

# WE ARE YOUR DOL



## Career Services Eligibility Survey/ES102 STAFF GUIDE

The Career Services Eligibility Survey must be offered to every customer who receives a staff-assisted service or activity, and the data must be entered into OSOS before the first staff-assisted activity or service is entered. This will ensure that the enrollment snapshot (data element validation information) at the time of enrollment is correct. Customers may choose to not answer some or all of the questions on the form, but staff should attempt to have every customer complete the form. The data from this form helps NYSDOL to accurately portray the barriers of our customers to the USDOL.

The Career Services Eligibility Survey can be administered several ways:

1. Hard copy completed and signed by customer
2. Hard copy completed by customer with staff assistance and signed by customer
3. Hard copy completed by staff and signed by customer
4. Eligibility Self-Attestation Form completed by staff while verbally interviewing customer (most likely option for virtual appointments)
  - a. Staff must then share the Eligibility Self-Attestation form with the customer and the customer must confirm that the answers are correct
  - b. Customers can confirm the answers by (1) emailing staff a statement such as: "I have reviewed the answers on the Eligibility Self-Attestation form and confirm they're correct" or (2) signing and dating the form and emailing it back to staff.

No matter how the Eligibility Survey is administered, the answers **must** be retained (electronic copies are preferred over hard copies). Hard copies of the Eligibility Survey can be scanned and saved electronically. If the Self-Attestation form is used, a signed and dated copy of the form **or** the completed but unsigned form **plus** the confirmation email from the customer must be retained.

The Career Services Eligibility Survey questions follow. **Tips for entering data into OSOS are in blue font.** **Tips for determining which questions to ask or which answers may be used are in orange font.** **Tips for asking the questions verbally (interview-style) are highlighted** and can be disregarded if you're having the customer complete the survey alone.

---

Please answer the questions below. Your answers will help us determine what level of career services you are eligible to receive. The information is confidential and will only be used to determine eligibility and comply with federal reporting requirements.

I'm going to ask you some questions to help determine which career services you're eligible for and which services you may need. This information is confidential and used to determine eligibility and to comply with federal reporting requirements.

The first few questions are about your education needs.

### EDUCATION

1. (If the highest level of education is already in OSOS, you may want to confirm that it's correct instead of asking again) **What is the highest level of education you have completed?**

## Record on the Customer Detail-Gen Info tab of OSOS

K-12:  none  1  2  3  4  5  6  7  8  9  10  11  12/HS graduate  
 12/no diploma  HS Equivalency (TASC, GED)

Post-secondary (after high school):

HS+1 year/no degree  HS+2 years/no degree  HS+3 years/no degree  
 HS+1 year vocational cert  HS+2 year vocational cert  HS+3 year vocational cert  
 HS+1 year Associate's degree  HS+2 year Associate's degree  HS+3 year Assoc. degree  
 Bachelor's degree  Master's degree  Doctorate degree

### 2. Are you currently attending school? Record on the Customer Detail-Gen Info tab of OSOS

Choose an "attending school" option if you are in between school terms and plan to return to school

- (AGES 14-24 ONLY) Attending school, secondary or less (up to and including 12th grade or equivalent);
- (AGES 14-24 ONLY) Attending school, alternative high school or alternative course of study;
- Attending post-secondary school (post-HS trade school, college or university, etc.);
- Not attending school/left high school without graduating (Select this option if you are attending YouthBuild, Job Corps or Adult Education);
- Not attending school/earned HS diploma or equivalent; or
- (AGES 14-24 ONLY) Not attending school/within compulsory age (14-16 years old for most districts; 14-17 for some).

### 3. (Only ask if you're not sure) (A) Do you have some difficulty speaking, reading, writing, or understanding the English language? Yes No

(B) Is your first language a language other than English, or do you live in a family or community where a language other than English is mostly spoken?  Yes  No  
Select yes for BSD on the Comp Assess-Education tab of OSOS only if the customer answers yes to BOTH (A) and (B).

### 4. (Only ask if you're not sure) Do you believe (or have others mentioned) that you need to learn basic computer, math, reading, or writing skills to do well in your job search or future employment? Yes No Record on the Comp Assess-Education (BSD) tab of OSOS

The next two questions are about your work experience.

## WORK EXPERIENCE

### 5. Are you currently employed? Record on the Customer Detail-Gen Info tab of OSOS

- Employed  Employed but received notice of termination
- Not employed – last date worked: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Not in labor force

### 6. Have you ever been without a job for 27 weeks or more in a row (without any breaks)?

- Yes  No  Never worked Record on the Customer Detail Gen Info tab of OSOS in the Long Term Unemployed box

The next question relates to disabilities. Sometimes having a disability can help make you eligible for certain programs or services.

