

# WOTC SWA Survey

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Thank you for participating in the Workforce Opportunity Tax Credit (WOTC) State Workforce Agency (SWA) survey sponsored by the U.S. Department of Labor (DOL) Chief Evaluation Office (CEO). The purpose of collecting the requested information is to better understand how WOTC is implemented by states throughout the nation and how states process and certify employer submissions. Please answer each question to the best of your knowledge. The survey is being administered by Economic Systems Inc. (EconSys), a third-party contractor conducting an implementation evaluation of WOTC for DOL CEO.

**Burden Disclosure.** Public reporting burden for this survey is estimated to average 45 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the survey. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to EconSys at [Survey@EconSys.com](mailto:Survey@EconSys.com) and reference OMB control number [1290-0NEW].

**Participation.** Your participation in this survey is required as part of your WOTC grant funding. The survey will take around 45 minutes to complete.

**Saving Responses.** You can save your responses by selecting “Next” at the bottom of each page. You do not need to complete the survey in one session. To return to your survey, simply click on the link in the email you received to participate.

**Blank Survey.** You may download a blank copy of the questionnaire which could serve as a worksheet to compile the information needed from other sources before entering the responses into the online survey. To download a blank copy of the survey, click here: [LINK TO SURVEY](#)

1. What state do you represent?



A vertical list of US states and territories for selection. The list is contained within a rectangular box with a thin border. The background of the list area is white, and the text is black. The list is ordered alphabetically by state abbreviation. The list is flanked by a vertical bar with a checkered pattern. At the top of the list is a small icon of a house, and at the bottom is a small icon of a downward-pointing arrow.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- Washington, D.C.
- West Virginia
- Wisconsin
- Wyoming

2. Approximately how many staff members work on WOTC in your state?

Full-time  
Employees

Part-time  
Employees

**LOGIC** Show/hide trigger exists.

3. Do you use funds outside of the WOTC grant to fund any of the employees working on WOTC activities in your office?

☐ Yes

☐ No

**LOGIC** Hidden unless: #3 Question "Do you use funds outside of the WOTC grant to fund any of the employees working on WOTC activities in your office?" is one of the following answers ("Yes")

4. Approximately how many staff members are funded by non-WOTC grant funds?

Full-time Employees not funded by WOTC  
grant

Part-time Employees not funded by WOTC  
grat

**LOGIC** Hidden unless: #3 Question "Do you use funds outside of the WOTC grant to fund any of the employees working on WOTC activities in your office?" is one of the following answers ("Yes")

5. Please describe how you obtained funding source(s) outside the WOTC grant that covers any part of your staffing.

**LOGIC** Show/hide trigger exists.

6. Is this state's workload certification request workload fairly stable, or does it vary during the year?

☐ Yes, stable

☐ No, varies

**LOGIC** Hidden unless: #6 Question "Is this state's workload certification request workload fairly stable, or does it vary during the year?" is one of the following answers ("No, varies")

7. What time periods are high workload?

- ☐ Spring
- ☐ Summer
- ☐ Fall
- ☐ Winter
- ☐ Other - Specify (Required)

\*

**LOGIC** Hidden unless: #6 Question "Is this state's workload certification request workload fairly stable, or does it vary during the year?" is one of the following answers ("No, varies")

8. How do you handle peak workload periods?

- ☐ Request overtime
- ☐ Request additional staff from other offices in the Department
- ☐ Bring in temporary, on-call staff
- ☐ Hire temporary staff from temporary staffing agencies
- ☐ Other - Specify (Required)

\*

- ☐ None of the above

9. Which statement best describes where WOTC activities are conducted within your state?

- ☐ All activities are conducted at one central office location
- ☐ Activities are conducted throughout the state at multiple locations

(untitled)

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**LOGIC** Show/hide trigger exists.

