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Workforce Development Agency (WDA)

Policy Issuance (PI): 13-11

E-mailed: 08/22/13 (pv)

Date: August 22, 2013

To: Michigan Works! Agency (MWA) Directors

From: Joseph Billig, Manager, Management Information System (MIS)
Workforce Development Agency
SIGNED

Subject: Trade Adjustment Assistance (TAA), Electronic-Participant-Management Information Guide (E-P-MIG)

Programs Affected: TAA

Rescissions: WDASOM PI 10-31

References: Trade Act of 1974, as amended
TAA Reform Act of 2002
Trade and Globalization Adjustment Assistance Act of 2009
TAA Extension Act of 2011

Background: The TAA P-MIG has existed in a Microsoft Word format and has previously been updated via a Policy Issuance. User survey responses shared a desire to) update the document to an electronic format, and b) have the P-MIG updated immediately upon changes to OSMIS.

WDA is working with the Department of Technology, Management and Budget (DTMB) to create a long-term solution where P-MIG data is available within OSMIS. One step in that process is creating a “data field-to-description” structure, which is not feasible in the current Word format. As an interim solution, an electronic P-MIG has been created (E-P-MIG).



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Policy:

Effective immediately, the E-P-MIG is WDA’s official guide for TAA within OSMIS. The P-MIG in Word format will no longer be updated or distributed.

Future changes to OSMIS screens affecting TAA will have a corresponding update to the E-P-MIG prior to implementation; thus, the E-P-MIG will remain current.

All OSMIS screen changes affecting TAA will continue to be announced via a System Update Notice. In addition, any new updates to the E-P-MIG will be referenced, by date, in the “Change Tracking” tab within the E-P-MIG. Future updates to the E-P-MIG will not require a Policy Issuance; however, a Policy Issuance may be required unrelated to the E-P-MIG itself.

Access to the E-P-MIG is available from the OSMIS link on the main entry screen, and is shown on Attachment A.

With the rescission of the TAA P-MIG PI 10-31, in the future the TAA Registration form will be located in the forms section of the TAA Manual (to be issued with the next change to the TAA Manual). For your reference, the current TAA Registration form is included as Attachment B.

Inquiries:

Questions regarding this policy issuance should be directed to your Trade state coordinator.

This policy issuance is available for downloading from the Internet system. Please contact Ms. Pam Vance at (517) 373-6234, for details.

The information contained in this policy issuance will be made available in alternative format (large type, audio tape, etc.) upon special request to this office. Please contact Ms. Vance at (517) 373-6234, for details.

Expiration

Date:

None

Upon successful log-in to OSMIS, access to the E-P-MIG is attained by clicking on the link shown below.



Welcome to the One Stop MIS Development System!

[TAA E-P-MIG](#)



TRADE ADJUSTMENT ASSISTANCE REGISTRATION FORM

State of Michigan Workforce Development Agency

THIS INFORMATION IS REQUIRED BY THE TRADE ACT of 1974, AS AMENDED, TO DETERMINE PROGRAM
ELIGIBILITY AND MEET FEDERAL REPORTING REQUIREMENTS.

Last Name _____ First Name _____ MI _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____ County _____

Email Address _____ Phone (____) _____-____ Social Security # _____-____-____

Alternate Contact Name _____ Alternate Phone (____) _____-____

Personal Characteristics:

Sex (Male/Female): _____

Hispanic/Latino Ethnicity (Yes/No) _____

Racial Group (check all that apply)

- African American. _____
- American Indian/Alaskan Native: _____
- Asian: _____
- Hawaiian Native/Other Pacific Islander: _____
- White: _____

Disability (Yes/No): _____

If Yes, Category of Disability (Select One):

- Physical Impairment _____
- Mental Impairment _____
- Both Physical & Mental Impairments _____
- I choose not to disclose the category _____

Veteran Status (Select one)

- Yes, Equal to, Less than 180 Days _____
- Yes, Eligible Veteran _____
- Yes, Other Eligible Person _____
- No _____

If "Yes, Equal to, Less than 180 Days" OR "Yes, Eligible Veteran", fill out the following section -

- Campaign Veteran** (Yes/No) _____
- Disabled Veteran** (Select one)
Yes _____ Yes, Special Disabled _____ No _____
- Date of Actual Military Separation** ____/____/____
- Transitioning Service Member** (Yes/No) _____
- Attended TAP Workshop Within Last Three Years**
(Yes/No) _____

TANF Recipient (Yes/No) _____

SSI/SSDI Recipient (Select one)

SSI Only _____ SSDI Only _____ Both _____ Neither _____

Other Public Assistance (Yes/No) _____

Employed at Registration (Select One)

- Employed _____
- Employed, but Received Notice of Termination or Military Separation _____
- Not Employed _____

Wage Per Hour for Previous Six Months (at TAA-Certified Employer) _____

Unemployment Compensation Programs (select one)

- Claimant Referred by Worker Profiling and Reemployment Services (WPRS) _____
- Claimant Not Referred by WPRS _____
- Exhaustee _____
- Neither Claimant nor Exhaustee _____

Pell Grant (Yes/No) _____

Limited English Language Proficiency (Yes/No) _____

Vocational Education (Yes/No) _____

Vocational Rehabilitation (Select one):

Yes _____ VR&E _____ Both VR and VR&E _____ Neither VR nor VR&E _____

Offender (Yes/No) _____

Education Level (Circle the highest level of education achieved)

- Education beyond a Bachelors Degree Bachelors Degree or Equivalent Associates Degree or Equivalent
- Attainment of Other Postsecondary Degree/Certificate Attainment of Certificate of Attendance/Completion
- Three Years Post High School Two Years Post High School One Year Post High School High School Graduate
- GED or Equivalent Grades 1st – 12th (List highest grade completed) _____ No Formal Education

Education Status (Select your current status)

- Student HS or Less _____ Student Alternative School _____ Student Attending Post High School _____
- Not Attending School, Not a High School Graduate _____ Not Attending School, HS Graduate _____



TRADE ADJUSTMENT ASSISTANCE REGISTRATION FORM

State of Michigan Workforce Development Agency

TAA Eligibility:

Certification (Petition) Number TA-W _____ Qualifying Separation Date/Last Day Worked ____/____/_____
(or future scheduled separation date if documented by employer)

Number of Months at TAA-Certified Employer _____

List Enrollment in Other Programs _____

Alternative/Reemployment TAA Participant (Yes/No) _____ Application (Today's) Date ____/____/____

Industry Cluster: (Circle One) Agriculture Health Care Information Technology and Media Manufacturing Other

Special Initiatives:

FY 09 GF/GP Participant (Yes/No) _____

Chrysler/NWL Partnership Participant (Yes/No) _____

Community Venture Participant (Yes/No) _____

Region Code _____

Optional Data A _____

Optional Data B _____

TAA APPLICANT CERTIFICATION:

I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

In addition, I have been provided information regarding the following TAA services:

- Comprehensive Assessment
- Individual Service Strategy
- Information on Training
- Information on Applying for Financial Aid
- Pre-Vocational Services
- Individual Career Guidance
- Labor Market Information
- Information on Supportive Services

MWA REPRESENTATIVE CERTIFICATION:

I certify that I have verified eligibility for this applicant for the TAA program by obtaining verification of a qualifying separation from the above-name TAA-certified company.

TAA Applicant Signature: _____ **Date:** ____/____/____

MWA Signature: _____ **Date:** ____/____/____

Comments:
