

**REQUEST FOR APPLICATIONS**

**Reemployment Eligibility and Assessment (REA) Services  
R-23**

**Issued on April 30, 2010**

**By**

**The New York State Department of Labor  
Division of Employment and Workforce Solutions (DEWS)  
State Office Campus  
Building 12 – Room 440  
Albany, NY 12240**

**Submission Deadline: May 7<sup>th</sup>, 2010**

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## **I. Introduction**

### **A. Purpose:**

Through this Request for Applications, the New York State Department of Labor is seeking qualified Local Workforce Investment Areas (LWIAs) to implement the Reemployment Eligibility and Assessment (REA) program in at least one One Stop Career Center within the area. *This RFA targets Centers which are not currently participating in New York State's REA program.*

One Stop Career Centers currently participating in the REA program are assured funding to continue program operation for a full year, however will need to respond to this RFA as to the requested level of annual staff positions to be funded based on updated workload estimates. **Any current Center wishing to discontinue program participation should also respond to this RFA as the vehicle to express that intent.**

The REA program design strategy focuses on regularly scheduled in-person assessments throughout the period of the claim. These services include: the provision of Labor market information, development of a work search plan, evaluation of individual re-employment assessment needs; review of continued UI eligibility and *referral* to re-employment services (e.g. job search assistance workshops or job placement services) or to occupational or skills training, when appropriate. Re-employment services such as resume' writing or interviewing workshops and job placement activities may not be provided with REA funds and must be provided by non-REA staff.

The REA program design is framed around four major customer service principles intended to provide intensive case management and a heightened level of services to Unemployment Insurance claimants – expeditious entry to the One Stop system, assessment/identification of needs, individual employment plans, and continuous engagement. This program design has been shown to increase REA participants' competitive advantage by returning claimants to work an average of at least one week earlier, thereby reducing the average duration of their UI Claim.

The REA pilot currently operates in 15 local areas and 20 individual One Stop Center locations across New York State. We are seeking to expand the program into *additional local areas*. New funding will support new NYS merit staff with an estimated hiring date on or before June 14<sup>th</sup>, 2010 for program start-up as of July 2, 2010 (see timeline below).

### **B. Background:**

New York State has conducted a pilot Reemployment Eligibility and Assessment (REA) program in the Oneida/Herkimer/Madison local area since 2005. In 2009, this model was changed and participation was expanded into eight regions of New York State. The REA program model emphasizes a case management approach through repeated, scheduled, one on one, in-person contact with each participant for the duration of the UI claims period. Through these periodic, mandated REA interviews, REA funded staff assess the individual's skills and service needs, work with them to develop an individual work search or employment plan, monitor their progress against the plan, update/modify the plan as may be needed over time, and refer and/or schedule them for employment and training services as indicated. The actual

delivery of employment and training services are not funded by REA grant. REA grant funds support NYS Department of Labor merit staff dedicated to conducting the one-on-one REA interviews. In applying for the REA grant the LWIA is agreeing to leverage available local One Stop resources to provide the needed employment and training services to REA participants as referred by REA staff.

Through these REA interviews REA staff work one-on-one with grant participants helping them identify and eliminate skills gaps, determining needed job-hunting and training services, then developing customized job-search plans. Information on the local labor market is also used to help focus the customer's specific job search. Staff will continue to follow-up with each worker throughout the job-search process, until the worker becomes employed or exhausts his or her regular unemployment benefits. *Note that REA funds may only be used to serve claimants during their regular UI claim. While One Stop Centers should continue to serve UI exhaustees while collecting any emergency unemployment compensation or extended benefits and beyond as may be needed, REA grant funding cannot be used for this purpose.*

US DOL has awarded New York State increased REA grant funds which will allow the NYS Department of Labor to expand the existing REA model into additional local areas. REA awards to local areas, approved in response to this RFA, will take the form of additional local level REA funded state merit staff who will provide enhanced services to unemployment insurance recipients.