## DISABILITY

### 7. Do you have a disability? Yes No Prefer not to answer Record in the

## Customer Detail-Eligibility tab of OSOS

A disability is a physical or mental impairment that substantially limits one or more of your major life activities.

**(If yes): How would you describe your disability?**

- |  |   |
|--|---|
| <input type="checkbox"/> Physical/chronic health condition | <input type="checkbox"/> Physical/mobility impairment     |
| <input type="checkbox"/> Learning disability               | <input type="checkbox"/> Mental or psychiatric disability |
| <input type="checkbox"/> Cognitive/intellectual disability | <input type="checkbox"/> Hearing-related disability       |
| <input type="checkbox"/> Vision-related disability         |   |

The next questions pertain to your living situation.

### LIVING SITUATION

**8. (AGES 14-24 ONLY) Are you a pregnant or already a parent?**  Yes  No [Record in the Comp Assess screen under Family tab of OSOS](#)

*If you are female, you are considered a parent when you become pregnant. If you are male, you are considered a parent only after your child is born. You do not have to have custody of your child to be considered a parent.*

**9. Are you a single parent?**  Yes  No [Record in the Comp Assess screen under Family tab of OSOS](#)

*A single parent is a single, separated, divorced or widowed person with primary responsibility for one or more dependent children under age 18. This includes single pregnant women.*

**10. Is your housing unsafe or unreliable?**  Yes  No [Record in Comp Assess Housing tab of OSOS](#)

Choose yes if any of the following apply to you:

- Lack a fixed, regular and adequate nighttime residence;
- Share housing with other people due to loss of housing, economic hardship or a similar reason;
- Live in a motel, hotel, trailer park or campground due to a lack of other suitable options;
- Live in an emergency or transitional shelter;
- Are abandoned in a hospital;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, train station, airport or campground;
- **(AGES 14-24 ONLY)** Are awaiting foster care placement;
- **(AGES 14-24 ONLY)** Are a migratory child who was required to move from one school district to another in the last 36 months due to changes in parent's or parent's spouse's seasonal employment in agriculture, dairy or fishing work; or
- **(AGES 14-24 ONLY)** Are under 18 years of age and left home (or legal residence) without permission of family (i.e., runaway youth).

**11. (AGES 14-24 ONLY) Are you (a) in foster care or (b) did you age out of foster care?**  Yes  No [Record in the Comp Assess Housing tab of OSOS](#)

*"Aged out of foster care" means you were in foster care but no longer are because you reached a certain age.*

The next two questions pertain to legal barriers.

### LEGAL

If the customer answers yes to EITHER question, select YES from the Offender Status drop-down box on the Legal tab of the Comprehensive Assessment window of OSOS.

**12. Have you been involved or are you currently involved in the adult criminal justice system or juvenile justice system for breaking a law as a minor or committing a**

delinquent act (for example, Person In Need of Supervision (PINS) petition or adjudication)?  Yes  No

13. Do you need help in overcoming challenges in finding a job because you have been arrested or convicted in the past?  Yes  No

Now I'd like to ask you about your income, to see if you might be eligible for certain programs or services.

### INCOME and PUBLIC ASSISTANCE

See the "Understanding Income Charts" resource. Record in the Customer Detail-Eligibility tab of OSOS

14. Does your family's income fall below or is it equal to (a) the poverty line or (b) 70% of the lower living standard income level?  Yes  No \*\*\*Staff will help you answer this question [Staff: Income Charts](#)

*If you are an individual with a disability, only count your income, not the income of your family. Family is defined as two or more people related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (a) a married couple and dependent children; (b) a parent or guardian and dependent children; or (3) a married couple. Include Unemployment Insurance and child support payments in income calculations.*

15. Are you or a member of your family currently receiving any Public Assistance?

Yes  No [Record on the OSOS Customer Detail-Pgms/PA tab of OSOS](#)

Check all that apply: [Staff: See DEV chart for acceptable documentation sources.](#)

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | Issue date: ___/___/___ |
| <input type="checkbox"/> Exhausting TANF within two years               | Issue date: ___/___/___ |
| <input type="checkbox"/> TANF Exhaustee                                 | Issue date: ___/___/___ |
| <input type="checkbox"/> SNAP (Food Stamps)                             | Issue date: ___/___/___ |
| <input type="checkbox"/> SSI (Supplemental Security Income)             | Issue date: ___/___/___ |
| <input type="checkbox"/> SSDI (Social Security Disability Insurance)    | Issue date: ___/___/___ |
| <input type="checkbox"/> TA (Temporary Assistance, formerly GA)         | Issue date: ___/___/___ |
| <input type="checkbox"/> RCA (Refugee Cash Assistance)                  | Issue date: ___/___/___ |
| <input type="checkbox"/> Safety Net/Home Relief                         | Issue date: ___/___/___ |

State or local income-based public assistance (such as WIC, HEAP, Child Health Plus, Section 8, Child Care Assistance, etc.) Issue date: \_\_\_/\_\_\_/\_\_\_

Federal Public Assistance (the nine items in the orange box) is the only section on the ES102 that DOES NOT allow self-attestation. Staff MUST obtain acceptable documentation before entering PA on the Pgms/PA tab of OSOS. For state or local income-based public assistance, self-attestation can be used as a last resort; first check to see if the customer can provide documentation from the awarding agency.

