |
| Plan. Start Date | 01/31/2019 Plan. E | nd Date 02/25/2019 | | | | |
| Actual Start Date | 01/31/2019 Actual | nd Date 03/01/2019 | | | | ✓ |
| Completed Succ | essfully Yes 🗸 | | | | _ | |
| Next Conta | act Date | | Total Fund | | | Add Edit Delete |
| Program Servi | ce Type ITA-Training | \checkmark | Petitio | | | |
| Part Time Learn. | ✓ Distanc | e Learn. 💙 | RR Ever | Г | | _ |
| Program | DEI Round 8 and WOA You | ith Funding 🛛 🗸 🗸 | Incumbent | Worker Training | ~ | |
| Minimum Hours | Number o | fWeeks | | | | |
| Pi | rovider Name | Service Na | ime | Actual Start Date | Actual End Dat | Program Svc Type |
| Schenectady | County Career Center | Youth - ISS | | 02/01/2019 | 02/01/2019 | Youth Services |
| Tompkins Co | • | WOC | | 01/31/2019 | 02/05/2019 | Individualized Career Se |
| Tompkins Co | ounty E + T | Tutoring Assistance | | 01/31/2019 | | Youth Services |
| ✓ <u>e-Cornell</u> | | Hospitality Manageme | nt Certificate | 01/31/2019 | 03/01/2019 | ITA-Training |
| < | • | | | | | > |
| Option | ns Print List New Serv | ice Delete Service | Authorization | PA Service Summar | y Payments | Tracking |
| Sav | e <u>S</u> ave Custo | omer Detai <u>l</u> <u>C</u> omp Assess | Comments Ch | eck Labor Market In | formation | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



PERFORMANCE AND OUTCOMES

As with all customer served by the Workforce Development System, DEI participants must be tracked for outcomes. For information on the WIOA Primary Indicators of Performance, as well as the necessary OSOS data entry for each of these performance measures, please see the WIOA Primary Indicators of Performance and Outcomes OSOS Guide.

DEI ROUND 8 LOCAL WORKFORCE DEVELOPMENT AREAS

Tompkins Chenango/Delaware/Otsego Hempstead/Long Beach

RESOURCES AND ASSISTANCE

DEI Project Assistance:

- <u>http://labor.ny.gov/workforcenypartners/dpn_dei.shtm</u>
- By Telephone: (518) 457-2381
- By email: specialpopulations@labor.ny.gov

Supplemental Security Income (SSI) : <u>https://www.ssa.gov/pubs/EN-05-11000.pdf</u>

Social Security Disability Insurance: <u>https://www.ssa.gov/pubs/EN-05-10029.pdf</u>

Additional project information, OSOS guides and other resources can be found at:

• <u>http://labor.ny.gov/workforcenypartners/tools.shtm</u>

For data entry assistance with OSOS, please contact the OSOS Help Desk:

- By Telephone: (518) 457-6586
- By email: <u>help.osos@labor.ny.gov</u>