Each local area application under this REA RFA must follow the prescribed program model:

1. The REA Program model will focus on Unemployment Insurance claimants who have been profiled 1-50 (excluding seasonal claimants with at least a 2 year attachment to the same employer; union members who obtain employment exclusively through a union hiring hall, and those on temporary layoff -TLO).
2. Of the total UI claimants meeting the criteria outlined in item 1 above, the local area will develop a "random sampling" methodology to assign each claimant at the time of the weekly Re-employment Operating System (REOS) download scheduling to one of two groups:
  - a. 60% are randomly assigned as REA participants. These REA participants must be scheduled from the weekly REOS download for an initial, one-on-one, in-person REA interview (a specific REOS appointment purpose is used to designate these participants as REA participants).
  - b. The balance (40%) is randomly assigned to be the REA control group. There are no special service requirements or limitations for the REA control group. These individuals should be treated the same as any other non-REA UI claimant. The intent is to compare REA participants and similar non-REA customers to measure the impact on outcomes of the additional/unique services provided under REA over and above the level of services received by non-REA UI customers. The federal REA program guidelines require a control group to be designated in order to assess program outcomes by comparing REA participants' outcomes to control group outcomes.
3. Those assigned to the REA participant group (2a) will be served on an "in person" basis utilizing the REA grant model outlined below and in the flowchart "Attachment A - REA Project Design".

Twelve month estimated workload data based on the actual workload from 4/1/09 – 3/31/10 for UI customers profiled 1-50 is included in Attachment B and B-1. These figures take into account any seasonal effect that is realized by respective local offices.

**C. Benefits:**

REA will provide additional NYS Dept of Labor merit staff to serve customers profiled 1 to 50. This will provide additional capacity to participating One Stop Career Centers who participate in the REA program.

Based on the outcomes of the Oneida, Herkimer, Madison REA pilot, there is an expectation that local areas implementing the REA program model will experience improved system indicator outcomes, particularly for the “initial assessment” and “UI Customers at exit” indicators.

Participating local areas will:

- become part of nationally recognized REA study, incorporating a new REA service model and
- be afforded the opportunity, based on dedicated resources, to provide services using an intensive case management approach which has not previously been realistic given current resource levels.

**II. PROCESS FOR PARTICIPATION**

**For Current REA Locations:**

Complete the attached **Request to Continue for Current Locations** (Attachment C) form and e-mail it no later than 5:00 PM on May 7<sup>th</sup>, 2010 to: Deborah.spaulding@labor.ny.gov

**For New Applicant Locations:**

Complete the attached **Request to Participate REA form** (Attachment D) and e-mail it no later than 5:00 PM on May 7<sup>th</sup>, 2010 to: Deborah.spaulding@labor.ny.gov

RFA Applications may be submitted under either the signature of the LWIB Director and/or the One Stop Center Manager. In instances where NYSDOL does not receive requests that utilize all available resources allocated to this REA solicitation, NYSDOL reserves the right to request the One Stop Center or LWIB Director to apply in order to ensure all resources will be awarded.

Subject line must state: “2010 REA Project Application”.

Selection of new REA locations will be based upon multiple criteria:

First priority:

- a. Highest projected numbers of UI customers to be served AND
  - b. Ability to accommodate additional REA staff and equipment within existing One Stop Center space without incurring additional financial expense (not covered by REA grant funds)
- AND

Secondary priority:

May 4, 2010

- a. Geographic locations (local workforce investment areas) where the REA program is not already in operation.

### III. Program Requirements

- **Description:**

Participating local areas agree to implement REA in accordance with established statewide REA program requirements. While the program is currently funded through March 31, 2011, it is anticipated that this program will be subsequently funded on an on-going basis.

Additional State Merit staff will be hired or redeployed by the NYS Department of Labor for the purpose of providing enhanced REA services to a randomly selected 60% of the claimants profiled as least likely to exhaust benefits (with profile scores of 1 to 50). This program is scheduled to begin July 2nd, 2010.?