16. (AGES 14-24 ONLY) Are you eligible for free or reduced-price school lunches?

Yes  No [Record in the Customer Detail-Pgms/PA tab of OSOS](#)

Answer "No" if your school offers free lunches to everyone, regardless of income.

Thank you for your patience. We have one last section with five questions.

## SPECIAL CIRCUMSTANCES

If the customer answers yes to either question 17 or 18 below, update the Reason for Leaving on the Work History tab in the Customer Detail window of OSOS. Then refer to the Dislocated Worker (DW) Program Guidance Letter #22-01 to determine if the customer is a DW-4 (Dislocated Homemaker) or DW-6 (Spouse of a Member of the Armed Forces).

**17. Is your spouse a member of the US Armed Services who is currently serving, and did you lose your job because you had to move due to a permanent change in your spouse's duty station?**  Yes  No

**18. Are you a displaced homemaker?**  Yes  No

*A displaced homemaker is someone who (a) has been providing unpaid services to family members in the home; and (b) depended on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the US Armed Services on active duty and whose family income is significantly reduced to a deployment, a call or order to active duty, or the death or disability of the member; and (c) is unemployed or underemployed and is having trouble finding or keeping employment.*

**19. Are you a FARMWORKER, who migrates or works seasonally?**  Yes  No [Record in the Customer Detail-Eligibility tab of OSOS](#)

**Check all that apply:**

- Seasonal farmworker – *Someone who worked or is currently working in farm work of a seasonal or temporary nature in the past 12 months and they can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students. Seasonal work refers to jobs done during specific seasons; a person can have several seasonal farm jobs so that they're employed for a major portion of the year and still be considered seasonal.*
- Migrant farmworker – *Someone who worked or is currently working in farm work of a seasonal or temporary nature in the past 12 months and they travel to find work and cannot return to their permanent place of residence in the same day. Full-time students traveling in organized groups instead of with their families are excluded.*
- Low income unemployed or underemployed agriculture or fish farming laborer – *Someone who (a) has a low income; and (b) primarily works in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (c) faces multiple obstacles to achieving economic self-sufficiency.*
- (AGES 14-24 ONLY) Seasonal or migrant farmworker aged 14-24.
- (AGES 14-24 ONLY) Adult program participant and a dependent of a farmworker who migrates or works seasonally.

**20. Do you have cultural thoughts, beliefs, customs or practices that may make it hard for you to find or keep a job?**  Yes  No [Record in the Comp Assess-Employment tab of OSOS \(Cultural Barriers to Employment\)](#)

**21. Is there anything that makes it difficult for you to find or keep a job? For example, do you have challenges such as not having childcare while working, no health insurance, not having enough food to eat, having an order of protection against someone who threatens you, being involved in family court, or facing other circumstances that affect your safety? If yes, please write or share with staff so we can help you.**

Thank you again for answering these questions.

I've entered your responses to the services eligibility questions on a form. Please review the answers I entered, and, if they are correct, send me an email stating that you've reviewed the answers and they are correct.

I certify that the information given on this document is true and accurate to the best of my knowledge.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Additional Initial Assessment Resources:

TA 23-06: Initial Assessment in the Career Center System

TA 23-03: Data Element Validation (DEV) <https://dol.ny.gov/system/files/documents/2023/04/ta-23-03-data-element-validation-04-28-2023.pdf>

PGL 22-01: Dislocated Worker (DW) <https://dol.ny.gov/system/files/documents/2022/09/pgl-22-01-dw-interpretation-draft-09-21-2022.pdf>

TA 23-01: Adult Priority Of Service <https://dol.ny.gov/system/files/documents/2023/01/ta-23-01.pdf>

Income Charts: [https://dol.ny.gov/workforce-professionals-tools?f%5B0%5D=filter\\_term%3A801](https://dol.ny.gov/workforce-professionals-tools?f%5B0%5D=filter_term%3A801)

Military Services Questionnaire (MSG) [https://dol.ny.gov/system/files/documents/2023/10/es50\\_0.pdf](https://dol.ny.gov/system/files/documents/2023/10/es50_0.pdf)