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| Participant Name:  | WDA/Service Provider:  | **Issue(s)** |
| Reviewer:  | Review Date:  |
| **GENERAL ELIGIBILITY:**[ ] Yes [ ]  No Local application form signed & dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Yes [ ]  No Eligible to work in the USA, properly documented **AND** Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Selective Service indicator in ASSET: [ ] Yes [ ]  No [ ]  Not Required [ ]  Exempted Vet [ ]  Waived [ ]  Less Than 18 | COMMENTS:      [ ]  Yes [ ]  No Photocopies of DL or SS Card are marked "for admin use only"[ ]  Yes [ ]  No Selective Service indicator is accurate[ ]  Yes [ ]  No Appropriate documentation is in file |  |
| **FEDERAL ELIGIBILITY REQUIREMENTS: (MUST MEET ONE. ONLY ONE CAN BE IN ASSET.)**[ ]  1. **Individual or Small Group Layoff** [ ]  Terminated/Laid Off or Received Notice of Termination/Layoff **AND** [ ]  UI-Eligible or Exhausted **OR Employer UI ineligible +** Sufficient employment duration **AND** [ ]  Unlikely to return to previous industry[ ]  2. **Permanent Closure or Mass Layoff**  [ ]  Terminated/Laid off or Rec'd Notice of Permanent Closure or Mass Layoff **OR** [ ]  General Announcement of Closure within 180 days **OR** [ ]  General Announcement of Closure (basic career svcs only until within 180 days)[ ]  3. **Separating or Separated Member of the US Armed Forces** [ ]  Discharge is anything other than Dishonorable[ ]  4. **Self Employed** [ ]  Unemployed due to General Economic Conditions **OR** Natural Disaster[ ]  5. **Displaced Homemaker** [ ]  Formerly dependent on income of a family member, but no longer supported **OR** [ ]  Dependent spouse of active duty svc member; income reduced due to deployment, duty orders, perm change of station, svc connected death/disability[ ]  6. **Military Spouse** [ ]  Lost employment due to relocation of spouse's duty station [ ]  Unemployed or underemployed and having difficulty obtaining or upgrading employment | Qualifying Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualifying Dislocation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Allowable UI source documentation in file: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Eligibility Information is properly documented in the participant file & matches ASSET.   |  |
| **VETERAN PRIORITY OF SERVICE (does not impact eligibility):**[ ]  Yes [ ]  No Veteran or eligible individual [ ]  If yes, DD-214 or other allowable documentation in file [ ]  If yes, discharge is anything other than Dishonorable | COMMENTS:       |  |