In applying to implement REA, the local area and/or One Stop Center is agreeing to the following program design requirements:

- development of a method and time frame for scheduling initial and subsequent REA services for 60% of the UI download, profiled as 1-50 (least likely to exhaust UI benefits).
- development of a process for designating a 40% random sample from those UI customers profiled 1-50 and included in the UI download. This does not include seasonal claimants with at least a 2 year attachment to the same employer; union members who obtain employment exclusively through a union hiring hall, and those on temporary layoff -TLO.
- provision of REA services on an “in person” basis.

- **Case Management Strategy:**

Local REA service procedures must also include an intensive case management strategy. Note that the formula used to calculate the number of staff awarded is based on the estimated number of REA participants and assumes that each REA staff will be able to handle an average workload of 5.5 REA interviews per day. This assumes that each REA interview will be an intensive service.

The first scheduled REA appointment should include an Initial Assessment of the customer. Offices should anticipate the first REA appointment to average one hour in duration with subsequent REA appointments to average ½ hour in duration.

The REA design assumes that each REA interview will include the following:

- Completion/review of the *REA UI Program Eligibility Questionnaire (Attachment E)*
- Development and/or review and update of an individual *REA Work Search Agreement (Attachment F)*
- Identification of potential UI Issues to be forwarded to NYSDOL UI administrative staff for adjudication
- Provision of *Current Labor Market Information* to customer

- Review of the customer’s work search efforts and customized work search expectations, discussion of work search progress, and further job referrals
  - Completion of a *REA Next Steps Services Plan (Attachments G or H)*
  - Referral to specific One Stop Center services as needed, including referral to career counseling on an as-needed basis
  - Referral to supportive services or other Community Based Organizations and agencies
  - Referral to training services
  - 100% of customer resumes will be sent to SMART 2010.
- **UI Information Sharing:**  
The local REA service program must include a process for sharing information internally for UI fact finding and adjudication purposes. Should a customer fail to report for scheduled REA services or should other issues related to availability, capability, barriers to employment and/or inadequate work search be identified by staff during REA customer contacts, immediate notification shall be made to UI through REOS.
  - **Additional Requirements:**  
By participating in this program, local areas agree to:
    - a. include all aspects of the program requirements outlined in Section III
    - b. leverage existing resources
    - c. integrate customer feedback
    - d. incorporate monthly reporting to NYSDOL for continuous improvement
    - e. additional assurances as listed on the Request to Participate form.
  - **Timeline:**

Date	Activity
<b>April 15, 2010</b>	<b>ETA Grant Award Notification to States</b>
<b>April 30, 2010</b>	<b>RFA released to local areas</b>
<b>May 7<sup>th</sup>, 2010</b>	<b>Local responses received</b>
<b>May 14<sup>th</sup>, 2010</b>	<b>REA Expansion Sites notified</b>
<b>June 14th, 2010</b>	<b>REA Expansion staff – hiring complete</b>
<b>June 14, 2010 - July 2, 2010</b>	<b>REA Expansion Staff Trained (multiple sessions)</b>
<b>July 2, 2010</b>	<b>Expansion Program Implementation</b>
<b>March 31, 2011</b>	<b>Program year ends</b>

**General Requirements:** All Request to Participate/Request to Continue forms received will become the property of the State of New York and will not be returned.

**Request to Continue – Attachment C**  
**(Current REA Locations)**  
**2010 Reemployment Eligibility and Assessment (REA) Program**

Local Workforce Investment Area Name:

REA One Stop Center site(s):

REA Program Contact Name(s):

REA Program Contact E-mail(s):

**Check Appropriate Box Below:**

**Continue Operation of REA Program at this location at the same staffing level as originally allocated**

*If selected, identify the following additional information:*

- *Original REA Staff Allocation: Current REA Staff On-Board (# and list):*
- *Provide justification to retain original staffing allocation level if the estimated workload level shown on attachment results in a reduced estimated staffing need as compared to the current staffing number (this may include an alternative workload projection based on local labor market knowledge):*
- *Identify any anticipated issues that need to be addressed for continued operations (i.e. equipment needs, etc):*

