#### Attachment A –Follow-Up Agreement

# GLOW WORKFORCE DEVELOPMENT BOARD POLICY UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)

NAME OF POLICY: GLOW WDB Youth Follow Up Policy

GLOW WDB APPROVAL DATE: 5/9/15, 1/15/19, 11/19/19

**AMENDED EFFECTIVE DATE: 1/15/19, 11/19/19** 

All Youth Program Providers (Contractors) will be responsible for collecting the updated contact information prior to Exit to ensure communication during Follow Up. This will be clarified in all Youth Contracts.

**POLICY:** All Youth enrolled in the GLOW- WDB WIOA funded youth programs must be provided with follow-up services for not less than 12 months after the completion of WIOA Youth Program participation and must be based on individual need. The Youth Elements that can be received while in follow-up include: Supportive Services, Adult Mentoring, Financial Literacy, Labor Market Information, and Transition to Post-secondary Education or Training. If youth needs any of the other 8 WIOA Youth Program non-allowable elements, a new eligibility determination should be done and youth is re-enrolled as appropriate. The Case Manager should seek guidance from the GLOW WDB Director as to ending the follow-up and re-enrolling.

Follow-up services may end prior to the 12 month requirement, so long as the Case Manager follows the follow-up protocol outlined below and documents outreach in the One Stop Operating System (OSOS) as services and case notes.

### PROCEDURE:

- Upon enrollment in the WIOA Youth Program, Follow-Up services will be discussed and Youth will provide contact information. The Case Manager will have the youth sign off on the ISS that that they have discussed the follow-up services with the youth the case manager will also complete a case note in the comment section of OSOS that they have reviewed follow-up services with the youth.
- 2) Prior to exiting the Program, the case manager will complete with the youth a Follow-Up Agreement. This form can be found at: <a href="https://labor.ny.gov/workforcenypartners/tools.shtm">https://labor.ny.gov/workforcenypartners/tools.shtm</a>, click on Youth, WIOA, Youth Follow Up Agreement Template
- 3) Once completed, a copy of this document will be provided to the youth and placed in the customer file. This form includes goals for follow-up, Case manager and youth responsibilities, follow-up timeline, frequency /youth contact preferences, case manager contact, and customer signature.
- 4) Follow-up Contact:
  - In providing follow up services, the case manager must contact the youth. If the youth cannot be reached, Staff will attempt to reach other contact sources the youth identified at exit to discuss the youth's progress in employment or education. The type, frequency, and intensity of follow up must align with the needs and strengths of each youth based on the required Follow Up Agreement with the youth. Each attempt or contact must have its own comment with the date of contact. Comments regarding contacts must be entered as a case note within 5 days of the contact as per **TA 11-12.2** Follow- up contacts are not only to assist youth as they move toward independence it is also a time that performance is being measured and collected.

- A Follow-up Service must not be entered as a long-term service. If only a contact was attempted, do not enter a service, only enter a comment. If youth received a concrete service, then enter the follow-up service in OSOS and comment each time/date it is provided to the youth. Concrete Follow Up Services include the Allowable 5 elements during follow Up:
  - 1) Follow Up Adult Mentoring
  - 2) Follow Up Financial Literacy
  - 3) Follow up Supportive Services
  - 4) Follow Up Labor Market and Employment Information
  - 5) Follow Up Post Secondary Transition

Enter a Follow Up Non-Element Service in OSOS when it is a concrete follow up service that does not fit any of the 13 elements and helps youth with success in employment or training. Example Follow Up Non-Element Services:

- Contact with training provider/college advisor and subsequent interaction with youth
- Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise
- 5) If the case manager contacts youth and youth reports no need for services during that contact, this should be fully documented in OSOS in a case note in the comments section within the required time period.

**REFUSAL/LOSS OF CONTACT**: The case manager may end a youth's follow-up services in less than twelve (12) months if the youth or minor youth's legal guardian have requested that the youth not be contacted any further or if the case manager is unable to contact the youth (3) consecutive attempts over the course of three (3) months.

Contact dates and information must be entered as case notes in the OSOS "Comments" button to show that the contact policy threshold was reached.

#### **EXEMPTIONS/ EARLY TERMINATION:**

**WIOA Exempt**: Not all youth exiters are required to be provided follow-up services. The following reasons are exclusions from performance measures that do not require follow-up of the youth. The reason for the exclusion must be documented in OSOS comments/Case notes. It should also be documented on the services module, Enrollments tab, and click on common measures. Choose the appropriate reason (if the reason for early termination is youth or parent have requested that youth not be contacted any further, then choose the **other reasons for exit** tab. Youth may be exempt from or not need follow up if the youth:

- Is institutionalized;
- Is deceased;
- Is undergoing health/medical or family medical care;
- Is a member of Reserved Armed Forces called to Active Duty; or
- Has relocated or been transferred to a Mandated Program.