| **LOW INCOME DETERMINATION AND DOCUMENTATION – BASED ON INCOME PREVIOUS SIX MONTHS:****Family Income For Past Six Months Per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Annualized Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Per ASSET:** [ ]   **At/Below 100% FPL** [ ]  **At/Below 70% of LLSIL** [ ]  **Neither of the Above**[ ]   **Yes** [ ]   **No ASSET data field is correct**[ ]  Yes [ ]  No Individual with a disability – family of 1**Individual Income Previous 6 Months per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Annualized Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Per ASSET:** [ ]  **At/Below 100% FPL** [ ]  **At/Below 70% of LLSIL** [ ]  **Neither of the Above**[ ]   **Yes** [ ]   **No ASSET data field is correct**[ ]  Yes [ ]  No Individual and family income meet the following:[ ]  Family size recorded is accurate (participant file and ASSET match)[ ]  Family income is tallied for past six months and annualized properly [ ]  Income is shown for each family member, is documented with allowable sources, & complies with inclusions & exclusions for the WIOA program[ ]  Current FPL (100%) or LLSIL (70%) chart was used at the time the participant's eligibility was completed | COMMENTS:       |  |
| **LOW INCOME DETERMINATION AND DOCUMENTATION – BASED ON BENEFIT(S):** DOL Reporting Only. If ASSET data fields show the participant is receiving any one of the following benefits (except SSDI), they meet the low income definition. **PUBLIC ASSISTANCE RECIPIENT :** Food Share: [ ]  Currently Receiving [ ]  Received in past 6 months [ ]  Not Receiving Free/Reduced Lunch: [ ]  Yes [ ]  No [ ]  No ResponseSSI/SSDI: [ ]  SSI [ ]  SSDI [ ]  SSI and SSDI [ ]  No Other Income Based Cash Public Assistance: [ ]  Yes [ ]  No [ ]  No Response Type of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeless: [ ]  Yes [ ]  No [ ]  No ResponseTANF: [ ]  Currently Receiving [ ]  Received in past 6 months [ ]  Not Receiving | [ ]  Yes [ ]  No Were any of the boxes checked that benefits are/were received?[ ]  Yes [ ]  No If yes, allowable source documentation in file. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Public Assistance ASSET entries matches file documentationCOMMENTS:       |  |
| **BASIC SKILLS DEFICIENT:****In ASSET:** Basic Skills Deficient: [ ]  Yes [ ]  No [ ]  No Response[ ]  Yes [ ]  No Basic Skills Deficiency Screener is completed, signed and dated by participant and career planner [ ]  Yes [ ]  No Basic Skills Deficient ASSET entry matches file documentation |  |  |
| **ECONOMIC SELF-SUFFICIENCY CALCULATOR:**[ ]  Yes [ ]  No **Enrolled after July 1, 2017****If yes:** [ ]  Yes [ ]  No The ESS Calculator was completed per state policy at eligibility  determination [ ]  Yes [ ]  No The ESS Calculator is documented in ASSET and the file as accurate and complete for each time it was required | [ ]  Yes [ ]  **NO** Participant is economically self-sufficientCOMMENTS:       |  |
| **ASSESSMENTS:** [ ]  Yes [ ]  No Provided assessments after completion of Eligibility Determination[ ]  Yes [ ]  No Initial assessment provided before development of IEP (for files started on or after 12/13/20)[ ]  Yes [ ]  No Assessments are appropriately documented in ASSET and file[ ]  Yes [ ]  No ASSET services correspond with assessments provided; dates match |