**Continue Operation of REA Program at this location at reduced and/or increased staffing as compared to the original staff allocation**

*If selected, identify the following additional information:*

- *Original REA Staff Allocation:*
- *Proposed REA Staff Allocation:*
- *Proposed Change in Allocation (net increase or decrease)*
- *Current REA Staff On-Board (# and list):*
- *Discuss the reason for the proposed change in REA staffing allocation including justification based on estimated workload analysis:*
- *If proposed reduction in allocation, discuss impact on current staffing and if needed provide a proposed plan for disposition of current staff (for example: release of hourly staff as of certain date, transfer of staff to alternative funding source(s) within staffing allocation, other....):*

- *If proposed increase in allocation, discuss plan for staffing up to increased allocation including timeframe for bringing new staff on board and training and how space/equipment needs will be handled:*
- *Identify any other anticipated issues that need to be addressed for continued operations:*

**☐ Discontinue Operation of REA Program at this location**

*Provide the reason for discontinuing the REA program. Identify the number of REA staff currently on-board and list names and provide a proposed plan for disposition of staff (for example: release of hourly staff as of certain date, transfer of staff to alternative funding source(s) within staffing allocation, other....):*

**By signing below, the Local Area hereby agrees to:**

- Provide NYSDOL with any additional requested information related to the REA program including lessons learned, costs, staff resources, etc. I hereby give permission for the Department to share this information with the workforce development community at large through the media;
- Provide REA services as outlined in the REA Services Request for Applications;
- Incorporate all elements as shown in Attachment A – 2010 project design flowchart;
- Use all funds received under this pilot project as intended in the RFA noted above and assure that such funds will be used solely for the purposes specified in the RFA;
- Comply with all statutory and regulatory requirements for the Workforce Investment Act as well as other applicable state and federal laws, regulations and policies;
- Allow REA staff to attend any subsequent training that may be provided;

LWIA Director or Local One Stop Manager Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Request to Participate – Attachment D

## 2010 Reemployment Eligibility and Assessment (REA) Program

**Local Workforce Investment Area Name:**

**LWIA Contact Name(s):**

**LWIA Contact E-mail(s):**

**Location of REA Pilot site(s):**

**Workload/Staffing**

Check one:

- I agree with workload/staffing data as proposed.
- I propose alternate workload/staffing data.  
 Estimated UI Customers to be served:  
 Proposed staff needed:

Written justification is attached.

**Space/Equipment**

Check one:

- No additional space or equipment is needed to implement REA at above noted site(s)
- See below for detailed space and/or equipment needs related to REA program implementation.

**Equipment Needs :**

<b>Equipment</b>	<b>Quantity</b>
Computers	
Computer ports	
Telephones	
Phone ports	
Desks	
Staff Chairs	
Side Chairs	
Filing Cabinets	
Computer desks	
Other (designate)	

**Space Needs**

Describe any space issues related to accommodating additional staff and proposed plan to address issues.

**By signing below, the Local Area hereby agrees to:**

- Provide NYSDOL with any additional requested information related to the REA program including lessons learned, costs, staff resources, etc. I hereby give permission for the Department to share this information with the workforce development community at large through the media;
- Provide REA services as outlined in the REA Services Request for Applications;
- Incorporate all elements as shown in Attachment A – 2010 project design flowchart;
- Use all funds received under this pilot project as intended in the RFA noted above and assure that such funds will be used solely for the purposes specified in the RFA;
- Comply with all statutory and regulatory requirements for the Workforce Investment Act as well as other applicable state and federal laws, regulations and policies;
- Allow REA staff to attend any subsequent training that may be provided;

Local One Stop Manager OR LWIA Director Signature\_\_\_\_\_

Typed Name:\_\_\_\_\_

Date: \_\_\_\_\_

# Attachment A - REA Project Design



**This process of one-on-one/group assessment continues until the individual either returns to work or exhausts their claim. Each UI claimant can receive between one and eight reemployment assessments.**