10. How do employers submit WOTC certification requests to your state?

- ☐ Paper form submission only
- ☐ Electronic form submission only
- ☐ Both paper and electronic forms; mostly paper
- ☐ Both paper and electronic; mostly electronic
- ☐ Other - Specify (Required)

**LOGIC** Hidden unless: #10 Question "How do employers submit WOTC certification requests to your state?" is one of the following answers ("Electronic form submission only", "Both paper and electronic forms; mostly paper", "Both paper and electronic; mostly electronic")

11. What year did your state begin accepting electronic forms?

Year

**LOGIC** Show/hide trigger exists.

12. Does your state proactively reach out directly to individuals who may qualify for employment under WOTC?

- ☐ Yes
- ☐ No

**LOGIC** Hidden unless: #12 Question "Does your state proactively reach out directly to individuals who may qualify for employment under WOTC?" is one of the following answers ("Yes")

13. How does your state reach out to organizations that serve individuals who may qualify for WOTC? *(Select all that apply.)*

- ☐ We meet with/send emails to encourage Supplemental Nutrition Assistance Program (SNAP) Employment and Training staff alert their participants to apply for WOTC
- ☐ We meet with or send emails to encourage other state agencies that issue benefits like Temporary Assistance for Needy Families (TANF), Vocational Rehabilitation, Unemployment Insurance to alert their participants to apply for WOTC
- ☐ We meet with or send emails to encourage Federal agencies like the U.S. Department of Veterans Affairs (VA) and the Social Security Administration (SSA) to alert their constituencies to apply for WOTC
- ☐ We send flyers/mailings about WOTC to American Job Centers (AJCs)/One Stops and other agencies that help people find jobs
- ☐ We make presentations about WOTC at professional meetings and conferences
- ☐ We make presentations at organizations that serve target groups, like AJCs/One Stops, and/or other community service organizations that help people get jobs
- ☐ We use social media to contact organizations that aid individuals in getting jobs
- ☐ Other - Specify (Required)

\*

**LOGIC** Show/hide trigger exists.

14. Does your state proactively reach out to employers about WOTC?

- ☐ Yes
- ☐ No

**LOGIC** Show/hide trigger exists. Hidden unless: #14 Question "Does your state proactively reach out to employers about WOTC?" is one of the following answers ("Yes")

15. How does your state reach out to employers who may qualify for employment? (*Select all that apply.*)

- ☐ Presentations at American Job Centers/One Stops
- ☐ State WOTC Staff are assigned to AJC(s) for employer recruitment
- ☐ Flyers/Mailings to potential employers
- ☐ Emails to potential employers
- ☐ Social Media
- ☐ Presentations at employer organizations, conferences
- ☐ In-person meetings
- ☐ Networking events
- ☐ Referrals from other businesses
- ☐ Other - Specify (Required)

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**LOGIC** Hidden unless: #15 Question "How does your state reach out to employers who may qualify for employment? (*Select all that apply.*)" is one of the following answers ("State WOTC Staff are assigned to AJC(s) for employer recruitment")

16. How many staff Full Time Equivalents (FTEs) are assigned to employer outreach?

Staff

**LOGIC** Show/hide trigger exists.

17. Does your state recruit employers through a wide net, or do you specifically target recruitment to specific types of companies?

- ☐ Generally recruit employers through a wide net
- ☐ Target employers for specific reasons

**LOGIC** Hidden unless: #17 Question "Does your state recruit employers through a wide net, or do you specifically target recruitment to specific types of companies?" is one of the following answers ("Target employers for specific reasons")

18. What employer attributes does your state focus on for recruitment? Employers that: *(Select all that apply.)*

- ☐ Hire people with less than a high school education.
- ☐ Hire people with a high school education.
- ☐ Hire people with college or professional degrees.
- ☐ Hire people with military service.
- ☐ Offer full-time, permanent positions.
- ☐ Offer an employee benefit package.
- ☐ Hire/accommodate people with disabilities.
- ☐ Hire people with criminal records.
- ☐ Have a good employee retention rate.
- ☐ Pay competitive salaries.
- ☐ Have access to public transportation.
- ☐ Other - Specify (Required)

\*

19. Does your state target particular business sizes? *(Select all that apply or select all of the above.)*

- ☐ Large Businesses
- ☐ Medium businesses
- ☐ Small businesses
- ☐ All of the above



20. Does your state target particular types of Industries? *(Select all that apply.)*

- ☐ Retail sales
- ☐ Restaurants and Fast Food
- ☐ Healthcare
- ☐ Cleaning services, janitorial, groundskeeping
- ☐ Transportation, delivery drivers
- ☐ Dependent care providers
- ☐ Construction
- ☐ Warehousing, distribution
- ☐ Clerical/office
- ☐ Customer service
- ☐ Other - Specify (Required)
- ☐ No

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 Show/hide trigger exists.

