

PY 2024-25 MONITORING GUIDE – FORWD

PIN:	Participation Date:	Exit Date:
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Participant Name:	WDA/Service Provider:
Reviewer:	Review Date:
<p>GENERAL ELIGIBILITY:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Local application form signed & dated _____</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Eligible to work in the USA, properly documented AND Documentation _____</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Participant under 18 years old</p> <p>Selective Service indicator in ASSET: <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/> Not Required <input type="checkbox"/> Exempted Vet <input type="checkbox"/> Waived <input type="checkbox"/> Less Than 18</p> <p>FORWD DWG PROGRAM ELIGIBILITY (MUST MEET ONE CATEGORY):</p> <p><input type="checkbox"/> Category 1 Dislocated Workers, defined WIOA section 3(15)</p> <p><input type="checkbox"/> Category 2 Individuals temporarily/permanently laid off as consequence of the opioid crisis a. Experienced a temporary or permanent full separation from employment as a result of the opioid crisis; b. Experienced a temporary or permanent reduction in work hours from full-time (32+ hours per week) to part-time (fewer than 32 hours per week) as a result of the opioid crisis; or c. Left the workforce voluntarily or involuntarily, including retirees, due to familial or health-related concerns, including mental health/burnout, as a result of the opioid crisis. This may include, but is not limited to, individuals who separated from employment, such as individuals who were terminated from employment due to attendance issues resulting from opioid use disorder or a family member with opioid use disorder.</p> <p><input type="checkbox"/> Category 3 Individuals who are long-term unemployed a. has not been employed in unsubsidized employment for 4 weeks or longer; b. has not been employed for any length of time due to incarceration; c. has not been employed for any length of time due to institutionalization; d. has become justice-involved, and the nature of their justice-involvement resulted in a separation from employment and/or precludes them from returning to their previous employment, occupation, and/or industry; e. is a student engaged in secondary and/or postsecondary education or other training program(s) and is not engaged in full-time unsubsidized employment; f. has no work history and is entering the workforce for the first time; or g. has received a full or partial Unemployment Insurance (UI) payment for 4 consecutive weeks. This includes, but is not limited to, individuals who are working part-time, but actively seeking full-time employment, and receiving partial UI payments.</p> <p><input type="checkbox"/> Category 4 Self-employed individuals who became unemployed or significantly underemployed as a result of the opioid crisis. a. is/was fully self-employed, but whose business revenue is/was reduced and/or expenses are/were increased as a result of the opioid crisis; b. is/was fully self-employed, but whose income does not lead to economic selfsufficiency (ESS) based on a CEPT ESS calculation as a result of the opioid crisis;</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No "FORWD eligibility" case note in ASSET clearly identifies which eligibility criterion applies <u>along with</u> applicable sub-criteria</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Eligibility case note marked confidential if reference or state FORWD or Fostering Opioid Recovery through Workforce Development</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Under 18yo , check the NDWG participant under 18 box in the DW screen. (do not use if over 18yo)</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Self-attestation (allowable for eligblity criterion) and marked confidential</p> <p><input type="checkbox"/> Eligible individuals who <u>volunteer they have been impacted by the opioid crisis</u> can pursue any training program for in-demand occupations within your local area AND/OR skills training in opioid recovery and support occupations.</p> <p><input type="checkbox"/> Eligible individuals <u>who do not volunteer opioid impact status</u> may pursue skills training in opioid recovery and support occupations/ DRE.</p> <p>COMMENTS:</p>

PY 2024-25 MONITORING GUIDE – FORWD

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c. business has closed or reduced hours of operation as a result of the opioid crisis. <input type="checkbox"/> Yes <input type="checkbox"/> No Category 2,3,4 in DWG eligibility entered in ASSET using Adult program Screens, DWG screen	
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VETERAN PRIORITY OF SERVICE (does not impact eligibility): <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran or eligible spouse	<input type="checkbox"/> If yes, DD-214 or other allowable documentation in file <input type="checkbox"/> If yes, discharge is anything other than Dishonorable
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INDIVIDUAL EMPLOYMENT PLAN (IEP):

Document Date	Document Type	Career Goal	Delineated into clearly defined, attainable, and manageable steps	Based on assessments	Signed and Completed <u>Jointly</u> with Participant
Date	Selection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	Selection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	Selection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	Selection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No The initial IEP was acknowledged, and the Initial and Comprehensive assessments were completed before the provision of another participation-causing service

Yes No IEP is comprehensive, individualized, and developed specifically to establish a plan that addresses participant needs, barriers, and goals

Yes No Career goal identified in the IEP aligns with the results of completed assessments

Yes No Goals established in the IEP are appropriate for the participant's current skill level and experience based on assessments

Yes No IEP is developed in a way that assists the participant in increasing or maintaining economic self-sufficiency

Yes No Planned services are developed in a way that assists the participant in reaching the goals outlined in their IEP within a reasonable amount of time

Yes No NA If the participant needed career exploration before choosing a career goal, the participant was provided relevant resources to explore careers based on the results from the assessments and their interests/skills/abilities

Doc Date	ASSET Open	ASSET Close	Initial / Review

Frequency of IEP review: Choose an item.

