22+ Provider Application Manual

January 2024

Department of Education & Workforce

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22+ High School Diploma Program

Guidance
- The 22+ High School Diploma Program is a competency-based program.
- Providers are required to provide career counseling to an adult participant that ensures theadult participant is aware of the options available.
- Providers shall develop an individual Credit Recovery Plan with each adult participant based onthe credits and assessments the adult participant needs to pass to earn a high school diploma.
- Providers shall develop an attendance policy and document participant attendance throughthe attendance tab on the finance side of the participant's application.
- Dropout Prevention and Recovery Program community schools and city, local or exempted villageschool district providers shall award a diploma to an adult participant who passes all required highschool credits and assessments.
- For community colleges and joint vocational school districts, the adult participant's school district of residence shall issue a diploma and final transcript within 60 days after the district ofresidence receives a certificate of completion.

22+ Program - Provider Eligibility
The following institutions are eligible to be providers:
- Community school dropout prevention and recovery programs;
- City, local, or exempted village school districts;
- Community Colleges; and
- Ohio Technical Centers.

22+ Program - Participant Eligibility
Adults must meet the following criteria to participate in the 22+ HSD Program:
- Be at least 22 years of age;
- Have not received a valid high school diploma or equivalent; and
- Be an Ohio resident.

OEDS Roles
Employees of public schools who are authorized to access the 22+ HSD Program must have the following roles:
- Nominator – Completes the application
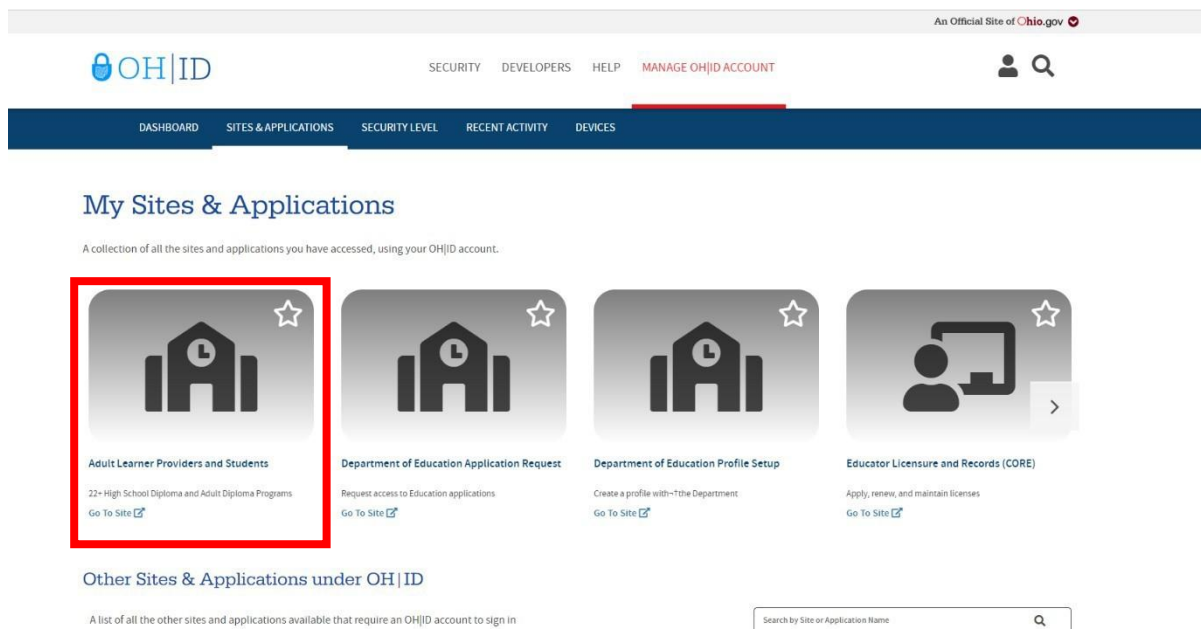- Superintendent or Superintendent Designee – Submits the application

The school's OEDS administrator assigns these roles.

Provider Application

Department of Education & Workforce

1. Sign-in to your OH|ID Account via the login page.
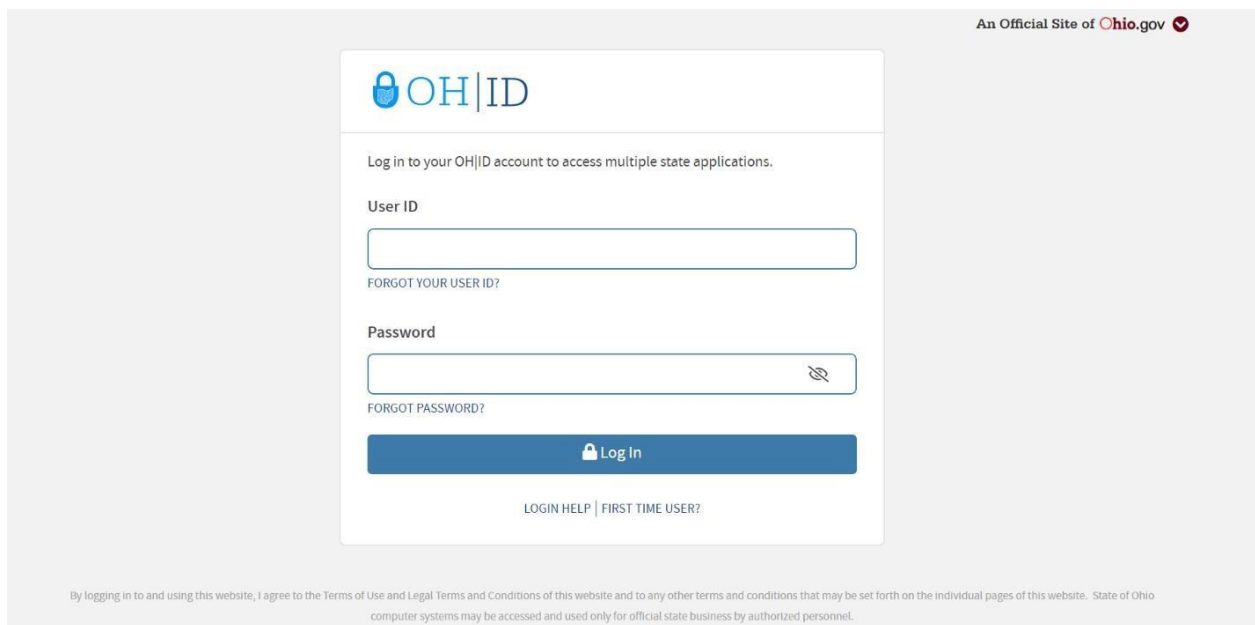
You should be taken to a page of your applications. They now appear as tiles:
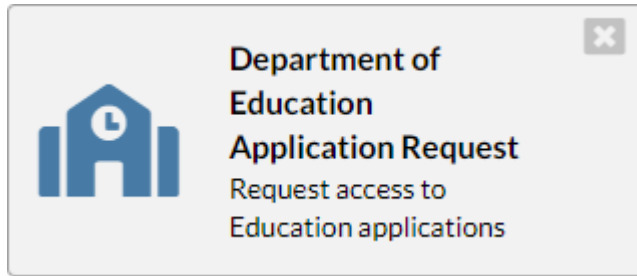

If you do NOT have the Adult Learner tile, begin with step 2. Otherwise, proceed to step 3.

2. Request Access to Adult
    a) Your OEDS Administrator must assign you the *HSD Nominator* role.

b) Click the following tile:

Department of
Education
Application Request
Request access to
Education applications

c) Application Request

1) Enter information in the four text boxes: Name, Email, Phone and Extension
2) Application: select *Adult Learner*
3) Membership Requested: Select *HSD Provider Applicant.*
   Providers **never** select Adult Learner for the Membership Requested.
4) Reason: *Include your school name, job title, and the reason for requesting access to the AdultLearner Provider Application, such as Adult 22+.*
5) Once entered, click *Submit.*

SAFE Application Request

CONTACT INFORMATION   *Change contact information if needed for request purposes only*

Name: | *Email:

Phone: Extension:

REQUEST INFORMATION

*Application: Adult Learner   *Membership Requested: HSD Provider Applicant

In the reason box below, please indicate whether you are a student or a provider. If you are a provider, indicate your job title and institution.   Current Membership:

*Reason:

*Required   Submit

BEGIN HERE (Step 3) if you already have access to the Adult Participant Web System

Ohio Department of Education & Workforce

3. Access the Adult Learner Web System
   Once access is granted to the Adult 22+ Program Application, eligible organizations may apply byclicking on the Adult Learner web system.
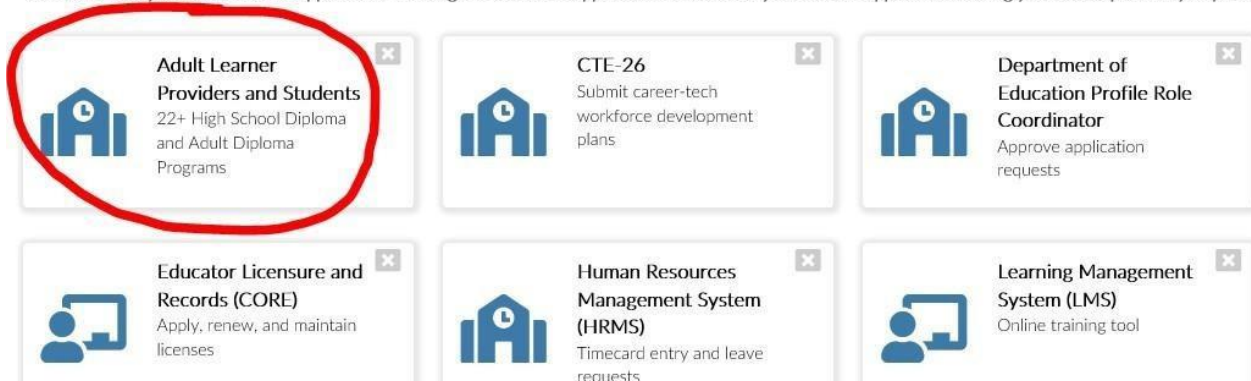
4. To Begin a Provider Application
   a) In the top left of the screen, click *Select Program*. If given a choice, select *22+ Adult High SchoolDiploma Program.* The *Provider Search Page* should appear.
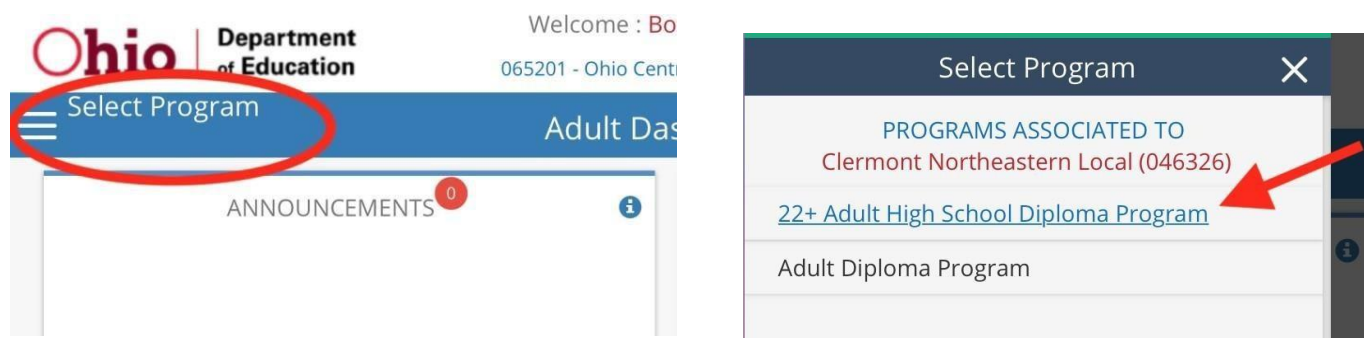
   b) **NEW Providers:** Select *New Provider Application* under the *Provider tab.*

Provider Search Page

c) **CURRENT Providers:** Select *Renew Provider Application under the Provider tab.*

d) Click to read the terms and conditions of the *22+ Adult Provider Affidavit*. Please review carefully and verify that you are compliant in all areas. Check the box to confirm that you read and agree to the terms and conditions.

e) New providers select the correct organization and click START APPLICATION, which expands

the box. Complete the TaxId box and confirm the Application Period is set to *Adult Participant FY 2024*, then click *Submit*.