# Attachment B

LWIA	REGION	OFFICE	ESTIMATED CUSTOMERS PROFILED 1-50 (LESS TLO/SEASONAL/UNION)	ESTIMATED REA CUSTOMERS (60% OF TOTAL CUSTOMERS)	ESTIMATED NUMBER REA SERVICES*	ESTIMATED STAFF NEEDED**
Albany/Rensselaer/Schenectady	Capital	SCHENECTADY	2,320	1,392	4,177	4
Albany/Rensselaer/Schenectady	Capital	TROY	2,802	1,681	5,044	4
Cattaraugus/Allegheny	Western NY	OLEAN	1,392	835	2,506	2
Chautauqua	Western NY	DUNKIRK	1,135	681	2,043	2
Chautauqua	Western NY	JAMESTOWN - 0790	1,406	843	2,530	2
Chemung/Schuyler/Steuben	Southern Tier	CORNING - 0940	656	394	1,181	1
Chemung/Schuyler/Steuben	Southern Tier	ELMIRA - 0960	952	571	1,713	1
Chemung/Schuyler/Steuben	Southern Tier	HORNELL	1,365	819	2,457	2
Chenango/Delaware/Otsego	Southern Tier	NORWICH - 0920	808	485	1,454	1
Chenango/Delaware/Otsego	Southern Tier	ONEONTA	929	558	1,673	1
Clinton/Essex/Franklin/Hamilton	North Country	PLATTSBURGH	2,279	1,367	4,102	3
Clinton/Essex/Franklin/Hamilton	North Country	SARANAC LAKE	476	286	857	1
Dutchess	Mid-Hudson	POUGHKEEPSIE	4,320	2,592	7,776	7
Erie	Western NY	BUFFALO - 0710	8,041	4,825	14,474	12
Erie	Western NY	WILLIAMSVILLE	4,654	2,792	8,377	7
Genesee/Orleans/Livingston/Wyoming	Finger Lakes	ALBION - 0570	1,026	615	1,846	2
Genesee/Orleans/Livingston/Wyoming	Finger Lakes	GENESEO	1,168	701	2,103	2
Genesee/Orleans/Livingston/Wyoming	Finger Lakes	WARSAW	478	287	860	1
Hempstead/Long Beach	Long Island	HEMPSTEAD	3,719	2,232	6,695	6
Jefferson/Lewis	North Country	WATERTOWN - 0240	1,653	992	2,975	2
Monroe	Finger Lakes	Rochester Works Career Center	3,575	2,145	6,435	5
New York City	New York City	NY514-HARLEM	2,048	1,229	3,686	3
New York City	New York City	NY517- Varick Street	4,900	2,940	8,820	7
New York City	New York City	NY522-SOUTH BRONX	3,294	1,977	5,930	5
New York City	New York City	NY533-METROTECH CENTER	6,593	3,956	11,868	10
New York City	New York City	NY5441-JAMAICA	1,244	746	2,238	2
New York City	New York City	NY5501-STATEN ISLAND	1,360	816	2,449	2
Niagara	Western NY	LOCKPORT	1,461	876	2,629	2
Niagara	Western NY	NIAGARA FALLS	2,834	1,700	5,101	4
Oswego	Central NY	FULTON ONE-STOP	2,570	1,542	4,626	4
Oyster Bay/North Hempstead/Glen Cove	Long Island	HICKSVILLE	1,648	989	2,966	2
Oyster Bay/North Hempstead/Glen Cove	Long Island	Massapequa Employment Center One Stop	769	462	1,385	1
Putnam/Westchester	Mid-Hudson	PEEKSKILL	1,174	704	2,113	2
Putnam/Westchester	Mid-Hudson	PEEKSKILL CARMEL PUTNAM COUNTY	522	313	939	1
Putnam/Westchester	Mid-Hudson	WHITE PLAINS - 0810	3,283	1,970	5,910	5
Rockland	Mid-Hudson	SPRING VALLEY - 0870	3,101	1,861	5,582	5
Saratoga/Warren/Washington	Capital	GLENS FALLS	2,057	1,234	3,703	3
Saratoga/Warren/Washington	Capital	SARATOGA SPRINGS	2,315	1,389	4,166	3
Saratoga/Warren/Washington	Capital	Washington County One Stop	1,349	810	2,429	2
St. Lawrence	North Country	MASSENA	734	440	1,320	1
St. Lawrence	North Country	OGDENSBURG	1,237	742	2,227	2
Suffolk	Long Island	HAUPPAUGE	2,346	1,408	4,224	4
Suffolk	Long Island	PATCHOGUE	7,419	4,451	13,354	11
Tompkins	Southern Tier	ITHACA	997	598	1,795	2
Ulster	Mid-Hudson	KINGSTON - 0820	2,628	1,577	4,730	4
<b>TOTAL</b>			<b>103,037</b>	<b>61,822</b>	<b>185,467</b>	<b>156</b>

