

PYEDCONNECT PARTICIPANT TRACKING SYSTEM:

Summer Youth Employment Program (SYEP): Reviewing Youth Applications

Table of Contents

Key Terms	3
What is Intake?	4
The Intake Section	4
Navigating to Workforce Applications	4
Intake Navigation and Sections	6
Registration Information	6
Participant Information	7
Contact Information	10
Education/Work Status	10
Selective Service	12
Household Information	13
Banking Information	13
Health Information	14
Consents	14
Eligibility Review	15
Participant Eligibility	15
Barriers & Low-Income Criteria	16
DYCD Review	17
Reviewing + Submitting the Intake	17
Add to Waitlist	18
Check Eligibility	18
DYCD Connect Help Center	20



Key Terms

Individual Service Strategy:	An agreed upon plan of action between a WIOA Program and the Applicant that allows the program to map out the steps required for success. Each service strategy must be unique to the applicant's education and career-related goals.
Participant Stage:	Corresponds to the different stages of participant enrollment (e.g. intake, accepted, exited, etc.)
Participant Status:	Provides additional information about the participant's status in your program (e.g. enrolled, follow-up, rollover, etc.)
Slot Type:	Indicates how the participant will be funded by your DYCD budget
Student Type / Subtype:	Used to indicate whether or not the WIOA applicant is currently in school, and provide additional information (e.g. attending alternative school, dropout, etc.)
WIOA Family:	Includes all people related by blood marriage or decree of court. Examples include the WIOA applicant and their parents, legal guardians, spouses, child/children, siblings 26 and younger, etc.
WIOA Youth Barrier:	Identified barriers that prevent a WIOA applicant from entering the workforce or completing an educational program. Applicants must have at least one barrier to qualify for the WIOA program.



What is Intake?

Intake refers to the process for collecting information to support a determination of eligibility for your program. This user guide will assist DYCD Connect users in registering Summer Youth Employment Program (SYEP) participants to their workscopes after an applicant has submitted an application via the **Youth Employment Portal**.

Depending on your program type, your program will either directly recruit program participants, or process participants selected automatically as part of a weekly lottery. Regardless of the selection method, applicants must then submit additional documents and forms in order to verify their eligibility to your SYEP program.



The Intake Section

Prospective SYEP participants may submit an application to your program online via the Workforce Online Portal, or submit a paper copy. Online applicants may submit their application at the **following link (insert link)**. Applicants may review the **Workforce Online Portal** user guide for instructions on completing the application.

Online applications submitted through the Portal will be directly imported into your workscope in the Participant Tracking System.

Navigating to Workforce Applications

To review online applications, <u>navigate to your current workscope</u> in the Participant Tracking System. Locate the **Participation** section

of the Workscope Switchboard and click on **Online Applications.** A list of participants who have



Approved	Ē
🗅 GENERAL	~
PUBLIC INFO	
A COVID-19	
	~
O PARTICIPATION	~
Intake	^
Intake Online Applications	
Intake Online Applications Activity Enrollment	^
Intake Online Applications Activity Enrollment Attendance	
Intake Online Applications Activity Enrollment Attendance Move Registrations	
Intake Online Applications Activity Enrollment Attendance Move Registrations Interactions	

submitted an online application. Their intakes may exist in different <u>Stages</u> based on the status of the intake form.

- Intake: The participant is not yet enrolled to your program
 - **Submitted status –** The participant has submitted an online application to your site that is pending review.
 - Selected status The participant has either been manually selected by your program, or selected via the lottery. Additional documents are required to finalize the intake.
- Accepted: The participant is enrolled to your program
- **Exited:** The participant is de-enrolled from your program.

After an applicant has submitted an online application to your site, their name will appear in the **Online Applications** table. Click on a participant's name in blue text to open the completed application. A new window will pop-up, navigating you to the **Registration Information** section of the intake form.