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|  Doc Date  | Assessment tool  | ASSET Service Name and Date |
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| **INDIVIDUAL EMPLOYMENT PLAN (IEP):**[ ]  Yes [ ]  No Initial IEP is complete, signed and properly documented in ASSET, CEPT,and/or file[ ]  Yes [ ]  No IEP is reviewed, updated, signed, dated, and properly documented in the participant file and ASSET as described in the Local Plan (2016-20) or local policy[ ]  Yes [ ]  No IEP is developed appropriately:[ ]  jointly with the participant[ ]  based on assessments[ ]  delineated into clearly defined, attainable and manageable steps[ ]  Yes [ ]  No IEP contains appropriate information including:[ ]  participant's employment goals [ ]  achievement objectives [ ]  determination of need for training [ ]  Identification of supportive service needs[ ]  an appropriate combination of services to achieve employment [ ]  Identification of career pathways |

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| Doc Date | ASSET Open  | ASSET Close | Career Goal  |
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| **CAREER SERVICES:** (Not IEP/Assessments)[ ]  Provided as needed [ ]  NOT Provided as needed [ ]  Not needed **If Other Career Services Provided:** [ ]  Yes [ ]  No Services provided are appropriately documented in ASSET and file[ ]  Yes [ ]  No Appropriate services related to assessment, training & employment goals[ ]  Yes [ ]  No ASSET services correspond with career services provided; dates match | Services Provided:[ ]  Career Planning[ ]  English Language Learning[ ]  Financial Literacy Services[ ]  Group Employment Counseling[ ]  Integrated Education and Training Programs[ ]  Job Development[ ]  Job Referral/Placement Assistance[ ]  Job Search Assistance[ ]  Out of Area Job Search Assistance[ ]  Out of Area Relocation Assistance[ ]  Short-term Prevocational Services[ ]  Resume Development[ ]  Transitional Job[ ]  UI Claim Assistance[ ]  Work Experience[ ]  Workforce Preparation[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **TRAINING SERVICES:**[ ]  Provided as needed [ ]  NOT Provided as needed [ ]  Not needed **If Training Provided:** [ ]  Yes [ ]  No Training funded by WIOA[ ]  Yes [ ]  No If yes, ESS Calculator completed prior to WIOA funding and shows participant is NOT economically self-sufficient[ ]  Yes [ ]  No If yes, the participant needs training to obtain or retain employment leading to self-suficiency[ ]  Yes [ ]  No Training plan is appropriate for participant:[ ]  based on assessment & matches with interests, skills and qualifications[ ]  participant has resources to complete program[ ]  participant applied for financial aid, if applicable[ ]  Yes [ ]  No Training plan is in line with and executed within the local policy[ ]  The need for training is documented in the participant's file as described in the Local Plan response VI.G.8 (2016-20) or local policy[ ]  Training is within the dollar amount/duration of WDB's local policy[ ]  Yes [ ]  No Training start and end dates match ASSET **Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No The training program is appropriate for any WIOA participant:[ ]  Directly linked to employment opportunities[ ]  On State ETPL[ ]  Approved per local policy[ ]  Yes [ ]  No The participant's progress in training is monitored by the case manager | [ ]  **Adult Education & Literacy**[ ]  **Apprenticeship**[ ]  **Combined Workplace Skills Training & Related Instruction**[ ]  **Customized Training**[ ]  **English Language Instruction**[ ]  **Entrepreneurial Training**[ ]  **Job Readiness Training**[ ]  **Occupational Classroom**[ ]  **On-the-Job Training**ITA Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ITA Program Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Semester | Direct Costs |
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| **SUPPORTIVE SERVICES**: [ ]  Provided as needed [ ]  NOT provided as needed [ ]  Not needed **If Supportive Services provided:**[ ]  Yes [ ]  No Participant received supportive services appropriately:[ ]  documented need prior to delivery of service[ ]  based on an assessment[ ]  necessary for participation in WIOA services[ ]  with coordination across dual-enrolled programs[ ]  Yes [ ]  No The Supportive Service is appropriately documented:[ ]  In IEP[ ]  In ASSET Manage Services [ ]  **In** case file[ ]  Yes [ ]  No Supportive Services provided according to local policy:[ ]  Allowable[ ]  Within funding limits and duration[ ]  Reimbursement amounts are documented via logs, receipts, or other documentation as required by local policy[ ]  Yes [ ]  No Documentation of referrals to other resources[ ]  Yes [ ]  No ASSET services correspond with supportive services provided; dates match |

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| Date  | Type of Support Provided  | Direct Costs |
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| **TRAINING PERFORMANCE OUTCOMES**: (Review if training service provided)[ ]  Yes [ ]  No Training provided after July 1, 2016If **YES**: [ ]  Yes [ ]  No **Measurable Skill Gains Achieved**[ ]  Yes [ ]  No If achieved, are documented properly in ASSET and case file[ ]  Yes [ ]  No Training program is completed. If yes: [ ]  Yes [ ]  No "ITA Program Outcome" completed in ASSET service(s) [ ]  Yes [ ]  No "ITA Employment Outcome" completed in ASSET service(s) [ ]  Yes [ ]  No **Credential attained. If yes:**[ ]  Yes [ ]  No **Documented properly in ASSET and file** |

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| Program Yr  | Type of Gain  | File  | ASSET |
| 7/1/17-6/30/18 |  |  |  |
| 7/1/18-6/30/19 |  |  |  |
| 7/1/19-6/30/20 |  |  |  |
| 7/1/20-6/30/21 |  |  |  |
| 7/1/21-6/30/22 |  |  |  |