21. Do you provide training on WOTC to any of the following groups? *(Select all that apply.)*

- ☐ Employers
- ☐ American Job Centers (AJCs)/One Stops
- ☐ Partner Organizations
- ☐ Other - Specify (Required)
- ☐ None of the above

\*

**LOGIC** Hidden unless: #21 Question "Do you provide training on WOTC to any of the following groups?(*Select all that apply.*)"

22. For each of the options selected above, please detail how you provide information about WOTC services:

	Virtual	In-person	Web Recordings, Social Media	Fact Sheets
Employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AJCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Previous Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LOGIC** Show/hide trigger exists.

23. Is your office involved in pre-screening (using Form 9062, Conditional Certification) potential WOTC candidates?

- ☐ Yes
- ☐ No

**LOGIC** Show/hide trigger exists. Hidden unless: #23 Question "Is your office involved in pre-screening (using Form 9062, Conditional Certification) potential WOTC candidates?" is one of the following answers ("Yes")

24. What WOTC candidate pre-screening activities do you conduct? (*Select all that apply.*)

- ☐ Review documentation from candidate
- ☐ Match candidate to target group
- ☐ Assist in completing paperwork
- ☐ Engage with WOTC partners
- ☐ Complete Conditional Certification Form 9062
- ☐ Other - Write In (Required)

\*

**Logic:** Hidden unless: #24 Question "What WOTC candidate pre-screening activities do you conduct?" *(Select all that apply.)* is one of the following answers ("Engage with WOTC partners")

25. Please describe the organization and prescreening activities you conduct with partners such as AJCs:

**Logic:** Show/hide trigger exists.

26. Who conducts pre-certifications in your state? *(Select all that apply.)*

- ☐ Your office
- ☐ AJCs/One Stops
- ☐ SNAP Employment and Training Organizations
- ☐ Other community service partner Organizations
- ☐ Other - Specify (Required)

\*

- ☐ No agency conducts pre-certifications

**LOGIC** Hidden unless: #26 Question "Who conducts pre-certifications in your state? (*Select all that apply.*)" is one of the following answers ("Your office")

27. Which target groups does the SWA pre-certify? (*Select all that apply.*)

- ☐ Temporary Assistance for Needy Families (TANF) (IV-A Recipient)
- ☐ Veterans
- ☐ Ex-Felons
- ☐ Designated Community Residents
- ☐ Vocational Rehabilitation Referrals
- ☐ Summer Youth Employees
- ☐ Supplemental Nutrition Assistance Program (SNAP) Recipients
- ☐ Supplemental Security Income Recipients
- ☐ Long-Term Family Assistance Recipients
- ☐ Long-Term Unemployment Recipients
- ☐ All apply
- ☐ None apply

**LOGIC** Show/hide trigger exists.

28. How would you best describe how your SWA WOTC staff are assigned to process WOTC certification requests? (*Mark the option that best describes your workforce.*)

- ☐ Initial review and screening
- ☐ We manually perform initial screenings of incoming certification requests and categorize them into groups.
- ☐ We manually enter incoming certification requests into our systems to make them available for processing.
- ☐ Processing
- ☐ Our system runs all the requests through cooperating source agencies (such as checks for rehires, SNAP, TANF, etc.) before staff continue processing.
- ☐ All staff work on requests as they are received regardless of target group, employer or verification requests from another SWA.
- ☐ Some staff work on requests as they are received while some are assigned to a specific type of request or group.
- ☐ Staff are specialized in our office and work solely with a specific type of request or group.
- ☐ Staff are assigned both online and paper requests to process as they come in.
- ☐ Other - Please Describe (Required)

**LOGIC** Hidden unless: #28 Question "How would you best describe how your SWA WOTC staff are assigned to process WOTC certification requests? *(Mark the option that best describes your workforce.)*" is one of the following answers ("Some staff work on requests as they are received while some are assigned to a specific type of request or group.", "Staff are specialized in our office and work solely with a specific type of request or group.")

29. For staff that are specialized, please identify what their focus is on:

- ☐ Specific target groups
- ☐ Specific employers
- ☐ Specific SWA requests
- ☐ Specific processing functions such as assessing the adequacy of the certification request, requesting/obtaining/reviewing documentation, issuing needs letters, etc.

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30. On average, how long does it take SWA staff to conduct an initial review of a certification request from an employer?