NYYE Department of Youth & Come Development		Main Menu 🗸	Workscopes	> 91158A-Ladders f	or >	
🔒 SAVE 🕌	SAVE & CLOSE	WORKSCOPE REPORT	🔓 deactiva	re 🗢 email a	LINK	↑ ↓ 周
WORKSCOPE Approved	:	91158A-Ladders for Lea (LFL)-1/1/2022-10/31/20	ders 22	Period Yea Type 20 Summer	r Provider 23 Samuel Field YM & YWHA, Inc.	Program Period 1/1/2022 - 10/31/2022
🗅 GENERAL	~	[⊞] Registrations		Clic	k here to search for	1-a
📽 PUBLIC INFO		91158A-Ladders for Leade	rs (LFL)-1/1/2022-	10/31/2022 a p	participant by name.	Γ
SERVICE DELIVERY MO	DDS	Participant 4	Stage	 Status 	Application Submitted On	Start Date
8 PARTICIPATION	~	QA-Kay Cheng	Intake	Selected	3/7/2022	7/5/:
Intake		Consent otherPerson	Intake	Submitted	3/7/2022	7/5/:
Online Applications		Rotadini Ja	Intake	Selected	3/8/2022	7/5/:
Cohort Assignment		Click on a pai	ticipant's	Selected	3/8/2022	7/5/:
STAFFING	~	name to op online appl	en their ication.	Selected	3/9/2022	7/5/:
ា ទលាទ	~	Da		Selected	3/16/2022	7/5/:

Key Buttons

Click on this button to search for a participant's name or keyword

Click on any of the column headers to organize your list of intakes in alphabetical or chronological order. Click again to organize in reverse order



Intake Navigation and Sections

In the new window, you will notice the **Intake Switchboard** on the left side of the page. You will use the switchboard to navigate through each intake section. Most fields have a padlock icon next to them. These fields are either pre-generated by the system or imported from the online application.



Registration Information

Most of the information on this page will already be completed based on responses provided by the applicant. There are two fields your program may edit:

- Form Completed By: Who submitted the application via the Workforce Online Portal (i.e. the applicant, parent/guardian, etc.)
- Date Application Received: The day the application was submitted via the Workforce Online Portal

Form Completed By *	Applicant
Date Application Received *	9/15/2019
Enrollment Start Date *	10/1/2019
DYCD Funded? *	\checkmark
Slot Type *	General



- Enrollment Start Date: The first day of SYEP services the applicant will attend if accepted.
- <u>Slot Type</u>: Indicates how the applicant will be funded by your DYCD budget. Click on the "Magnifying Glass" and select one of the available options.

Participant Information

This section includes demographic information for the applicant (including Race(s) and Ethnicity), and at least one address. Scroll down to see additional questions regarding the participant's **Gender Identity** and **Incoming Referral Source.**

Mary Doe	Registration ID REG-6347114215	Start Date A 7/5/2022 2	ge DOB 2 1/1/2000	Workscope 91156A-Older Youth (OY)-4/1/2022-3/31/2	Provider 2023 YM-YWHA of Wa	shington Heights Inwoo
 Participant 	t Information					Address	
First Name *		🔒 Mary		Addres	s (Required)		
Last Name *		🔒 Doe		N	lame		Borough
Middle Initial		A		2 La	favette Street New '	York	Manhattan
Date of Birth *		â 1/1/2 00 0			,		
Age		22					
Sex at Birth *		🔒 Male					
Ethnicity *		Hispanic or	Latinx	4			•
Social Security Nur	nber *	****	Social	Security			
SSN Verified			Number	Verification			
SSN Verification St	atus Description	A	Number	vernication			
Work Authorization) Status *	Not Applica	ble, US Citizen				
				ls the a	pplicant any of the	e following:	
				Parent/I	.egal Guardian? *	No	
Race (Required) *				Offende	r/Justice Involved?	• No	
American Indian	or Alaskan Native 🗶 Sele	ect all that apply		In Foste	r Care?	No	
American indian	or Alaskan Hadiye A	cer an mar apply		Runawa	y Youth?	No	
				Veteran	?*	No	