\* Estimated Number of REA Services: This number was calculated using an average of 3 REA services per customer based on the existing program model.

\*\* Estimated Staff Needed: Calculated based on the assumption that each staff can provide 5.5 REA services per work day, multiplied by the number of work days per year which equals 1192. The Estimated Number of REA Services is then divided by 1192 and rounded to the nearest whole number to determine the number of staff needed.

**Attachment B-1**

LWIA	REGION	OFFICE	ESTIMATED CUSTOMERS PROFILED 1-50 (LESS TLO/SEASONAL/UNION)	ESTIMATED REA CUSTOMERS (60% OF TOTAL CUSTOMERS)	ESTIMATED NUMBER REA SERVICES*	ESTIMATED STAFF NEEDED**
Albany/Rensselaer/Schenectady	Capital	ALBANY	3,772	2,263	6,790	6
Broome/Tioga	Southern Tier	BINGHAMTON - 0900	3,245	1,947	5,840	5
Cayuga/Cortland	Central NY	AUBURN	1,409	846	2,537	2
Cayuga/Cortland	Central NY	CORTLAND	1,096	657	1,972	2
Clinton/Essex/Franklin/Hamilton	North Country	MALONE	492	295	885	1
Columbia/Greene	Capital	HUDSON	1,422	853	2,559	2
Fulton/Montgomery/Schoharie	Mohawk Valley	AMSTERDAM	2,468	1,481	4,442	4
Genesee/Orleans/Livingston/Wyoming	Finger Lakes	BATAVIA - 0540	1,071	643	1,928	2
Monroe	Finger Lakes	ROCHESTER	2,499	1,499	4,497	4
New York City	New York City	NY5411-FLUSHING	2,842	1,705	5,116	4
Oneida/Herkimer/Madison	Mohawk Valley	HERKIMER	814	488	1,465	1
Oneida/Herkimer/Madison	Mohawk Valley	ONEIDA	1,344	806	2,419	2
Oneida/Herkimer/Madison	Mohawk Valley	UTICA WORKING SOLUTIONS	2,652	1,591	4,773	4
Onondaga County	Central NY	SYRACUSE 0410	5,998	3,599	10,796	9
Ontario/Seneca/Wayne/Yates	Finger Lakes	LYONS	1,829	1,097	3,292	3
Ontario/Seneca/Wayne/Yates	Finger Lakes	GENEVA	1,935	1,161	3,483	3
Orange	Mid-Hudson	MIDDLETOWN	2,099	1,259	3,778	3
Orange	Mid-Hudson	NEWBURGH	2,015	1,209	3,628	3
Sullivan	Mid-Hudson	MONTICELLO - 0890	1,366	820	2,459	2
Yonkers	Mid-Hudson	YONKERS	1,811	1,087	3,260	3
<b>TOTALS</b>			<b>42,177</b>	<b>25,306</b>	<b>75,919</b>	<b>64</b>

\* Estimated Number of REA Services: This number was calculated using an average of 3 REA services per customer based on the existing program model.