Number of  
minutes

31. Do any of the following target groups take more time to certify than others? *(Select up to three of the most time consuming target groups.)*

- ☐ Temporary Assistance for Needy Families (TANF) (IV-A Recipient)
- ☐ Veterans
- ☐ Ex-Felons
- ☐ Designated Community Residents
- ☐ Vocational Rehabilitation Referrals
- ☐ Summer Youth Employees
- ☐ Supplemental Nutrition Assistance Program (SNAP) Recipients
- ☐ Supplemental Security Income Recipients
- ☐ Long-Term Family Assistance Recipients
- ☐ Long-Term Unemployment Recipients

**Logic** Show/hide trigger exists.

32. Does certification time vary by employer/employer representative?

- ☐ Varies by employer
- ☐ Varies by employer representative
- ☐ No variation

**Logic** Hidden unless: #32 Question "Does certification time vary by employer/employer representative?" is one of the following answers ("Varies by employer","Varies by employer representative")

33. What factors are prominent among employers/employer representatives whose submissions are the most time consuming? *(Select all that apply.)*

- ☐ Unfamiliarity with WOTC
- ☐ Business is large
- ☐ Business is small
- ☐ Type of target group
- ☐ Type of employment
- ☐ Incorrect or missing forms
- ☐ Incorrect or missing documentation
- ☐ Other - Specify (Required)

\*

34. Based your experience, rate the following sources and combinations of Forms in terms of completeness of submission.

	Typically not completed corrected	Usually completed correctly	Always completed correctly	We receive too few submissions to qualify
SWA Conditional Certification Form 9062 plus IRS form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AJC Conditional Certification Form 9062 plus IRS form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SNAP Employment and Training Agency Conditional Certification Form 9062 plus IRS form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other community service agency Conditional Certification Form 9062 plus IRS form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer submission with Individual Characteristic Form 9061 and IRS form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer Representative submission with Individual Characteristic Form 9061 and 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer submission with Self Attestation Form 9175 and IRS form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer Representative submission with Self Attestation Form 9175 and IRS Form 8850	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. After initial review, approximately what percent of certification requests result in these actions:  
(Please provide your best guess for each item.)

<input type="text"/>	% initially approved
<input type="text"/>	% initially denied
<input type="text"/>	% pending SWA action to verify employer's documentation
<input type="text"/>	% pending SWA action to verify Target Groups for which we can access electronic documentation
<input type="text"/>	% require a needs letter
<input type="text"/>	% require verification by another SWA

36. After initial review resulted in a denial, approximately what percent of initial certification requests were denied due to:

% form information indicated  
ineligibility.

% certification requested after hire  
date/rehire.

% verification request to source agency was not received in a timely  
manner.

% documentation provided with the form indicated  
ineligibility.

% other (please describe other in the next  
question)

37. Please specify "Other", if selected in the question above. If you did not select other, please leave this blank.

38. Please estimate the percent of needs letters issued due to:

% forms being incomplete/not properly filled  
out.

% inadequate documentation provided by the employer/Employer  
Representative.

% inconsistencies between the form and the  
documentation.

% issues with the  
dates.

% employer indicates that documentation will be  
forthcoming

% other issues,  
specify



39. For each target group, please select the level of issues associated with certification submissions:

	No issues as SWA has automated process of obtaining data from a source agency (SNAP, TANF, etc.)	High quality submissions (no issues)	Few issues	Likely to have issues causing delays
Temporary Assistance for Needy Families (TANF) (IV-A Recipient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ex-Felons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designated Community Residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Rehabilitation Referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer Youth Employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Nutrition Assistance Program (SNAP) Recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income Recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-Term Family Assistance Recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-Term Unemployment Recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. For each target group, indicate the statements that describe SWA actions when documentation is or is not present with the certification request for Target Groups that your agency DOES require employers to provide documentation. Indicate NA for documentation your agency DOES NOT require employers/representatives to submit.