New Provider Application

Click here to read terms and conditions: **22+ Adult High School Provider Affidavit**

☑ **By checking this box I have read and agree to the terms and conditions outlined in the New Provider Affidavit link.**

The Provider Affidavit includes attestations of compliance with program rules. Please review it carefully and verify that you are compliant in all areas before attempting to register as a provider.

    1. All Service Providers are listed in The Ohio Educational Directory System (OEDS). If your organization is already listed in OEDS and you have the proper associated role you will see your organization in the dropdown list below. Select your organization and click on START APPLICATION. After your data appears, click SUBMIT.

    2. If you are a school or past provider and your organization does not appear in the dropdown please check with your OEDS administrator to assure you have the correct role.

    3. If your organization is new and is not currently listed in OEDS, begin by selecting Create a New Org/Provider from the drop down list and click on START APPLICATION. Then, fill out the general information on the screen below and press SUBMIT. You will be issued an IRN (Information Retrieval Number - which is used as a unique identifier for your organization) upon application approval.

Start application by: Selecting an Organization you are associated with from the drop down or select "Create a New Org/Provider" then press Start Application.

Associated Orgs: [007830 - ACADEMIA VOCATIONAL DEL TURABO ▾]

[Start Application]

Organization Information

Name: ACADEMIA VOCATIONAL DEL TURABO

Irn: 007830

Phone: (787) 746 - 6634

Email: N/A

TaxId: [   ]

Designate County: **Out of State**

Fax: N/A

Web URL: N/A

Application Period:

[Adult Learner FY ▾]

*Missing information could delay application processing.

[Submit]

f) Providers renewing their applications will click START RENEWAL, which expands the box. Confirm the Application Period is set to the appropriate fiscal year. Click *Renew Application.*

Renew Provider Application

Click here to read terms and conditions: **22+ Adult High School Provider Affidavit**

☑ **By checking this box I have read and agree to the terms and conditions outlined in the New Provider Affidavit link.**

The Provider Affidavit includes attestations of compliance with program rules. Please review it carefully and verify that you are compliant in all areas before attempting to register as a provider.
   1. All Service Providers are listed in The Ohio Educational Directory System (OEDS). If your organization is already listed in OEDS and you have the proper associated role you will see your organization in the dropdown list below. Select your organization and click on START APPLICATION. After your data appears, click SUBMIT.
   2. If you are a school or past provider and your organization does not appear in the dropdown please check with your OEDS administrator to assure you have the correct role.
   3. If your organization is new and is not currently listed in OEDS, begin by selecting Create a New Org / Provider from the drop down list and click on START APPLICATION. Then, fill out the general information on the screen below and press SUBMIT. You will be issued an IRN (Information Retrieval Number - which is used as a unique identifier for your organization) upon application approval.

Selected Organization: 046326 - Clermont Northeastern Local

[Start renewal]

Organization Information

Name: Clermont Northeastern Local   TaxId: 316005529
Irn: 046326   Designate County: Clermont
Phone: (513) 625 - 5478   Fax: (513) 625 - 6080
Email: Refresh@Fakemail.com   Web URL: http://www.cneschools.org/

Application Period: [Adult Learner FY ▲▼]

[Renew Application]

6. General Information Tab
   a) Ensure all information is correct. Only the school's OEDS Administrator can make changes to the information on this tab.

065201 - Ohio Central School System   Period: **Adult Diploma FY**   Type: **Renewal Applications**   Status: **Started**

| General | Personnel | Programs/Courses | Docs | Status / Flags | Comments / History |

Provider ⊙

b) Go to the box titled *Provider/Program Status Info* on the bottom right. Confirm the Application Type is accurate. If needed, click the *Edit* icon and choose *First Year Applications* or *Renewal Applications* from the drop-down menu then click the save icon.