Resources: 20 CFR5010 § 681.580, TEGL 21-16, TA 11-12.2

# Attachment A –Follow-Up Agreement Attachment A –Follow-Up Agreement

Youth Name:			NY#:				
Case Manager Name:			Follow-up Plan Development Date:				
for Ind Yo	follow-up, the 12-month transition period addividual Service Strategy (ISS). During follo	fter y	work is helping you realize your goals. Let us plan ou have achieved significant goals from your , we will connect to help you transition from the ray. Together, we will decide the expectations and				
	M.A.R.T. Goals of Follow-Up pecific, Measurable, Achievable, Realistic,	<b>T</b> ime	d Goals)				
	[Write a S.M.A.R.T. goal related to achieving self-sufficiency]						
	2. [Write a S.M.A.R.T. goal related to sustaining employment or education]						
	3. [Write a S.M.A.R.T. goal related to personal development]						
4. [Write other S.M.A.R.T. goal related to follow-up]							
	Case Manager Responsibilities:		Youth Responsibilities:				
1.	[Assist with progress toward employment and education]	1.	[Write how you will remain involved with the Youth Program.]				
2.	[Explore options for personal development]	2.	[Write how you will follow Youth Program. social media]				
3.	[Listen and troubleshoot ideas]	3.					
4.	[Provide additional support as needed]		Youth Program. of changes to contact information]				
5.	[Connect with youth's employer or academic advisor]	4.	[Write how you will stay connected to the Youth Program.]				
6.	[Write any other follow-up responsibilities]	5.	[Write any other follow-up responsibilities]				
7.	[Write any other follow-up responsibilities]	6.	[Write any other follow-up responsibilities]				

responsibilities]

### Attachment A –Follow-Up Agreement

## Follow-up Timeline and Frequency:

Planned Follow-up Start Date	e:	Planned Fol	ow-up End Date:	
[First Month] – □ Weekly				
[ Months] -   Weekly	☐ Bi-Weekly	□ Monthly	□ Other	
[ Months] -   Weekly	☐ Bi-Weekly	☐ Monthly	□ Other	
Youth Contact Preference Cell Phone:		ne:	Work Phone:	
(Youth's alternate contacts ar	nd waiver are li	sted in Attachm	ent B)	
Voice Mail Set-up? ☐ Yes ☐	No Texting OK	⟨?: □ Yes □ No	Best time to call:	_
Instagram:	Snapcha	t:	Twitter:	
Facebook:	Tumblr: _		WhatApp #:	
Email Address: How Often Email is Checked:				
Street Address:				
City:		State:	Zipcode:	
Youth Program/Case Mar Cell Phone #: Voice Mail Set-up? □ Yes □ Email Address:	Offi No Texting (	ice Phone #: OK?: □ Yes	□ No Best time to call:	
Alternative Case Manager's N				
Alternative Case Manager's (	Cell Phone #: _		Office Phone #:	
Check if the youth is following	g the Youth Pro	gram on?		
□ Instagram: Twitter:			□ Snapchat:	
☐ Facebook: WhatApp #:			□ Tumblr:	
ννιιαυτρρ <del>π</del>				
Office Street Address:				
City:		State:	Zipcode:	_
We agree to work towards per the listed timeline. W needed.		-		
Case Manager Signature:		Youth S	gnature:	
Today's Date:Too			Date:	

### Attachment B –Follow-Up Contacts and Release of Information

I, [ Write name of youth	] hereby give pern	nission to the [ <u>Write name of the</u>			
Youth Program_	] staff to contact the follow	ring people to provide information			
during the 12-month follow-up per	riod:				
·	mployer/work supervisor or acader Relation:				
Street Add.:	_Home Phone:	_ Work Phone:			
Email:					
2) Name:	Relation:				
Street Add.:Cell Phone:	_Home Phone:	_ Work Phone:			
3) Name:	Relation:				
Street Add.:Cell Phone:	_Home Phone:	_ Work Phone:			
Email:					
4) Name:	Relation:				
Street Add.:	_Home Phone:	_ Work Phone:			
I give permission to the above to	provide information on my person employment, financial, and current	al history and current/future status			
		•			
Youth Signature:					
Date:					