	(Complete Documentation) IF documentation provided by employer/Employer Representative is <u>complete and adequate</u> , it is accepted by SWA without further verification	(Some documentation absent or inadequate) IF any documentation is <u>missing or inadequate</u> , SWA sends a needs letter that requires employer/Employer Representative documentation to re-submit proper documentation	(Some documentation absent or inadequate) IF any documentation is <u>missing or inadequate</u> , SWA obtains and verifies employer/Employer Representative documentation instead of requiring the employer/Employer Representative to re-submit it	(All cases) SWA <u>verifies all employer/Employer Representative documentation</u> , regardless of whether it is complete or incomplete; adequate or inadequate	NA (Not Applicable)
Temporary Assistance for Needy Families (TANF) (IV-A Recipient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Documentation

Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ex-Felons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated Community Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Rehabilitation Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div> <div> <p><b>(Complete Documentation)</b> IF documentation provided by employer/Employer Representative is <u>complete and adequate</u>, it is accepted by SWA without further verification</p> </div> <div> <p><b>(Some documentation absent or inadequate)</b> IF any documentation is <u>missing or inadequate</u>, SWA sends a needs letter that requires employer/Employer Representative documentation to re-submit proper documentation</p> </div> <div> <p><b>(Some documentation absent or inadequate)</b> IF any documentation is <u>missing or inadequate</u>, SWA obtains and verifies employer/Employer Representative documentation instead of requiring the employer/Employer Representative to re-submit it</p> </div> <div> <p><b>(All cases)</b> SWA verifies all employer/Employer Representative documentation, regardless of whether it is complete or incomplete; adequate or inadequate</p> </div> <div> <p>NA (Not Applicable)</p> </div> </div>					
Summer Youth Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP) Recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income Recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Family Assistance Recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. For each target group, please indicate your agency's policies and practices concerning which types of documentation your agency obtains on behalf of employers, and which types of documentation your agency requires employers to submit with their certification requests.

SWA obtains this documentation	SWA obtains this data from source/issuing agency through mail, fax, other	SWA verifies Employer-provided
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	electronically (employer not required to supply).	correspondence (employer not required to supply).	Employer is required to provide this documentation	documentation with source/issuing agency
<b>TANF:</b> Issuing agency documentation of receipt of TANF benefits for 9 months during the 18-month period ending on hire date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TANF:</b> Proof of participant age, such as Drivers' License, Birth Certificate, State Vital Records Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TANF:</b> Recipient statement of receipt of TANF benefits 9 months during the 18-month period ending on the hire date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Veterans:</b> Copy of U.S. Department of Veterans' Affairs-issued letter/document establishing service-connected disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Veterans:</b> For unemployed veterans, State UI Wage records to prove unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Veterans:</b> For unemployed veterans, proof of State-issued unemployment claims/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ex-Felons:</b> Correction Institution Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SWA obtains this documentation electronically (employer not required to supply).	SWA obtains this data from source/issuing agency through mail, fax, other correspondence (employer not required to supply).	Employer is required to provide this documentation	SWA verifies Employer-provided documentation with source/issuing agency
<b>Ex-Felons:</b> Court Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DCRs:</b> Documentation of Address by USPS delivered letter or other government-issued identification document, e.g., driver's license, voter registration, tax form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DCRs:</b> Proof of verification of Address in Empowerment Zone via HUD Website/App or Rural Renewal Area via USPS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DCRs:</b> Proof of Age between 18 and 40 via government-issued identification, e.g., driver's license, birth certificate, government-issued identification card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DCRs:</b> Confirmation of age/birth certificate from State Vital Records agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Voc Rehab:</b> Confirmation by official				

communication from State  
Rehabilitation Agency of a state plan  
approved under the Rehabilitation Act  
of 1973

☐
☐
☐
☐

**Voc Rehab:** Confirmation by official  
communication from SSA, SSI or the  
State Agency administering Ticket to  
Work of the employee's Employment  
Network Plan

☐
☐
☐
☐

SWA obtains  
this  
documentation  
**electronically**  
(employer not  
required to  
supply).

SWA obtains this  
data from  
source/issuing  
agency through  
**mail, fax, other  
correspondence**  
(employer not  
required to  
supply).

**Employer** is  
**required** to  
provide this  
documentation

**SWA verifies  
Employer-  
provided**  
documentation  
with  
source/issuing  
agency

**Voc Rehab:** Confirmation by official  
communication from U.S. Department  
of Veteran's Affairs of participation in a  
rehabilitation program

☐
☐
☐
☐

**Summer Youth:** Government-issued  
documentation that employee is at least  
16 years old, but under 18 on the hiring  
date or on May 1, whichever is later.  
Documentation may include driver's  
license, school-issued identification card  
with date of birth, birth certificate,  
hospital record or work permit.