Provider/Program Status Info

Servicing: **Adult Diploma Program**

Current Status: **Started**

Application Type: **Renewal Applications** 📝

Application Period: **Adult Diploma FY**

7. Personnel Tab

   Click on *ADD* or *REMOVE* to modify the staff members who have access to the 22+ HSD Program.

| General | Personnel | Application | Participating Buildings | Docs | Status / Flags | Comments / History |

Personnel

LEWIS, KELSEY

Details

Name: **KELSEY J LEWIS**   Do

Phone: **(513) 625-1211**   SSN (Last 4): **6394**

Email: **Refresh@fakemail.com**

Available Roles		Assigned Roles
	Add Role ⊕	HSD Nominator
	⊖ Remove Role	

⊕ Add   ⊖ Remove

8. Application Tab
Providers renewing applications are required to provide updated responses for each of the eight questions.
NOTE: This tab may take longer to load. Please be patient.

General	Personnel	Application	Participating Buildings	Docs	Status / Flags	Comments / History

Sections

Graduation rate		▮
Assessment process for new enrollees	1/1	▬
Support services offering details	1/1	▬
Educational services offering details	1/1	▬
Program offering details for adult learners	2/2	▬
Sustainability	1/1	▬
Program differences between adult learners and K-12 grade students	1/1	▬

In Progress

Export to PDF

Questions

Question : Graduation rate Question Count : 1

» Question

Specify the educational institution's 4, 5, 6, 7 and 8 (if applicable) year graduation rate from the previous year's Local Report Card.

** 2,000 character maximum response for each question.

Enter text here

9. Participating Buildings
Include information on each of the buildings which will provide learning opportunities for adult participants through the 22+ High School Diploma Program.

General	Personnel	Application	Participating Buildings	Docs	Status / Flags	Comments / History

Buildings

IRN	PHYSICAL ADDRESS	ACCEPTING	APPROVED	WITHDRAWN	TERMINATED
006635	5327 Hutchinson Rd Batavia, Ohio 45103-9511	☐			

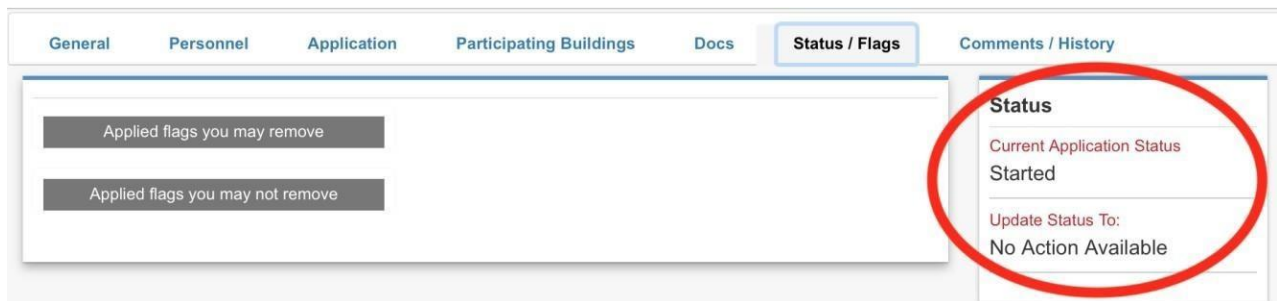Save

10. Docs Tab

Upload the required documents listed:
- Local Report Card Graduate Rate (Community Colleges will upload a document stating no report is available. All other providers upload the most recent report card.)
- Handbook (all providers)
- W-9 Form, if applicable (All Schools)
- Letter on Sponsor's letterhead acknowledging you are applying for the 22+ program, if applicable (Community Schools only)

11. Status/Flags Tab
    The FY24 22+ Provider Application is submitted once all eight questions are answered, and all documents are uploaded.
    NOTE: Only the school's superintendent or superintendent designee for K-12 schools or HSD Authorizer for colleges can submit the FY24 22+ Provider Application. HSD Nominator's are *not* permitted to submit the application.

    The picture below is taken from an HSD Nominator's login; therefore, there is no ability to submit.

12. Participant Content, Electives and Assessment Info
    Comments can be made by the HSD Authorizer, HSD Nominator, superintendent, superintendent designee and/or the Ohio Department of Education 22+ HSD Program Administrator. Notices are **not** provided to the authorizer, nominator, superintendent, or designee and/or the department administrator when a comment is made. **The function of the comment box is for historical notes only.**
    Please email any necessary comments directly to the appropriate person.

13. Annual Renewal of the Provider Application
    Approved Providers are required to renew their application annually. Funding for an application period ends June 30 of the fiscal year.