How well does the applicant speak English? * Primary Language *	Fluent/Very well Albanian	Active Military Personnel? An Individual with a Disability? Receiving ACS Preventative Service Homeless	No No es?* No No
Other Languages Spoken Arabic × Select all that apply Applicant's Gender Identity (Select all that Apply Female × Male × Select all that apply	oly) (Required) *	Applicant Incoming Referral Sou Flyer or Program Brochure X Applicant I Referral S	school Staff × Select all that apply
Does the applicant identify as transgender? Applicant's Gender Pronoun Applicant's Sexual Orientation (Select One)	Yes He/Him/His Heterosexual (straight)	Gender Identity Questions	

Social Security Verification

All applicants must have a verified Social Security Number before they can be enrolled to your program. The number entered by applicants is hidden to protect their Personal Identifiable Information. All Social Security Numbers are verified against the Social Security Administration database. This is typically an overnight process.

Once verified, the box next to **SSN Verified** will be checked off, and **the Status Description** will update to "Verified." If there is an issue with the verification, the Status Description will update accordingly.



Address

All SYEP applicants must reside at a valid address within New York City. You may review the address entered by clicking on the address in blue text. An overlay will appear on your screen, showing the address and confirming if it is a valid address. Scroll down to view additional information about the address, such as the City Council and Community District in which the participant resides.



SAVE 🕂 NEW 🔂 DEA	ACTIVATE		
		Address Verification	1
Primary Address?	2 Lafavette Street	Community District	🔒 Manhattan CD 001
Apt	21	City Council District	Council District 001 Manhattan
Borough*	Manhattan	NTA	MN24
City* State*	Manhattan	NDA	Out of NDA
Zip Code *	10007	NYCHA Resident	
Country*	United States	Town/Area	🔒 SoHo-TriBeCa-Civic Center-Little Italy
Address Notes		X-Coordinate	0983256
		Y-Coordinate	0199305
		Geo Message	
		High Poverty Area	
Validation Status	Address is valid	Census Track	⋒ 31

NOTE: If the applicant resides at multiple addresses, the first address will be considered the primary address

An Individual with a Disability? *	Yes
Currently receiving ACCESS-VR services? *	No
Interested in receiving ACCESS-VR Services?*	Yes
Disability Type (Required)	
Disability Type (Required)	

Incoming Referral Source

This field provides the applicant's **Incoming Referral Source(s)**, indicating how they were referred to the SYEP program.

pplicant	Incoming Referral Source (Required)
311 ×	Adult Basic Education/ Literacy Program × Select all that apply



Contact Information

All applicants must have a contact method and at least one Emergency Contact. The applicant's contact information should include their preferred method of contact, which may include phone numbers and an email address. Note that if the applicant has requested to receive alerts via text message, a cell phone number is required.

Applicant's Contact Information	
Does the applicant have contact information?*	
Preferred Method of Contact *	Cell Phone
Cell Phone*	(212) 655-7284
Work Phone	
Home Phone	244
Email Address	ernie@gmail.com

The **Parent/Emergency Contact** table will indicate one or more parent/emergency contacts. Similar to the Address field, the first contact is considered the Primary Contact. Click on the contact's name to see additional information about the individual.

Parent/Emerger	ncy Contact (Requir	red)		+
Name	Relationship	Primary Contact? \downarrow	May Pick-up Child? Cell Phone Work Phone	Home Phone
Nathan Jung	Father	Yes	Yes	(646) 111-2222

Education/Work Status

Depending on your program type, participants must meet certain eligibility criteria captured on the Education/Work Status page. Make sure that the <u>Student Type</u> and **Current/Last Grade** fields align with the population your program serves.