☐
☐
☐
☐

**Summer Youth:** State Vital Records  
supplies/confirms birthdate/birth  
certificate.

☐
☐
☐
☐

**Summer Youth:** Did not work for  
employer prior to May or after  
September 30, per State UI wage  
records.

☐
☐
☐
☐

**Summer Youth:** Resides in an  
Empowerment Zone, as documented by  
HUD website/app or Rural Renewal  
Area documented by USPS website.

☐
☐
☐
☐

**SNAP:** SNAP case number or other  
proof of SNAP participation, such as  
SNAP EBT card

☐
☐
☐
☐

**SNAP:** Proof of participant age, such as  
Drivers' License, Birth Certificate.

☐
☐
☐
☐

SWA obtains  
this  
documentation  
**electronically**  
(employer not  
required to  
supply).

SWA obtains this  
data from  
source/issuing  
agency through  
**mail, fax, other  
correspondence**  
(employer not  
required to  
supply).

**Employer** is  
**required** to  
provide this  
documentation

**SWA verifies  
Employer-  
provided**  
documentation  
with  
source/issuing  
agency

**SNAP:** State Vital Records Office provides proof of age/Birth Certificate.

☐☐☐☐

**SNAP:** Recipient statement of receipt of SNAP benefits for the last six months prior to hire date

☐☐☐☐

**SNAP:** Issuing agency documentation of receipt of SNAP benefits in three of the last 5 months prior to hire date.

☐☐☐☐

**SSI:** Statement from SSA confirming receipt of SSI benefits in the last 60 days prior to hire.

☐☐☐☐

**Long-Term Family:** Statement from SSA confirming receipt of SSI benefits in the last 60 days prior to hire.

☐☐☐☐

**Long-Term Family:** Applicant statement of unemployment during the past 27 weeks and receipt of Unemployment benefits for all or some of the past 27 weeks per ETA Form 9175 Self Attestation.

☐☐☐☐

**Long-Term Family:** State UI Agency records of Unemployment benefits issued during part or all of the past 27 weeks prior to hire.

☐☐☐☐

SWA obtains this documentation **electronically** (employer not required to supply).

SWA obtains this data from source/issuing agency through **mail, fax, other correspondence** (employer not required to supply).

**Employer** is **required** to provide this documentation

**SWA verifies Employer-provided** documentation with source/issuing agency

**Long-Term Family:** State UI Agency UI wage records to prove unemployment.

☐☐☐☐

42. Once you request verification documentation from another agency (i.e. SNAP, TANF), what is your policy regarding how much time your agency allots to receive the documentation?

- ☐ We allot 90 days to receive documentation and if documentation is not received we deny the certification.
- ☐ We allot an extension of a certain number of days after the initial 90 days and then deny the certification if verification documentation is not received. (Please specify the number of days) (Required)
- ☐ We keep missing documentation cases open until the end of the fiscal year, and if documentation is not received by then, we deny the certification if it is older than 90 days. Otherwise it is moved into the backlog of the next fiscal year.
- ☐ We keep missing documentation cases open for 365 days.
- ☐ Other - Specify (Required)

43. Please indicate how your office checks employee social security numbers (SSNs) to assure that the employer is requesting a certification for an employee who was NOT previously or currently certified for WOTC. *(Select all that apply.)*

- ☐ Checks against up to three years of SSNs of certified individuals in the requested target group
- ☐ Checks against up to three years of SSNs of certified individuals in any target group
- ☐ Checks against up to three years of SSNS of certified individuals associated with the company submitting the request
- ☐ Checks against up to three years of SSNs certified individuals associated with a different employer than the employer submitting the request
- ☐ Checks against bordering states to see if the request is for an employee previously or currently certified in another state
- ☐ Other - Specify (Required)  
 \*
- ☐ None of the above

44. Please indicate all agencies the SWA currently has MOUs or similar information-sharing agreements with, and whether verifications are conducted mostly manually, mostly electronically or mixed:

	No Information Sharing	Mostly Electronic	Mostly Manual	Equally Manual and Electronic	Not Applicable
State SNAP Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State TANF Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Veterans Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Vocational Rehabilitation Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Corrections System Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children and Youth Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Housing Assistance Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Vital Records Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Unemployment Insurance Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other State Office,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonprofit Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grantee(s) administering summer youth programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Department of Veterans Affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Social Security Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Department of Housing and Urban Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. For each agency type that you use to verify certification information, please indicate how long it takes to receive verification from each agency?