\*\* Estimated Staff Needed: Calculated based on the assumption that each staff can provide 5.5 REA services per work day, multiplied by the number of work days per year which equals 1192. The Estimated Number of REA Services is then divided by 1192 and rounded to the nearest whole number to determine the number of staff needed.

Attachment E

NEW YORK STATE DEPARTMENT OF LABOR
REEMPLOYMENT AND ELIGIBILITY ASSESSMENT (REA)
UI ELIGIBILITY QUESTIONNAIRE

IMPORTANT NOTICE TO CUSTOMER:

It is necessary that you answer the questions on this form. The answers you give will be used to evaluate your eligibility for unemployment insurance benefits and to assess your prospects for reemployment.

Section 591.2 of the Unemployment Insurance Law states: "No benefits shall be payable to any claimant who is not capable of work or who is not ready, willing and able to work in his usual employment or in any other for which he is reasonably fitted by training and experience."

In order to remain eligible for benefits you must make an active and diligent search for work on your own each week you claim and keep a written record of that search. You must maintain a written log of your work search efforts and results and make it available to One-Stop Career Center staff at each appointment and/or bring or e-mail this list when requested.

Your Name (print) Last 4 SS Number

Form with 11 numbered questions and Yes/No columns. Questions cover topics like job search, availability, transportation, salary, and education.

I have answered these questions for the purpose of obtaining unemployment insurance benefits, knowing that the law provides penalties for making false statements. I understand that I must promptly report any changes in the information given on this report. I understand that if I do not comply with the above, I MAY BE INELIGIBLE TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS.

Customer Signature Date

**Attachment F**  
**Reemployment and Eligibility Assessment (REA)**  
**Work Search Agreement**

Name \_\_\_\_\_ OSOS ID # \_\_\_\_\_

- 1.) I have been advised that, as a condition of UI eligibility, I must search for and be willing to accept *suitable* work. The UI definition of *suitable work* has been explained to me and I understand the types of work that I must be willing to search for and accept.
- 2.) I am prepared to accept employment for which I am reasonably fitted by training and/or experience. I agree to search for all of the following types of work:

Occupational Title

- 3.) I understand that I am required to look for and be prepared to accept employment that pays the prevailing wage cut-off (90% of prevailing rate) for similar work even if this is less than what I earned on my last job or less than the salary I would like to receive. I understand that I can access prevailing wage rate data on-line on the NYS Department of Labor website at <http://www.labor.state.ny.us/workforceindustrydata/uiwages.shtm> .
- 4.) I have been advised that after claiming 13 full weeks of benefits, I must expand my work search and be willing to accept any type of work that I am capable of performing whether or not I have any experience or training in that type of work. After I claim 13 full weeks of benefits, I will accept employment I am capable of performing as long as it pays the prevailing wage rate **and** pays at least 80% of my base period high quarter wages.
- 5.) I am available to start work immediately.
- 6.) I agree to search for Full Time work.  
*If not, provide explanation.* \_\_\_\_\_ (Note: A claimant with a history of at least six months part-time employment should not be held to be unavailable solely due to a restriction to part-time employment. A claimant without such a history should be advised that failure to seek and accept full-time work may result in a denial of benefits)
- 7.) I am willing to travel one hour by private transportation or one and one half hours by public transportation to obtain employment.
- 8.) I have a means of transportation to search for work/accept work.

