DATE: January 20, 2016

TO: LA's Workforce Development System

FROM: Jaime H. Pacheco-Orozco, Director Workforce Development System

SUBJECT: WDS DIRECTIVE NO. 16-06 WIOA AGENCY PARTICIPANT TRANSFER POLICY AND PROCEDURES

EFFECTIVE DATE
This directive is effective upon date of issuance.

PURPOSE
The purpose of this directive is to provide the WorkSource Centers and YouthSource Centers (America's Job Centers of California) with instructions on how to transfer a participant from one agency to another.

BACKGROUND
The City has received a number of requests to transfer participants from one agency to another. A policy and procedure has been developed to standardize the process and to ensure understanding by all parties. Please note that WIOA agency participant transfers must be done before any direct participant costs are expended by the original agency. Also, please be mindful that the State's established 30 day data entry deadline may prevent the City MIS from approving the transfer and updating the JobsLA/CalJOBS database.

POLICY AND PROCEDURES
Transferring a participant from one agency to another requires a high level of communication and coordination among WIOA funded agencies and the City. The attached WIOA Agency Participant Transfer form must be used to request agency participant transfers.

The following procedures have been developed to facilitate this process:

Original Agency Responsibilities
1. Work with the participant to complete the Transfer Request Information portion of the WIOA Agency Participant Transfer Form.
2. Contact and confirm acceptance of the transfer from the new/accepting agency.
3. Ensure that the participant file is complete and contains acceptable documentation to support WIOA eligibility.
4. Obtain a statement and/or supporting documentation from your financial management staff certifying that no direct costs were expended on the transferring participant.
5. Have the participant and the Executive Director or Designee sign off on the Transfer Confirmation/Approval – Original Agency portion of the form.
6. Submit the WIOA Agency Participant Transfer form to the new/accepting agency along with the original participant file and the zero participant cost verification documents.
7. When the new/accepting agency submits the signed/completed and approved WIOA Agency Participant Transfer form to your office, e-mail a copy of the form to Emoli Mendez at Emoli.Mendez@lacity.org for processing.
8. Retain a copy of the WIOA Agency Participant Transfer form, and make it available for future audits.

**New Agency Responsibilities**
1. Obtain the WIOA Agency Participant Transfer form, the original participant file, including required WIOA eligibility documentation, and the information verifying that no direct costs were expended on the participant.
2. Review the material and request additional information, if needed. Note that this is your last opportunity to deny this request if documentation is incomplete or insufficient. Complete the Transfer Approval – New Agency portion of the WIOA Agency Participant Transfer form.
3. Have the Executive Director or Designee sign/date the WIOA Agency Participant Transfer form.
4. Submit the signed copy of the WIOA Agency Participant Transfer form to the original agency for City processing.
5. Retain a copy of the WIOA Agency Participant Transfer form, and make it available for future audits.

**City MIS Responsibilities**
1. Review WIOA Agency Participant Transfer form.
2. Verify zero direct costs expended on participant.
4. Notify Original and New/Accepting Agencies of outcome (Approved or Denied).

**INSTRUCTIONS FOR COMPLETING THE WIOA PARTICIPANT TRANSFER FORM**
- **Agency Transfer Request Information Section**
  - This section is to be completed by the participant and original agency staff.
  1. Clearly print the participant’s last, first name and middle initial (if any).
  2. Fill in the participant’s User ID Number.
  3. Fill in the last 4 digits of the participant’s social security number.
  4. Fill in Original Agency name.
  5. Fill in Original Agency Contact Person.
  6. Fill in Agency Contact E-mail Address.
• **Reason(s) for Transfer**
  
  *This section is to be completed by the participant with assistance from the original agency staff.*
  
  In the space provided, clearly print the reason(s) for the transfer. For example:
  1. Would like to receive training closer to home or another agency provides the training I need.

• **Agency Transfer Information**
  
  *This section is to be completed by the original agency.*
  
  1. After contacting the New/Accepting agency, print the new agency name.
  2. Fill in the contact date.
  3. Fill in the name of the contact person at the new agency.
  4. Fill in the new agency contact person’s phone number.
  5. Fill in the new agency contact person’s e-mail address.

• **Transfer Confirmation/Approval – Original Agency**
  
  *This section is to be completed by the participant and the original agency Executive Director or Designee.*
  
  1. Have the participant sign and date this portion of the form.
  2. Have the Agency Executive Director sign and date this portion of the form.

• **Transfer Approval – New Agency**
  
  *This section is to be completed by the new/accepting agency*
  
  1. Check the Original File Complete box if the participant file has all necessary forms and documents.
  2. Check the Acceptable Documentation to Verify Eligibility box if the appropriate WIOA eligibility documentation has been provided.
  3. Check the Zero Direct Participant Cost Verified box if the documentation provided supports zero direct costs expended on the participant.
  4. Check the Transfer Documents Reviewed and Approved box if your agency approves and accepts the participant as a transfer.

**REQUIRED ACTION**

WorkSource Centers and YouthSource Centers must follow the policies and procedures described herein when transferring participants between Centers.

**EWDD CONTACT**

If you have any questions regarding this bulletin, please contact Emoli Mendez at Emoli.Mendez@lacity.org or (213) 744-7167, TTY (213) 744-9305.

JHP:GR:EM

Attachment
# WIOA AGENCY PARTICIPANT TRANSFER FORM

## Agency Transfer Request Information

<table>
<thead>
<tr>
<th>Participant Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Participant User ID Number</th>
<th>Last 4-Digits Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Original Agency</th>
<th>Original Agency Contact Person</th>
<th>Agency Contact Email Address</th>
</tr>
</thead>
</table>

## Reason(s) For Transfer

- [ ]
- [ ]
- [ ]

## Agency Transfer Information

<table>
<thead>
<tr>
<th>New Agency</th>
<th>Contact Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>New Agency Staff Contact</th>
<th>Contact Phone Number</th>
<th>Contact E-mail Address</th>
</tr>
</thead>
</table>

## Transfer Confirmation/Approval – Original Agency

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agency Executive Director or Designee</th>
<th>Date</th>
</tr>
</thead>
</table>

## Transfer Approval – New Agency

- [ ] Original File Complete
- [ ] Acceptable Documentation to Verify Eligibility
- [ ] Zero Direct Participant Cost Verified
- [ ] Transfer Documents Reviewed and Approved

<table>
<thead>
<tr>
<th>Executive Director or Designee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## MIS USE ONLY

- [ ] Approved
- [ ] Denied

Approved by __________________________ Date ____________