

Massachusetts Job Driven (JD) National Emergency Grant Training Justification Form

This form summarizes the Career Center decision that the JD NEG Trainee and employer (OJT and Apprenticeship) have been determined eligible for the JD NEG Project. Documentation for this summary must be included in the Trainee's files, OJT files, and in MOSES. This form must be submitted to the Primary Operator with the OJT Contract or ITA request form.

Career Center: OJT Trainee Name: MOSES ID: Training Type: <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other Work Based Training <input type="checkbox"/> ITA	Designated Primary Operator: Employer Name: Employer MOSES ID: MOSES Training Course ID:
Trainee Eligibility Criteria: <input type="checkbox"/> Trainee meets the eligibility requirements for JD-NEG <ul style="list-style-type: none"> <input type="checkbox"/> Dislocated Worker; UI QSGN or QEMP <input type="checkbox"/> U.S. Citizen / Legal Resident <input type="checkbox"/> Selective Service Compliant <input type="checkbox"/> Targeted Group (Check One) <ul style="list-style-type: none"> <input type="checkbox"/> Veteran <input type="checkbox"/> Long-Term Unemployed Dislocated Worker (Unemployed for at least 27 weeks in aggregate since January 1, 2008) –target: 60% of total participants <input type="checkbox"/> Profiled as likely to exhaust UI benefits (REA participants) <input type="checkbox"/> Foreign-trained immigrant workers <input type="checkbox"/> Other Dislocated Worker – maximum 30% of participants <p>The Trainee been determined to be unable to obtain or retain employment that leads to self-sufficiency without retraining based on the following documentation:</p> <input type="checkbox"/> Limited Basic Skills (Based on Test Scores) <input type="checkbox"/> Lack of Marketable Skills (Assessment) <input type="checkbox"/> Lack of Credentials <input type="checkbox"/> Job Search has not resulted in job offers <input type="checkbox"/> Other Issues (Indicate) _____ <input type="checkbox"/> The training choice is appropriate based on the following assessment(s): Skills: Assessment: _____ <i>Indicate Assessment Type and Name</i> Testing Scores: _____ <i>Indicate Assessment Type and Name</i> Other Assessment(s): _____ <i>Indicate Assessment Type and Name</i> Labor Market Summary (Briefly note in MOSES case plan): _____	Employer OJT/Apprenticeship Criteria: <input type="checkbox"/> Not Applicable <input type="checkbox"/> OJT Job Title: _____ <input type="checkbox"/> Employer indicates Trainee possesses prerequisites necessary to participate in OJT <input type="checkbox"/> OJT Employer Eligibility Checklist is complete <input type="checkbox"/> Employer has been determined eligible to participate in OJT <input type="checkbox"/> Employer commits to providing long-term employment for successful OJT Trainee <input type="checkbox"/> Employer has been issued a Certificate of Good Standing from the Department of Revenue within 6 months (<i>certificate attached</i>) <hr style="border: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;">General Criteria:</p> <input type="checkbox"/> Primary Operator indicates that sufficient funds are available to allow the Trainee to complete the training. <input type="checkbox"/> Customer has been determined to be unable to obtain or retain employment that leads to self-sufficiency without retaining. <input type="checkbox"/> The customer has received at least one intensive service <input type="checkbox"/> Training choice is appropriate based on counseling assessments <input type="checkbox"/> LMI Information is in MOSES <input type="checkbox"/> Labor market data supports the training and leads to training related employment

I attest that the above information is true and accurate and documented in the job seeker case file, OJT files, and in the MOSES system.

Print: _____
Prepared By Career Center Director

Signature: _____

Date: _____