**Attachment C**

**Additional Local Priority of Service Population Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WIOA Title I Adult – Additional Priority of Service Population Form** | | | | | **Region:** |  |
| **Population Feature** | **WDB Response** | | | | | |
| **Describe priority of service population**  *Criteria, characteristics of group members. Use one form per additional population.* |  | | | | | |
| **Reason for Designation**  *Describe the circumstances leading to a POS designation. How will creating a local POS population help this group?* |  | | | | | |
| **Why are members of this population unlikely to be included in the WIOA priority populations?**  *Public Assistance Recipients, Low-Income Individuals, and Basic Skills Deficient Individuals* |  | | | | | |
| **Describe the timeline for serving this population.**  *If there is not a specific timeline, please explain.* |  | | | | | |
| **Service Goals**  *What are the SMART (Specific, Measurable, Achievable, Realistic, Timeframe) goals for the population? Percentage of clients served, number of clients achieving a specific milestone, etc.* | **Specific Goal** | **Measurement** | | **Why is it Achievable/ Realistic?** | **Timeframe to Accomplish**  **(If applicable)** | |
| **Method**  *(How)* | **Frequency** *(How Often)* |
|  |  |  |  |  | |
|  |  |  |  |  | |
| **Outreach & Engagement Strategies**  *How will the local area try to connect the target population with WorkOne services?* | **Strategy** | | | **Resources Needed** | **Timeframe** | |
|  | | |  |  | |
|  | | |  |  | |