IEP addressed the following areas:	
<input type="checkbox"/>	Achievement objectives
<input type="checkbox"/>	Appropriate service combination
<input type="checkbox"/>	Career pathways
<input type="checkbox"/>	Educational goals
<input type="checkbox"/>	Education/training needs
<input type="checkbox"/>	Employment/career goals
<input type="checkbox"/>	Participant's long-term goals
<input type="checkbox"/>	Participant's short-term goals
<input type="checkbox"/>	Supportive service needs

COMMENTS:

CAREER SERVICES: <input type="checkbox"/> Provided as needed <input type="checkbox"/> NOT Provided as needed <input type="checkbox"/> Not needed	Services Provided: <input type="checkbox"/> Initial and comprehensive assessments
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PY 2024-25 MONITORING GUIDE – FORWD

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<p>If Other Career Services Provided:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Services provided are appropriately documented in ASSET and file</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate services related to assessment, training & employment</p> <ul style="list-style-type: none"> • Soft skills • In-depth interviewing and evaluation to identify employment barriers/ develop IEP • Career planning, job coaching, job-matching services <p><input type="checkbox"/> Yes <input type="checkbox"/> No ASSET services correspond with career services provided; dates match</p>	<p><input type="checkbox"/> Development of IEP</p> <p><input type="checkbox"/> Basic Skills or Literacy Activities</p> <p><input type="checkbox"/> Career Planning</p> <p><input type="checkbox"/> Resume Development</p> <p><input type="checkbox"/> Other: _____</p>
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<p>TRAINING SERVICES:</p> <p><input type="checkbox"/> Provided as needed <input type="checkbox"/> NOT Provided as needed <input type="checkbox"/> Not needed</p> <p>If Training Provided:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Training plan is appropriate for participant:</p> <ul style="list-style-type: none"> • based on assessment & matches with interests, skills and qualifications • participant has resources to complete program • Need for training was determined prior to service provision. <p><input type="checkbox"/> Yes <input type="checkbox"/> No Training plan is in line with and executed within the local policy</p> <ul style="list-style-type: none"> • Reintegration of eligible participants who volunteer that they have been impacted by the opioid crisis. • Providing career, training, and supportive services to eligible participants aimed at boosting the number of qualified professionals in fields that can have an impact on the crisis. <p><input type="checkbox"/> Yes <input type="checkbox"/> No Training start and end dates match ASSET</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The participant's progress in training is monitored by the case manager</p>	<p><input type="checkbox"/> Apprenticeship Training from ETPL</p> <p><input type="checkbox"/> Customized Training</p> <p><input type="checkbox"/> Occupational Training/ Classroom- Individual Training Accounts (ITA)</p> <p style="padding-left: 20px;"><input type="checkbox"/> If ITA, training program must be selected from ETPL</p> <p><input type="checkbox"/> On-the-Job Training</p> <p>Training Program: _____</p> <p>Training Provider: _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:50%;">Semester</th> <th style="width:50%;">Direct Costs</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table> <p>COMMENTS:</p>	Semester	Direct Costs										
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<p>SUPPORTIVE SERVICES:</p> <p><input type="checkbox"/> Provided as needed <input type="checkbox"/> NOT Provided as needed <input type="checkbox"/> Not needed</p> <p>If Supportive Services provided:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Participant received supportive services appropriately:</p> <ul style="list-style-type: none"> • documented need prior to delivery of service • based on an assessment • necessary for participation in WIOA services • with coordination across dual-enrolled programs <p><input type="checkbox"/> Yes <input type="checkbox"/> No The Supportive Service is appropriately documented:</p>	<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width:25%;">Date</th> <th style="width:50%;">Type of Support Provided</th> <th style="width:25%;">Direct Costs</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ASSET services correspond with supportive services provided; dates match</p>	Date	Type of Support Provided	Direct Costs												
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PY 2024-25 MONITORING GUIDE – FORWD

