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| --- | --- | --- |
| Participant Name: | WDA/Service Provider: | **Issue(s)** |
| Reviewer: | Review Date: |
| **PARTICIPANT DATA, GENERAL ELIGIBILITY, & CASE DOCUMENTS** | | |
| Yes  No Local application form signed & dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Eligible to work in the USA, [properly documented](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionOne)  **AND** Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No  N/A Photocopies of DL or SS Card are marked "for admin use only"  Yes  No Veteran or eligible individual  If yes, DD-214 or other [allowable documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionThree) in file  If yes, discharge is anything other than Dishonorable | Selective Service indicator in ASSET:  Yes  No  Not Required  Exempted Vet  Waived  Less Than 18  Yes  No Selective Service indicator is accurate  Yes  No Appropriate [documentation](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionOne) is in file  COMMENTS: |  |
| **FEDERAL ELIGIBILITY REQUIREMENTS** | | |
| **Note:** Must meet one. Only one can be in ASSET.  [**Categories:**](https://dwd.wisconsin.gov/wioa/policy/08/08.2.htm#sectionTwo)  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](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionTwo) in file:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Eligibility Information is [properly documented](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionTwo) in the participant file & matches ASSET  COMMENTS: |  |
| **LOW INCOME DETERMINATION AND DOCUMENTATION** | | |
| **LOW INCOME– BASED ON INCOME PREVIOUS SIX MONTHS:**  **Family Income Per File Documentation**   |  |  | | --- | --- | | **Past Six Months** | **Annualized** | |  |  |   Family Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No [Individual with a disability](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionThree) – family of 1  Per ASSET:  At/Below 100% FPL  At/Below 70% of LLSIL  Neither of the Above  Yes  No ASSET data field is correct  **Individual Income Per File Documentation**   |  |  | | --- | --- | | **Past Six Months** | **Annualized** | |  |  |   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](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionThree) recorded is accurate (participant file and ASSET match)  [Family income](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) is tallied for past six months and annualized properly  Income is shown for each family member, is [documented with allowable sources](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionThree), & complies with inclusions & exclusions for the WIOA program  Current [FPL (100%) or LLSIL (70%) chart](https://dwd.wisconsin.gov/wioa/llsil-fpl.htm) was used at the time the participant's eligibility was completed | **PUBLIC ASSISTANCE RECIPIENT:**  **Note:** 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.  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](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionThree) 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 | COMMENTS: |  |
| **ECONOMIC SELF-SUFFICIENCY CALCULATOR** | | |
| Yes  No **Enrolled after July 1, 2017**  **If yes:**  Yes  No The ESS Calculator was completed with [current household income](https://dwd.wisconsin.gov/wioa/policy/appendices/A.7.htm) per  state policy within 30 days of the Actual Close Date of the Eligibility  Determination service.  Yes  No The ESS Calculator is documented in ASSET and the file  Yes  No The ESS Calculator is accurate and [complete for each time it was required](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionFour)  Yes  No Participant expected to lose ESS? If yes:  Yes  No ESS ran with current wage and ran again for new wage?  Yes  **No** Participant is [economically self-sufficient](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionFour) | COMMENTS: |  |
| **ASSESSMENTS** | | |
| Yes  No Provided assessments after completion of Eligibility Determination  Yes  No Initial assessment provided [before development of IEP](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionOne) (for files started on or after 12/13/2020)  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](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionOne) in ASSET, CEPT, and/or file  Yes  No IEP is reviewed, updated, signed, dated, and [properly documented](https://dwd.wisconsin.gov/wioa/policy/08/08.3.htm#sectionOne) in ASSET, CEPT, and/or file as described in local policy, if applicable  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](https://dwd.wisconsin.gov/wioa/policy/08/08.5.htm#sectionOne)  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** | | |