This section also provides information about the applicant's **current work status**, whether or not they have prior paid/volunteer experience, and at least one **career goal** indicating the types of careers the applicant is interested in pursuing. In addition, the applicant will provide their most recent **grade point average**, and if applicable, indicate the start/end date of their summer break.



		Current Grade *
		O (None)
		O Pre-K - Elementary School
		○ K - Elementary School
Education/Work Status		O 1st - Elementary School
		O 2nd - Elementary School
•		O 3rd - Elementary School
Student Type *	Full-Time Student	4th - Elementary School
Educational Level	🔒 High School	5th - Elementary School
Current Work Status *	Unemployed (Short-term, 6 months -	🔘 6th - Middle School
OSIS/Student ID		🔘 7th - Middle School
	Yee	🔘 8th - Middle School
Prior work experience, paid or volunteer		🔘 9th - High School
Grade Point Average	3.00	🔘 10th - High School
Career Goal 1 *	Arts and Entertainment	11th - High School
Career Goal 2	Architecture and Engineering	O 12th - High School
Career Goal 3	Communications and Broadcasting	O Obtained High School Diploma - High School
		O High School Equivalence (HSE) - High School
		-

The **Applicants career occupational skills field** indicates one or more skills that applicant holds (e.g. Customer Service, Social Media, etc.).

Applicant occupationa	l skills: Is applicant fai	miliar with any of these skills?
Customer Service 🗙	Coding Languages 🗙	Select all that apply

If the applicant is a full-time student, you must enter their **School Information** by clicking on the "+" icon.

school Information (Required for Fu	II-Time Student)	<u> </u>
School Name 🛧	School Type	

An overlay will then appear where you may search for or provide information about the school the applicant attends.



🗅 New School Informa	tion	×
SAVE 🕂 NEW		
registration school : New Reg	information istration Sc •=	Perform a power search by typing * and a keyword or number in the school name
School Type *	Public	
School Sub Type	Secondary	
Public School *	*110	Q
Street Address *	👌 P.S. 110	
Borough *	P.S. 110 Florence Nightingale	
City *	P.S. 110 The Monitor	
State *	P.S. 110 Theodore Schoenfeld	
Zip Code *	Look Up More Records	
Country	-	
Student ID/OSIS #	4 results	
School Start Date		
Last Date of Attendan		
Reason for Leaving		
Active		R

Selective Service

SYEP regulations require that all person born male register for the US Selective Service to remain eligible for the program once they reach 18 years of age. All Selective Service questions require a response. The system will automatically de-enroll ("exit") participants who do not register for US Selective service 90 days after their 18th birthday.

 Selective Service
Is the applicant registered for US Selective Service? * Yes
Selective Service Registration Number * 1234
Does the applicant understand that US selective service registration is a requirement? *
Did the applicant on active duty in the US Military/ROTC, ground, naval or air service during a war?*
No Transitioning Service Member *
Νο



Household Information

Here you may review information about the applicant household and income information. You will be required to indicate at least one Source of Household Income for the applicant. If the applicant wishes not to disclose this information, you may also select "Decline to Answer".

Household Informat	ion		
Head of Household Type *	Two Parent Household	Total Household Income	*
Housing Type *	Own	🔘 (None)	\$24,601 - \$28,780
Household Size *	Three	\$ 0	\$28,781 - \$32,960
Receiving public assistance? *	No	\$1 - \$12,060	\$32,961 - \$37,140
Annual Income Amount*	12,000	\$12,061 - \$16,240	\$37,141 - \$41,320
		🔘 \$16,241 - \$20,420	\$41,321 - \$50,000
		\$20,421 - \$24,600	\$50,001 - \$60,000
Sources of Household Income (Re	quired)	\$60,001 - \$70,000	
		\$70,001 - \$80,000	
Supplemental Nutrition Assistance	e Program (SNAP) 🗙 🛛 General Assistance 🗙	\$80,001 - \$90,000	
Select all that apply		\$90,001 - \$100,000	
		\$100,000+	
		O Decline to Answer	

Banking Information

This page indicates if the applicant has a bank account, and/or is interested in direct deposit or opening a bank account.





