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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 fileCOMMENTS:  |  |
| **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 ASSETCOMMENTS:  |  |
| **LOW INCOME DETERMINATION AND DOCUMENTATION** |
| **LOW INCOME– BASED ON INCOME PREVIOUS SIX MONTHS:****Family Income Per File Documentation**

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| --- | --- |
| **Past Six Months** | **Annualized** |
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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**

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| **Past Six Months** | **Annualized** |
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 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 ResponseSSI/SSDI: [ ]  SSI [ ]  SSDI [ ]  SSI and SSDI [ ]  No Other Income Based Cash Public Assistance: [ ]  Yes [ ]  No [ ]  No ResponseType 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](https://dwd.wisconsin.gov/wioa/policy/12/12.4.htm#sectionThree) 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 | 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 |

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| **Doc Date** | **Assessment Tool** | **ASSET Service Name and Date** |
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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 |

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| **Doc Date** | **ASSET Open**  | **ASSET Close** | **Career Goal** |
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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 matchCOMMENTS:  | [**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **File Doc - Training Start** |  |
| **File Doc – Training End** |  |
| **ASSET Service – Open** |  |
| **ASSET Service – Close** |  |

[ ]  Yes [ ]  No File documentation training dates match ASSET

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| **Semester** | **Direct Costs** |
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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 |

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| **Date** | **Type of Support Provided** | **Direct Costs** |
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 [ ]  Yes [ ]  No Documentation of referrals to other resources[ ]  Yes [ ]  No ASSET services correspond with supportive services provided;  dates matchCOMMENTS:  |  |
| **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 |

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| **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 |

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|  | **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** |
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| [ ]  **EO / CRC ISSUES IDENTIFIED** |
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