| **Note:** 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  COMMENTS: | [**Services Provided**](https://dwd.wisconsin.gov/wioa/policy/appendices/A.4.htm)**:**  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**](https://dwd.wisconsin.gov/wioa/policy/08/08.5.htm#sectionTwo) **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-sufficiency  Yes  No Training plan is [appropriate](https://dwd.wisconsin.gov/wioa/policy/08/08.5.htm#sectionOne) 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 local policy, if applicable  Training is within the dollar amount/duration of WDB's local policy  Yes  No The training program is appropriate for any WIOA participant:  Directly linked to employment opportunities  On [State ETPL](https://dwd.wisconsin.gov/ETPL/home/programsearch)  Approved per local policy  Yes  No The participant's progress in training is monitored by the career planner | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | **File Doc - Training Start** |  | | **File Doc – Training End** |  | | **ASSET Service – Open** |  | | **ASSET Service – Close** |  |   Yes  No File documentation training dates match ASSET   |  |  | | --- | --- | | **Semester** | **Direct Costs** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   COMMENTS: |  |
| **SUPPORTIVE SERVICES** | | |
| Provided as needed  NOT Provided as needed  Not needed  **If** [**Supportive Services**](https://dwd.wisconsin.gov/wioa/policy/08/08.6.htm#sectionTwo) **provided:**  Yes  No Participant received supportive services [appropriately](https://dwd.wisconsin.gov/wioa/policy/08/08.6.htm#sectionThree):  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](https://dwd.wisconsin.gov/wioa/policy/08/08.6.htm#sectionFour):  In IEP  In ASSET Services  In case file  Yes  No Supportive Services provided according to local policy:  is allowable  is within funding limits and duration  Reimbursement amounts are documented via logs, receipts, or other documentation as required by local policy  Yes  No Participant received [Needs-Related Payments](https://dwd.wisconsin.gov/wioa/policy/08/08.6.htm#sectionFive). If yes:  Yes  No Participant met State and local policy eligibility  requirements to receive payments | |  |  |  | | --- | --- | --- | | **Date** | **Type of Support Provided** | **Direct Costs** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |     Yes  No Documentation of referrals to other resources  Yes  No ASSET services correspond with supportive services provided;  dates match  COMMENTS: |  |
| **TRAINING PERFORMANCE OUTCOMES** | | |
| **Note:** Review if training service provided.  Yes  No **Training provided after July 1, 2016**  **If yes**:  Yes  No **Measurable Skill Gains achieved.** If yes:  Yes  No [Documented properly](https://dwd.wisconsin.gov/wioa/policy/11/11.17.htm) in ASSET and 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](https://dwd.wisconsin.gov/wioa/policy/11/11.16.htm) in ASSET and file | |  |  |  |  | | --- | --- | --- | --- | | **Program Year** | **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 |  |  |  | | 7/1/22-6/30/23 |  |  |  |   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  **Exclusionary Exit:**  **Yes**  **No Exclusionary exit properly documented**  **Exclusion Reason:**  **Deceased**  **Health/Medical**  **Institutionalized**  **Reserve Forces called to Active Duty** | **Exit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  COMMENTS: |  |
| **FOLLOW-UP/PERFORMANCE TRACKING** | | |
| **Required**  **Not Applicable**  Yes  No Exited to unsubsidized employment (**Note:** Follow-up required.)  Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No Follow-up services made available for one year:  Yes  No Services offered during contact  Yes  No Follow-up services provided  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](https://dwd.wisconsin.gov/wioa/policy/11/11.21.htm) required. If yes:  Yes  No 2nd quarter wages and employment for all quarters  collected & properly documented | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Date(s) 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 local policy  Yes  No Case notes are entered in an appropriate manner:  Content and dates agree with ASSET Services  Case notes are comprehensive  Case notes are correctly marked confidential as needed  Case notes entered in a timely fashion (within 10 days of event documented, if after 09/01/2020, 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, and effective communication  Cohesive and 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** | **PROMISING PRACTICES** |
|  |  |  |
| **EO / CRC ISSUES IDENTIFIED** | | |
|  | | |