**DWD Policy 2019-04, Change 3 Attachment C**

**Additional Local Priority of Service Population Form**

**Region \_\_\_ WIOA Title I Adult Additional Priority of Service Population Form**

*Section 1: General Description of Local Priority of Service Population*

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| **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.* |  |

*Section 2: SMART (Specific, Measurable, Achievable, Realistic, Timely) Service Goals*

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| **What is the specific goal?** | **How and when will progress be measured?** | **Why is it achievable and realistic?** | **What is the timeframe to accomplish the goal?** |
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*Section 3: Connecting the Local Priority of Service Population with WorkOne Services*

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| **Outreach and Engagement Strategy** | **Resources Needed** | **Timeframe** |
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