|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  | |  | | **SSN:** | |  |
| **FIRST NAME:** | |  | | **LAST NAME:** | |  | |

**A. To be approved for 599, *all* of the following criteria must be met:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** |  | |
| 1). |  |  | Training is needed – if yes ***check at least one***. | |
|  |  | a). |  | Training will upgrade the claimant’s existing skill. |
|  |  | b). |  | Training will train the claimant for an occupation likely to lead to more regular long term employment. |
|  |  | c). |  | Employment opportunities in claimant’s regular occupation are limited. |
| 2). |  |  | Claimant will participate in 12 or more hours or credit hours per week. | |
| 3). |  |  | Training to be completed within 24 months. | |
| 4). |  |  | Training is offered by a competent and reliable agency. | |
| 5). |  |  | Training provides the skills and qualifications required to work in claimant’s occupational goal. | |
| 6). |  |  | There are expected to be in the near or immediate future reasonable employment opportunities in the claimant’s occupational goal. | |
| 7). |  |  | Claimant has the required qualifications and aptitude to complete the training successfully. | |

**B. Occupational Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Regular Occupation:** |  | **O\*NET Code:** | |  |
| **Occupational Goal:** |  | | **O\*NET Code:** |  |

**C. ONE STOP RECOMMENDATION:**  **SEE PAGE TWO ATTACHED**

|  |  |
| --- | --- |
| **APPROVAL** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DISAPPROVAL**  Issue with Availability | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **SUPPORTING DOCUMENTATION:** | **YES** | **NO** | **If “YES”, Describe the Documents Provided** |
| **1. At least 12 classroom/credit hours per week** |  |  |  |
| **2. Training Acceptance Date** |  |  |  |
| **3. Training Start Date and Training End Date** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **N/A** | **Or, if Required:** | **YES** | **NO** |  |
| **4. Transcript/ Grades** |  |  |  |  |  |

***Is Application/Receipt of Documentation considered “Timely” for 599.2 Calculation?*  *Yes***  ***No***

*(If no, should be supported by OSOS activities/comments)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Training Disclosure Date, if already in Training.*** | | | DATE: | |  | | |
| **Submitted By:** | **Name:** |  | | | | **One Stop Office:** |  | | |
|  | **Phone:** |  | **Email:** |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  | |  | | | **SSN:** |  |
| **FIRST NAME:** | |  | | **LAST NAME:** |  | | |