	Immediately (Electronic)	Within 10 days	Within 90 days	Responses received longer than 90 days	Not Applicable
State SNAP Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State TANF Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Veterans Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Vocational Rehabilitation Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Penal System Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children and Youth Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Housing Assistance Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Vital Records Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Unemployment Insurance Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other State Office,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Nonprofit Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grantee(s) administering summer youth programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Department of Veterans Affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Social Security Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Department of Housing and Urban Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Does your agency have MOUs or information sharing arrangements with any out-of-state (non-national) agencies to verify certification information?

- ☐ Yes
- ☐ No

47. What percentage of certifications require out-of-state verification from other states?

Percent:  %



48. How many out-of-state agencies do you request verification information from?

number of out-of-state agencies

49. Of these out-of-state agency that you use to request verification, indicate the percentage that are handled manually; electronically or mixed:

Manual

Electronic

Mixed

50. How much of your verification workload in FY2023 was in response to verifications requested by other SWAs?

FY2023 verifications requested by other SWAs

% of verifications you performed in 2023

% performed so far in 2024 (an estimation is fine.)

51. How do you prioritize in-state versus out-of-state verification requests?

- ☐ Priorities are equal for electronic requests, they are processed as they come in
- ☐ Out-of-state requests that are not electronic are lower priority for processing
- ☐ We prioritize in-state first, regardless of whether the request was electronic or paper
- ☐ We prioritize differently than the options listed above - Explain (Required)

 Show/hide trigger exists.

52. In general, how difficult is it for your office to verify out-of-state information?

- ☐ Difficult
- ☐ Mixed
- ☐ Easy

**Logic** Hidden unless: #52 Question "In general, how difficult is it for your office to verify out-of-state information?" is one of the following answers ("Difficult","Mixed")

53. What makes it difficult or mixed?

- ☐ Paper requests instead of electronic requests.
- ☐ Incompatible electronic requests.
- ☐ Insufficient staff to deal with the requests.
- ☐ Some requests are not clearly defined.
- ☐ Takes too long to receive a response.
- ☐ Other - Write In (Required)

\*

**Logic** Show/hide trigger exists.

54. In general, how difficult is it for your office to get verifications from other states?

- ☐ Difficult
- ☐ Mixed
- ☐ Easy

**Logic** Hidden unless: #54 Question "In general, how difficult is it for your office to get verifications from other states?" is one of the following answers ("Difficult","Mixed")

55. What makes it mixed or difficult?

- ☐ Paper requests.
- ☐ Incompatible electronic requests.
- ☐ Insufficient staff to deal with out-of-state requests.
- ☐ Takes too long to receive a response.
- ☐ External staff did not understand the request.
- ☐ Other - Write In (Required)

\*

56. At the end of the fiscal year, when you have to determine the status of all cases processed and submit your performance report to ETA, please indicate the percent in each disposition category for FY 2023:

<input type="text"/>	% Certified
<input type="text"/>	% Denied due to verified ineligibility
<input type="text"/>	% Denied due to timing out in backlog (documentation inadequate to determine eligibility within the required timeframe)
<input type="text"/>	% Moved to 2024 backlog for processing

57. Please indicate the top 4 factors in causing your state's WOTC backlog in the past year in the past year: *(1 being the biggest factor.)*

	1	2	3	4
Employers/employer representatives provide incomplete or inconsistent information in the initial certification forms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers/employer representatives omit documentation supporting the initial certification requests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers/employer representatives do not respond correctly to needs letters or on a timely basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agencies from whom the SWA seeks verification do not respond correctly on a timely basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in form requirements or other TEGL changes that require reprogramming electronic systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural disasters such as weather events, earthquakes, fires, hurricanes, floods, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our WOTC staff resources are inadequate to handle the workloads.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other issues, which you can explain in the next question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. If you selected "Other Issues" above, please explain what issues cause your backlog. If you did not select other issues, please leave this question blank.

59. How many companies currently have submitted WOTC certification requests to your office?

Number of companies

(untitled)

60. Enter the percent of manual and electronic processing activities currently used to process certification requests in your state.