COMMENTS:       |  |
| **EXIT INFORMATION:** [ ]  Not Yet Exited[ ]  Active Participant  **OR**[ ]  No longer receiving Services[ ]  Services are closed – exit is pending [ ]  Participant should be exited[ ]  Exited[ ]  Yes [ ]  No Exit completed appropriately:[ ]  per federal and state policy [ ]  per actual service provision[ ]  Exculsionary Exit: [ ]  **Yes** [ ]  **No Exclusionary exit properly documented****Exclusion Reason:**[ ]  **Deceased**[ ]  **Health/Medical**[ ]  **Institutionalized**[ ]  **Reserve Forces alled to Active Duty** | **Exit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**COMMENTS:       |   |
| **FOLLOW-UP/PERFORMANCE TRACKING:** [ ]  Not Applicable[ ]  Yes [ ]  No Exited to unsubsidized employment (follow-up required) Date of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Follow up services made available for one year  Services Offered during contact [ ]  Yes [ ]  No  Follow-up Services provided [ ]  Yes [ ]  No [ ]  Yes [ ]  No Follow up conducted properly per state and local policy[ ]  Yes [ ]  No Quarterly Follow-up surveys completed properly and entered in ASSET[ ]  Yes [ ]  No Supplemental employment data requiredIf Yes – 2nd quarter wages and employment for all quarters collected & properly documented [ ]  Yes [ ]  No  |

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|  | Dates Contacted | Attempted or Successful | Follow-up Survey Complete | Notes |
| Q1  |  |  |  |  |
| Q2 |  |  |  |  |
| Q3  |  |  |  |  |
| Q4 |  |  |  |  |

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| **CASE NOTES:**[ ]  Yes [ ]  No Case notes demonstrate that the WDB's process for contacting active participants is being followed as described in the Local Plan VI.C.9 (2016-20) or local policy[ ]  Yes [ ]  No Case notes are entered in an appropriate manner:[ ]  Content and dates agree with ASSET Manage Services[ ]  Case notes are comprehensive[ ]  Case notes are correctly marked confidential as needed[ ]  Case notes entered in a timely fashion (w/in 10 days of event documented, if after 9/1/20, unless local policy is stricter) | Date of last **direct** contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMMENTS:       |  |
| **EVALUATION OF SERVICE DELIVERY:**[ ]  Yes [ ]  No Assessments were provided and evaluated appropriate needs/barriers:[ ]  Yes [ ]  No Assessed needs were used to develop a comprehensive IEP/ISS:[ ]  Yes [ ]  No IEP clearly defines a career goal, supportive service needs, related  planned services, etc. in a way that can be understood by the  participant. [ ]  Yes [ ]  No Goals include short-term and long-term, are attainable, are related to  Employment/training, advance the participant's economic self- sufficiency.[ ]  Yes [ ]  No If training was provided, the program made sense for the participant's  goals and personal circumstances.[ ]  Yes [ ]  No Supportive services were discussed / offered / provided in a way that  makes sense to the participant's needs.[ ]  Yes [ ]  No Participant seemed easily able to navigate programmatic requirements  procedures; artificial barriers were not established to access services.[ ]  Yes [ ]  No File gives overall appearance that services were provided appropriately:[ ]  Complete, accurate documentation[ ]  Regular, timely, effective communication[ ]  Cohesive, comprehensive service delivery[ ]  Assessment based and IEP driven case progression[ ]  Appropriate collaboration within One-Stop Delivery system[ ]  Participation resulted in overall positive outcome for participant[ ]  Services provided serve to advance career goal[ ]  Services provided address barriers to education/employment | [ ]  Yes [ ]  No Any/all services provided served to help participant ultimately  achieve career goal.COMMENTS:       |  |

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| **FINDINGS** | **AREAS OF CONCERN** | **POSITIVE PRACTICES** |
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| [ ]  **EO / CRC ISSUES IDENTIFIED:**  |