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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 18 years of age or older, properly documented  **AND** Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  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 Selective Service indicator is accurate[ ]  Yes [ ]  No Appropriate documentation is in file |  |
| **PRIORITY OF SERVICE:****VETERAN:**[ ]  Yes [ ]  No Veteran or eligible individual [ ]  If yes, DD-214 or other allowable documentation in file [ ]  If yes, discharge is anything other than Dishonorable**LOW INCOME:****Family Income Previous 6 Months:**  **[ ]  At/Below 100% FPL [ ]  At/Below 70% of LLSIL [ ]  Neither of the Above****Individual Income Previous 6 Months:** **[ ]  At/Below 100% FPL [ ]  At/Below 70% of LLSIL [ ]  Neither of the Above****Family Income For Past Six Months Per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Annualized Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  Yes [ ]  No Individual with a disability – family of 1[ ]  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:      [ ]  Yes [ ]  No Veteran Status in ASSET matches file |  |
| **PUBLIC ASSISTANCE RECIPIENT:** Food Share: [ ] Currently Receiving [ ]  Received in past 6 months [ ]  Not Receiving  Free/Reduced Lunch: [ ] Yes [ ] No [ ]  No ResponseSSI/SSDI: [ ] SSI Only [ ]  SSDI Only [ ]  SSI and SSDI [ ]  No Other Income Based Public Assistance: [ ] Yes [ ] No [ ]  No Response Type of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeless: [ ] Yes [ ] No [ ]  No Response  TANF: [ ]  Currently Receiving [ ]  Received in past 6 months [ ]  Not Receiving**BASIC SKILLS DEFICIENT:****In ASSET:** Basic Skills Deficient: [ ] Yes [ ] No [ ]  No Response[ ]  Yes [ ]  No If the individual was not low income or a public assistance recipient, Basic Skills Deficiency Screener is completed, signed and dated by participant and career planner [ ]  Yes [ ]  No Basic Skills Deficient ASSET entry matches file documentation**LOCAL CRITERIA:**[ ]  Yes [ ]  No Meets locally defined POS criteria[ ]  Yes [ ]  No Documented appropriately in file and ASSET**PRIORITY OF SERVICE (POS):** What level of priority of service does the participant meet:[ ]  1. Veteran who is Low-income, Public Assistance Recipient, OR Basic Skills Deficient (BSD)[ ]  2. Non-veteran who is Low-Income, Public Assistance Recipient OR BSD[ ]  3. Veteran who is NOT Low-income, Public Assistance Recipient or BSD[ ]  4. Local Priority of Service Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  5. None of the above[ ]  Yes [ ]  No ASSET Manage Program fields support the individual is in a POS category[ ]  Yes [ ]  No Services were provided in compliance with federal, state and local POS policy. | [ ]  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:       |  |
| **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 | COMMENTS:      [ ]  Participant is economically self-sufficient[ ]  Participant is **NOT** economically self-sufficient |  |
| **ASSESSMENTS:** [ ]  Yes [ ]  No Provided assessments on or after participation date[ ]  Yes [ ]  No Assessments are appropriately documented in ASSET and file[ ]  Yes [ ]  No ASSET services correspond with assessments provided; dates match |

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|  Date  | Assessment tool  | ASSET Service |
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COMMENTS:       |  |
| **INDIVIDUAL EMPLOYMENT PLAN (IEP):**[ ]  Yes [ ]  No Initial IEP is complete, signed and properly documented in ASSET and file[ ]  Yes [ ]  No IEP is reviewed, updated, signed, dated, and properly documented in the  participant file and ASSET as described in the Local Plan[ ]  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
* an appropriate combination of services to achieve employment
* Identification of career pathways
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| Doc Date | ASSET Open  | ASSET Close | Initial / Review  |
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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 Career services provided according to local policy and procedures[ ]  Yes [ ]  No ASSET services correspond with career services provided; dates match | Services Provided:* Assisted Job Search & Placement
* Basic Skills or Literacy Activities
* Career Planning
* Case Management
* Financial Literacy Services
* Job Development
* Job Finding Clubs
* Job Referral
* Out of Area Job Search Assistance
* Prevocational Services
* Resume Development
* Transitional Job
* Work Experience
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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 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

[ ]  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
* 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 ITA List
* 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
* Entrepreneurial Training
* Job Readiness Training
* Occupational Classroom
* On-the-Job Training

Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Semester/Dates | Direct Costs |
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 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 and 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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 COMMENTS:       |  |
| **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 |
| 7/1/16-6/30/17 |  |  |  |
| 7/1/17-6/30/18 |  |  |  |
| 7/1/18-6/30/19 |  |  |  |
| 7/1/19-6/30/20 |  |  |  |

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 criteria described in local plan (V1.C.10)
* per actual service provision

Exit Reason: [ ]  Employment [ ]  Education [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Exclusion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Yes [ ]  No Exclusionary exit properly documented | Exit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMMENTS:       |  |
| **FOLLOW-UP/PERFORMANCE TRACKING:** [ ]  Not Applicable[ ]  Yes [ ]  No Follow up services made available for one year[ ]  Yes [ ]  No 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 requiredIf Yes – It is collected & properly documented [ ]  Yes [ ]  No  |

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|  | Date Contacted | Follow-up Survey Complete | Case Notes | File Doc |
| 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[ ]  Yes [ ]  No Case notes are entered in an appropriate manner:* Content and dates agree with ASSET Manage Services
* Case notes are comprehensive
* Case notes contain appropriate information
* Case notes entered in a timely fashion
 | Date of last **direct** contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMMENTS:       |  |
| **EVALUATION OF SERVICE DELIVERY:**[ ]  Yes [ ]  No Assessments were provided and evaluated appropriate needs/barriers:* + supportive service needs
	+ need for training
	+ employment history
	+ education history
	+ good fit career options
	+ barriers to employment

[ ]  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
 | Career Goal in IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  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:**  |