

Application/Review Form   
Access Point Standards

**i**

An Access Point is a physical location where job seekers and employers can receive information on how to access programs, services and activities of the required one-stop partners’ programs.   
One-stop partner staff may also utilize an Access Point to meet with customers, as needed.

In order to supplement and ensure physical and programmatic accessibility, effectiveness and continuous improvement of our workforce services network, below are the minimum standards for the identified Access Points:

|  |  |
| --- | --- |
| **Location (please include full address):** | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **A.** | This Access Point will have one designated point of contact. This Access Point will, at a minimum, have qualified individual(s) cross-educated in all six Workforce Innovation and Opportunity Act (WIOA) core programs and will refer job seekers and employers to partner staff at Comprehensive and/or Affiliate Career Centers. | |
| YES or NO: | Choose an item. |
| Please Describe Below (please include contact name and preferred method of communication with phone or email): | |
| Click or tap here to enter text. | |
|  | | |
| **B.** | This Access Point will provide current information (e.g. posters, flyers, pamphlets, binders, etc.) on the six core programs (and may include other required one-stop partners’ programs) to job seekers and employers. Materials will be reviewed quarterly to ensure that information is current. | |
| YES or NO: | Choose an item. |
| Please Describe Below: | |
| Click or tap here to enter text. | |
|  | | |
| **C.** | The point of contact at this Access Point will be required to participate (in-person or via conference call) in regular partner staff meetings to maintain current knowledge for appropriate information and referrals for job seekers and employers. | |
| YES or NO: | Choose an item. |
| Please Describe Below: | |
| Click or tap here to enter text. | |
|  | | |
| **D.** | To ensure continuous improvement, the point of contact and/or other qualified individuals will participate in training or educational opportunities offered through the workforce system. | |
| YES or NO: | Choose an item. |
| Please Describe Below: | |
| Click or tap here to enter text. | |
|  | | |
| **E.** | At a minimum, this Access Point has computer and internet access available to customers. | |
| YES or NO: | Choose an item. |
| Please Describe Below: | |
| Click or tap here to enter text. | |
| **F.** | Is this Access Point location ADA Compliant? | |
| YES or NO: | Choose an item. |
| If No, Please Describe Below issues preventing ADA Certification: | |
| Click or tap here to enter text. | |
| If Yes, What is the date of the ADA Certification (attach ADA Certification letter/documentation to application): | | |
| Click or tap here to enter text. | | |