**Attachment F**  
**Reemployment and Eligibility Assessment (REA)**  
**Work Search Agreement**

9.) I Agree to minimally use the following work search methods/tools (Check all that apply):

- Send my resume to SMART 2010 and apply for appropriate job listings that are received through SMART 2010
- Check job listings at least once a week at the One-Stop Career Center or on the internet at <http://www.labor.state.ny.us>.
- Respond to appropriate "want ads" for work for which I am qualified.
- Use the telephone, yellow pages and internet to obtain leads and make appointments for job interviews.
- Prepare and send resumes and letters of application.
- Make personal contact with employers who may reasonably be expected to have suitable job openings. I will leave or send applications/resumes with them when appropriate.
- Apply for employment with former employer(s).
- Register with private employment agencies and employer placement facilities that charge no fees.
- Make application(s) and/or civil service examination(s) for openings in government jobs.
- Register with placement facilities of a school, college/university, or professional organizations.
- Register with and continue checking with a union hiring or placement facility.
- Contact friends, family, former colleagues, classmates, neighbors and others to expand my network and obtain leads.
- Other work search methods:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certifications**

I AGREE to search for work in accordance with the above. I understand that I will:

1.  Make an active weekly search for work as indicated above.
2.  Include in-person contacts in my work search efforts and realize that the contacts I report are subject to verification;
3.  Maintain a written log of my work search efforts and results and make it available to One-Stop Career Center staff at each appointment and/or as requested;
4.  Report any offers of work I receive; and
5.  Review my work search agreement for each week that I am claiming benefits and promptly report any changes in the above conditions.

I AGREE that:

- I have reviewed and understand the following forms: REA Work Search Agreement and Work Search Record.
- I have been advised that attendance is required at all scheduled appointments, workshops, job referrals, etc. Failure to report for any appointments scheduled by the One Stop Center could affect my unemployment insurance benefits.

I certify that I have reviewed the information in this REA Work Search Agreement. I understand that if I do not comply with the above, **I MAY BE INELIGIBLE TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS.**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment F**  
**Reemployment and Eligibility Assessment (REA)**  
**Work Search Agreement**

Workforce Advisor \_\_\_\_\_ Date \_\_\_\_\_

**Attachment G**  
**Reemployment and Eligibility Assessment (REA)**  
**Next Steps Service Plan – First REA Appointment**

**1st REA Appointment Date:** \_\_\_\_\_

Name \_\_\_\_\_

OSOS ID # \_\_\_\_\_

1) Initial Assessment Result: *Select one Category*

- Job Search Ready Services Only  
 Career Development Services Needed (*If selected, summarize reason(s) below*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Next Steps Service Strategy:

- a. Customer given the following instructions and advised of steps needed to remove potential barriers to employment and/or to maintain UI eligibility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Customer instructed to attend the following workshops or referrals to other agencies:

\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at: \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at: \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at: \_\_\_\_\_

- c. Other Actions to be taken by the customer prior to next REA Appointment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. Next Scheduled REA:

Appointment Date: \_\_\_/\_\_\_/\_\_\_  
or in approximately \_\_\_ weeks (to be scheduled/notified by mail)

I certify that I have reviewed the information in the Next Step Service Plan. I agree to attend scheduled appointments. I understand that if I do not comply with the above, **I MAY BE INELIGIBLE TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS.**

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment G**  
**Reemployment and Eligibility Assessment (REA)**  
**Next Steps Service Plan – First REA Appointment**

**Attachment H**  
**Reemployment and Eligibility Assessment (REA)**  
**Next Steps Service Plan – Follow-Up REA**

<b>Follow-up REA:</b> <b>Date:</b> _____
--

Name \_\_\_\_\_ OSOS ID # \_\_\_\_\_

Customer has been advised that they are: *(select one)*

- Making good efforts to seek employment and has complied with work search agreement and next steps service strategy plan
- Customer given the following instructions and advised of steps needed to remove potential barriers to employment and/or to maintain UI eligibility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer instructed to attend the following workshops or referrals to other agencies:

\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at: \_\_\_\_\_

Other Actions to be taken by the customer prior to next REA Appointment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Scheduled REA:

Appointment Date: \_\_\_/\_\_\_/\_\_\_  
or in approximately \_\_\_ weeks (to be scheduled/notified by mail)

I certify that I have reviewed the information in the Next Step Service Plan. I agree to attend scheduled appointments. I understand that if I do not comply with the above, **I MAY BE INELIGIBLE TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS.**

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_