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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 Response  SSI/SSDI:  SSI  SSDI  SSI and SSDI  No  Other Income Based Cash Public Assistance:  Yes  No  No Response  Type of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Homeless:  Yes  No  No Response  TANF:  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 documentation  COMMENTS: |  | |
| **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-sufficient  COMMENTS: |  | |
| **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 | |  |  |  | | --- | --- | --- | | Doc Date | Assessment tool | ASSET Service Name and Date | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   COMMENTS: |  | |
| **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 | |  |  |  |  | | --- | --- | --- | --- | | Doc Date | ASSET Open | ASSET Close | Career Goal | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |     COMMENTS: |  | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | Semester | Direct Costs | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   COMMENTS: |  | |
| **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 | |  |  |  | | --- | --- | --- | | Date | Type of Support Provided | Direct Costs | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |     COMMENTS: |  | |
| **TRAINING PERFORMANCE OUTCOMES**: (Review if training service provided)  Yes  No Training provided after July 1, 2016  If **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** | |  |  |  |  | | --- | --- | --- | --- | | 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 required  If Yes – 2nd quarter wages and employment for all quarters collected & properly documented  Yes  No | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Dates Contacted | Attempted or Successful | Follow-up Survey Complete | Notes | | Q1 |  |  |  |  | | Q2 |  |  |  |  | | Q3 |  |  |  |  | | Q4 |  |  |  |  |     COMMENTS: |  |
| **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** |
|  |  |  |
| **EO / CRC ISSUES IDENTIFIED:** | | |