	Real Time Online Submission	Online Batch Submission	Currently Paper, Plans in place for online submission	Currently Paper, No Plans in place for online submission	Paper only, no plans for automation
ETA Form 9061	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ETA Form 9062	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ETA Form 9075	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IRS Form 8850	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supporting Documentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Response to Needs Letter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

61. Please describe which of these actions are primarily done electronically, done manually, or both.

	Primarily Electronic	Primarily Manual	Equally Manual and Electronic	Not Done
Review actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records signature dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date of receipt of forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies missing information on forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Identifies inconsistent information on forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies missing documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies inconsistencies between form entries and documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates needs letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date of needs letter issuance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Primarily Electronic	Primarily Manual	Equally Manual and Electronic	Not Done
Records due date for needs letter requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date of receipt of information in response to needs letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records data from needs letter response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reassesses WOTC eligibility based on needs letter response data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates online verification requests to partner agency external systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates verification request electronic files for partner verification agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates verification request list or letters for partner verification agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date verification request was made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date verification response expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Primarily Electronic	Primarily Manual	Equally Manual and Electronic	Not Done
Issues reminder emails or letters to partner agencies providing verification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date verification documentation was received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records verified information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determines WOTC eligibility based on verified results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues denial letter based on non-receipt of needs letter requested data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues denial letter based on needs letter response data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues denial letter based on verified information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Records date of denial letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues certification letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Primarily Electronic	Primarily Manual	Equally Manual and Electronic	Not Done
Records date of certification letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Produces Status Reports covering these topics:

☐☐☐☐

Number of Certifications received, in process, approved, denied

☐☐☐☐

Needs letters issued, outstanding, timed out

☐☐☐☐

Verification requests issued, outstanding, timed out

☐☐☐☐

62. When was your current electronic processing system implemented?

Year

63. Was your system developed in-house or did you hire a contractor?

☐

In house

☐

Contractor - Specify (Required)

64. How was your system funded?

☐

Grants from ETA

☐

State-provided funds

☐

Combination of ETA and State funds

65. What best describes the status of your system?

☐

Established, with routine ongoing updates

☐

Major components developed, still working on the rest

☐

Still working on the major components

☐

Just beginning development

**Logic** Show/hide trigger exists.

66. How well does your system support WOTC certification processing?

- ☐ Provides the support we need
- ☐ Lacking in minor areas
- ☐ Lacking in major areas

**Logic** Hidden unless: #66 Question "How well does your system support WOTC certification processing?" is one of the following answers ("Lacking in minor areas","Lacking in major areas")

67. Describe what you would like your system to do or do better.

**Logic** Show/hide trigger exists.

68. What years did you apply for a backlog grant?

- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ 2023
- ☐ 2024
- ☐ Our state has never applied for a backlog grant.

**Logic** Show/hide trigger exists. Hidden unless: #68 Question "What years did you apply for a backlog grant?" is one of the following answers ("2020","2021","2022","2023","2024")

69. Did you receive at least one of the backlog grants you applied for?

- ☐ Yes
- ☐ No

**Logic** Show/hide trigger exists. Hidden unless: #69 Question "Did you receive at least one of the backlog grants you applied for?" is one of the following answers ("Yes")

70. What did you use the backlog reduction grant funding for? If you received more than one backlog grant, please select the options used for all grants. *(Select all that apply.)*

- ☐ Hire additional staff
- ☐ Reorganized/streamlined staff processing actions
- ☐ Reduce wait times
- ☐ Develop electronic data system
- ☐ Improve current electronic system
- ☐ Other - Please Specify (Required)

\*

**Logic** Hidden unless: #70 Question "What did you use the backlog reduction grant funding for? If you received more than one backlog grant, please select the options used for all grants. *(Select all that apply.)*" is one of the following answers ("Improve current electronic system")

71. What improvements did you make to your online system? Please be as specific as possible.

72. Has your state developed procedures or systems that have made a difference in how to process WOTC certifications that you would like to share with other SWAs? Please describe the problem it addresses and how it was done.



73. Are there areas where you feel your state could benefit from more support/interaction/communication with ETA? Describe.

74. Are there areas where you feel your state could benefit from more communication/interaction with other SWAs? Describe.

75. Please provide any comments or suggestions you like to share to improve the implementation of WOTC.

**Thank You!**

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Thank you for taking our survey. Your response is very important to us.