|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant Name: | WDA/Service Provider: | | | **Issue(s)** | |
| Reviewer: | Review Date: | | |
| **GENERAL ELIGIBILITY:**  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 | | |  | |
| **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** Sufficient employment duration **AND**  Unlikely to return to previous industry   * 2. **Permanent Closure or Mass Layoff**   Terminated/Laid off or Rec'd Notice due to 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 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:**    **Per ASSET Data Field -- Family Income Previous Six Months:**  **At or Below 100% FPL  At or Below 70% of LLSIL  Neither of the Above**  **Family Income For Past Six Months Per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Annualized Income\_\_\_\_\_\_\_\_\_\_\_ Family Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Individual Income For Past Six Months Per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  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: | | |  | |
| **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    TANF:  Currently Receiving  Received in past 6 months  Not Receiving  Other Income Based Public Assistance: Yes No  No Response  Type of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SSI/SSDI: SSI  SSDI  SSI and SSDI  No  Homeless: Yes No  No Response | 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: | | |  | |
| **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 | |  |  |  | | --- | --- | --- | | Date | Assessment tool | ASSET Service | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   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 | | |  |  |  |  | | --- | --- | --- | --- | | Doc Date | ASSET Open | ASSET Close | Initial / Review | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |     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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | 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 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 | |  |  |  | | --- | --- | --- | | 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 | | 7/1/16-6/30/17 |  |  |  | | 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 required  If Yes – It is collected & properly documented  Yes  No | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 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: | |  | | |

|  |  |  |
| --- | --- | --- |
| **FINDINGS** | **AREAS OF CONCERN** | **POSITIVE PRACTICES** |
|  |  |  |
| **EO / CRC ISSUES IDENTIFIED:** | | |