Health Information

This page includes the applicant's response to the required Health Insurance Status question.

Health Insurance Status	
Does the applicant have health Insurance? * Yes	
What kind of health insurance does the app	licant have? (Check all that Apply)
Medicaid	
Medicare	
State Children's Health Insurance Program	
State Health Insurance for Adults	
Military Health Care	
Direct-Purchase	
Employment Based	
Decline to Answer	

Consents

Consents must be completed for all applicants. Please note that consents may vary by program type. **Consent to Participate / Verification of Information Provided** must be granted in order to submit the intake. For all other consents, a response of 'yes' or 'no' must be entered.





Eligibility Review

In addition, you will need to generate the participant's **Eligibility Rules**. Each generated eligibility item requires a supporting document. You will upload documents securely via the **docUP Secure Document Upload app**. Please review the <u>**Eligibility User Guide**</u> for a detailed summary of eligibility rules.

NOTE: The Documents section of the intake form should only be used for non-secure documents, such as proof of goal achievements.

Participant Eligibility

Providers are required to select the type of source/proof documents uploaded via for each data element used to deem an Applicant eligible.

est Registration Start Age ID Date Age Applicant REG- 7835719129 7/1/2021 18	DOB 1/1/2004	Workscope 90546A-Trai 7/1/2021-6/3	n and Earn- 30/2022	Provider Hostos Community College	
⊞ Participant Eligibility		O GE	enerate eligi		Click here to generate
Name \$	Docu 🌻	Docu 🖨	Modifie‡		the eligibility criteria
Primary Address within the 5 boroughs of NYC	No	No	3/16/2022	Open	
Not in School	No	No	3/16/2022	Open	Click on each to indicate
Retired or Unemployed	No	No	3/16/2022	Open	which supporting
Age 16-24	No	No	3/16/2022	Open	document you will upload
1 - 4 of 4			< 1	> 2	

In Document Type, click on the "Magnifying Glass" to see a list of eligible documents. You may need to click on "Look Up More Records" to see the full list. The documents in PTS must match those uploaded via the docUP Secure Document Upload app. Make sure to click on "SAVE" after selecting a document type and checking off the "Document Uploaded" box.



∄ Participant Eligibil	y 🖅 Primary Address within the 5 borou 🗙	
∎ Primary Addre	s within the 5 boroughs of NYC	K
Name *	Primary Address within the 5 boroughs of NYC	
Document Type *		ρ
Approver Note	🔒 🗋 Homeless shelter letterhead/attestation	-
	🔈 Insurance policies (life, residential, auto)	
	🔈 landlord statement	
	🔈 New York City Housing Authority (NYCHA) lease or other documentation	
	🍙 Official Mail from a Federal, State or City Agency	I
	Private Lease	I
	Look Up More Records	
Document Unloaded	10 results	
Document Approved		

Barriers & Low-Income Criteria

Repeat the steps from the **Participant Eligibility** section to generate the **Barriers** and **Low-Income Criteria** in the respective sections, making sure to upload a document verifying each data element.

⊞ Barriers					0 G	ENERATE BA	RRIERS (
Barrier Name			¢	Docu¢	Docu¢	Modifi¢	
Dropout				No	No	3/16/2022	Open
Needs additional assistance in educ	ational pro	gram or employn	hent	No	No	3/16/2022	Open
Basic Skill Deficient				No	No	3/16/2022	Open
1 - 3 of 3						< T	>
I Low Income Criteria				O GE	NERATE LOV	V INCOME CI	RITERIA
ow Income Criteria Name	÷	Document ‡	Docu	ment≑	Modified o	n ≑	



DYCD Review

If the intake is rejected for any reason, you may find rejection notes from DYCD here, as well as due dates to make corrections and resubmit the intake. The summary of rejection reasons will appear in most recent order. Summary of the Social Security Number Override will also appear in this section.

