

Section VI - State Workforce Program

State Workforce Program

Date:

Your agency name and state:

Agency name:: _____

State:

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho

- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island

- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

1. Does the current state workforce data system (or local workforce investment area data systems from which the state can request reports) allow for tracking of any of the following:

1.a. Enrollees employed in a facility-based work center at the time of enrollment:*

Yes

No

1.a.1. What percentage of all enrollees were employed in a facility-based work center at the time of enrollment during the most recently completed state fiscal year?

Note: You will be asked Question 3 on the next page.

1.b. Enrollees enrolled in a facility-based day program/service at the time of enrollment:*

Yes

No

1.b.1. What percentage of all enrollees were enrolled in a facility-based day program/service at the time of enrollment during the most recently completed state fiscal year?

2. Does working in a facility-based work center at the time of enrollment cause a jobseeker with a disability to be treated any differently in terms of communications protocol, case management procedures, or other interactions, by workforce staff?

Yes

No

2.a. How is the jobseeker treated differently by workforce staff?

2.b. Is this different treatment required through written policy?

Yes

No

3. Does participating in a facility-based day program/service for people with disabilities at the time of enrollment cause the jobseeker with a disability to be treated any differently in terms of communications protocol, case management procedures, or other interactions, by workforce staff?

Yes

No

3.a. How is the jobseeker treated differently by the counselor assigned?

3.b. Is this different treatment required through written policy?

Yes

No

4. Does the state workforce agency or any local workforce investment boards permit the purchase of services for jobseekers with disabilities that are delivered in a facility-based work center setting (e.g. vocational evaluation, work adjustment/hardening, etc.)?

Yes

No

Please list each type of service that can be purchased using local and/or state workforce system resources and that can be delivered in a facility-based work center setting.

If the state workforce system and/or local workforce investment boards track services delivered in facility-based work center settings, please provide details on how many individuals received these services and the units purchased and/or dollars spent on services in the most recently completed fiscal year.

Type of service: _____

Number of individuals receiving Service in most recently completed state fiscal year

State Funding: _____

Total Units Purchased and Dollars Spent on Service in most recently completed state fiscal year

State Funding: _____

Number of individuals receiving Service in most recently completed state fiscal year

Local Funding: _____

Total Units Purchased and Dollars Spent on Service in most recently completed state fiscal year

Local Funding: _____

5. Does the state-funded and/or locally-funded workforce staff do any planned and targeted outreach to individuals with disabilities working in facility-based work centers to inform them about the services available through the workforce system that could assist them to obtain Employment in an Integrated Setting?

Yes

No

5.a. Please describe and explain what ensures this occurs:

5.b. Please explain why this does not occur:

6. In the past five years, has the state workforce agency engaged in any specific initiatives designed to provide service to individuals with significant disabilities working in facility-based work centers?

Yes

No

6.a. Please describe these initiatives:

Name of the initiative:: _____

**One or Two Sentence
Description**

**Key
Partners:**

Key Goals of Initiative

Start and Duration of Initiative

Is an evaluation report available?

Yes

No

7. In the past five years, has the state workforce agency engaged in any specific initiatives designed to provide service to individuals with disabilities participating in facility-based day habilitation services?

Yes

No

7.a. Please describe these initiatives:

Name of the Initiative:: _____

**One or Two Sentence
Description**

**Key
Partners:**

Key Goals of Initiative

Start and Duration of Initiative

Is an evaluation report and/or outcome data available?

Yes

No