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<ul style="list-style-type: none"> • In IEP • In ASSET Manage Services and in case file <p><input type="checkbox"/>Yes <input type="checkbox"/>No Supportive Services provided according to local policy:</p> <ul style="list-style-type: none"> • Allowable- items for DRE, outpatient treatment, post-training employment • Within funding limits and duration • Reimbursement amounts are documented via logs, receipts, or other documentation as required by local policy <p><input type="checkbox"/>Yes <input type="checkbox"/>No Needs related payments, non-training expenses while in training program per eligibility:</p> <ul style="list-style-type: none"> • Unemployed; and • Not receiving UI or TRA; and • Enrolled in a training program that has already begun or will within 30 calendar days 	<p><input type="checkbox"/>Yes <input type="checkbox"/>No FORWD DWG funds should be spent prior to WIOA Title I Adult, DW or Youth funding</p> <p>COMMENTS:</p>
<p>SERVICE ENTRY: For all FORWD funded services</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Funding source ("DWG Funded Grant") and grant-contract identifier/ID (24XX-DWG-WI-51) tracked in ASSET in each individual service</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No All services funded must select "FORWD DWG" as qualifying employer</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No If co-enrolled, individual received participation-causing service funded by each "co-enrolled" program.</p>	<p>COMMENTS:</p>
<p>DISASTER RELIEF EMPLOYMENT EMPLOYMENT/PLACEMENT SITE: (allowable/not required)</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Employed or received placement site in allowable position:</p> <ul style="list-style-type: none"> • Individual Placement and Support (IPS) Employment Specialist • Emergency Medical Technician • Social & Human Services Assistant, Social Service Aide, Student Monitor • Teacher's Aide or Student Monitor • Intake, Coordination, Housing, Employment & Social Service Navigator/ Care Coordinator • Peer Recovery Supporter • Social Service/ Children Services Case Aide, Aka Recovery Coach <p><input type="checkbox"/>Yes <input type="checkbox"/> No Employment reflected in Service Summary/Service Details when employment is obtained.</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Individual enrollment in temporary disaster-relief employment does not exceed 12 months or 2040 hours (full or part-time), whichever is longer</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Placement Site eligibility followed – refer to PIP, page 10</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Placement Site termination occurred</p>	<p><i>APPENDIX A-D should be uploaded in the participant's ASSET file.</i></p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Appendix A (Signed before accepting employment)- Participant Placement Agreement</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Appendix B Placement Site Agreement</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Appendix C Placement Site Orientation Agreement</p> <p style="padding-left: 20px;"><input type="checkbox"/>Yes <input type="checkbox"/>No Participant and Supervisor signed</p> <p style="padding-left: 20px;"><input type="checkbox"/>Yes <input type="checkbox"/>No Orientation provided</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Appendix D Employer Record Agreement (if other than local WDB)</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Hourly wage must be recorded in ASSET in the "comments" section of Disaster-Relief Employment service</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Onsite visits completed/ documented</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No If exceeded 2040 hours, funds were not provided from FORWD DWG funds</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Documented in ASSET case note, in detail, any instances of disciplinary action and/or termination</p>

PY 2024-25 MONITORING GUIDE – FORWD

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<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, placement site terminated following criteria – refer to PIP, page 1	COMMENTS:
<p>CASE NOTES:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Case notes are entered in an appropriate manner: <ul style="list-style-type: none"> • Content and dates agree with ASSET Manage Services • Case notes are comprehensive • Case notes contain appropriate information • Case notes entered in a timely fashion <input type="checkbox"/> Yes <input type="checkbox"/> No Participant disclosure of opioid impact or other medical or disability information AND all case notes/ documents that reference or state FORWD or Fostering Opioid Recovery through Workforce Development are required to be marked confidential	
<p>EXIT INFORMATION:</p> <input type="checkbox"/> Not Yet Exited <ul style="list-style-type: none"> <input type="checkbox"/> Active Participant <p align="center">OR</p> <input type="checkbox"/> No longer receiving Services <ul style="list-style-type: none"> <input type="checkbox"/> Services are closed – exit is pending <input type="checkbox"/> Participant should be exited <input type="checkbox"/> Exited <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No Exit completed appropriately: <ul style="list-style-type: none"> • per federal and state policy • per criteria described in local plan • per actual service provision Exit Reason: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Other _____ <input type="checkbox"/> Employer relationship severed once 2080 maximum attained <input type="checkbox"/> Exclusion _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Exclusionary exit properly documented	