NYCE Department of Youth & Community Development Development	, Main Menu ~ Intake > REG-7835719129 > ,으 ① + マ ゆ ?
🔚 SAVE 🛗 SAVE & CLOSE	🚦 PROCESS 👻 📄 INTAKE FORM 🔿 SHARE 📼 EMAIL A LINK
REGISTRATION :	Test Registration Start Age DOB Workscope Provider Applicant REG- 7035710129 7/1/2021 18 1/1/2004 90546A-Train and Earn-7/1/2021- 6/30/2022 Provider Hodsos Gommunity College
REGISTRATION INFORMATION	
O PARTICIPANT INFORMATION	
CONTACT INFORMATION	Review Notes
EDUCATION/WORK STATUS	Notes Resubmit By Date File Review Status Reviewed By Reviewed On ↑
✓ SELECTIVE SERVICE	
HOUSEHOLD INFORMATION	
(D) HEALTH INFORMATION	
SERVICES ~	
X REFERRALS	
່ວ dycd review	

Reviewing + Submitting the Intake

Once you have reviewed all sections of the intake form, make sure to click on "SAVE" in the Intake Menu Bar. You must wait for eligibility documents to be approved by DYCD before you can submit the intake for approval. There are several options to review and submit the intake form.





Add to Waitlist

If you would like to add the applicant to the waitlist, you can do so at any time by clicking the "Three Dots Icon" from the intake switchboard and selecting "Add to Waitlist." To add an applicant to the waitlist, a first name, last name, date of birth, and an address must be provided.

REGISTRATION	:	REGISTRATION	:	
Штаке	Add to Waitlist	wait iist	Remove from Waitlist	
	Check Eligibility	🖾 REGISTRATIO	Check Eligibility	
Submit		0.00000000	Submit	

You will notice the Registration stage list on the intake switchboard update from 'Intake' to 'Wait list'. To remove the applicant from the wait list click the "Three Dots Icon" and select "Remove from Waitlist". To register the applicant, follow the steps in the next section.

Check Eligibility

At any point during the intake process, you can check if the applicant is eligible based on information entered. From the intake switchboard, click the "Three Dots Icon" and "Check Eligibility".

- If the applicant is eligible for the program based on information entered, you will see the following:
- If the applicant is not eligible based on the information entered, or if you are missing information related to the eligibility criteria, you will see the following message:





Additionally, a validation summary will appear at the top of the intake with additional information.

Example Validation Summary

Validation Summary ×

- 1. Participant must be a full-time student
- 2. Primary Address must be within the 5 boroughs of NYC
- 3. Participant must have at least one barrier.
- 4. Participant must meet at least one low income criteria.
- 5. Participant must complete Reading TABE Pre-Test
- 6. Participant must complete Mathematics TABE Pre-Test
- 7. Participant must provide documents for all eligibility rules.

Example Validation Summary

O Validation Summary .

- 1. Primary Address must be within the 5 boroughs of NYC
- 2. Participant must be a registered for US selective service
- 3. Participant must not be in school.
- 4. Participant must be Retired or Unemployed.
- 5. Participant must complete Reading TABE Pre-Test
- 6. Participant must complete Mathematics TABE Pre-Test
- 7. Participant must be Drop Out / Not Drop Out / High School Graduate
- 8. Participant must meet at least one low income criteria.
- 9. Participant must provide documents for all eligibility rules.



DYCD Connect Help Center

If you have questions or concerns, please **submit a help request** to the **DYCD Connect Help Center**. You may reach the Help Center direct from the banner at the top of DYCD Connect by clicking on the question mark, as shown below.



Alternatively, you may submit a request through the <u>Help Center</u> on the DYCD Connect homepage.



