

PIN:	Participation Date:	Exit Date:
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2024-25 Monitoring Guide – FORWD File Review  
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<p>c. business has closed or reduced hours of operation as a result of the opioid crisis.</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    <b>Category 2,3,4 in DWG eligibility entered in ASSET using Adult program Screens, DWG screen</b></p>																																																																					
<p><b>VETERAN PRIORITY OF SERVICE (does not impact eligibility):</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    Veteran or eligible spouse</p>	<p><input type="checkbox"/> If yes, DD-214 or other allowable documentation in file</p> <p><input type="checkbox"/> If yes, discharge is anything other than Dishonorable</p>																																																																				
<p><b>INDIVIDUAL EMPLOYMENT PLAN (IEP):</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width:10%;">Document Date</th> <th style="width:10%;">Document Type</th> <th style="width:15%;">Career Goal</th> <th style="width:15%;">Delineated into clearly defined, attainable, and manageable steps</th> <th style="width:10%;">Based on assessments</th> <th style="width:10%;">Signed and Completed <u>Jointly</u> with Participant</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	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																															<table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width:15%;">Doc Date</th> <th style="width:15%;">ASSET Open</th> <th style="width:15%;">ASSET Close</th> <th style="width:15%;">Initial / Review</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Doc Date	ASSET Open	ASSET Close	Initial / Review																												
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<p><input type="checkbox"/>Yes    <input type="checkbox"/>No    The initial IEP was acknowledged, and the Initial and Comprehensive assessments were completed before the provision of another participation-causing service</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    IEP is comprehensive, individualized, and developed specifically to establish a plan that addresses participant needs, barriers, and goals</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    Career goal identified in the IEP aligns with the results of completed assessments</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    Goals established in the IEP are appropriate for the participant's current skill level and experience based on assessments</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    IEP is developed in a way that assists the participant in increasing or maintaining economic self-sufficiency</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>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</p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    <input type="checkbox"/>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</p>	<p>Frequency of IEP review: Choose an item.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="2" style="background-color: #e0e0e0;">IEP addressed the following areas:</th> </tr> <tr><td><input type="checkbox"/></td><td>Achievement objectives</td></tr> <tr><td><input type="checkbox"/></td><td>Appropriate service combination</td></tr> <tr><td><input type="checkbox"/></td><td>Career pathways</td></tr> <tr><td><input type="checkbox"/></td><td>Educational goals</td></tr> <tr><td><input type="checkbox"/></td><td>Education/training needs</td></tr> <tr><td><input type="checkbox"/></td><td>Employment/career goals</td></tr> <tr><td><input type="checkbox"/></td><td>Participant's long-term goals</td></tr> <tr><td><input type="checkbox"/></td><td>Participant's short-term goals</td></tr> <tr><td><input type="checkbox"/></td><td>Supportive service needs</td></tr> </table> <p>COMMENTS:</p>	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																																																
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<p><b>CAREER SERVICES:</b></p> <p><input type="checkbox"/> Provided as needed    <input type="checkbox"/> NOT Provided as needed    <input type="checkbox"/> Not needed</p>	<p>Services Provided:</p> <p><input type="checkbox"/> Initial and comprehensive assessments</p>																																																																				

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<p><b>If Other Career Services Provided:</b></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 &amp; employment</p> <ul style="list-style-type: none"> <li>Soft skills</li> <li>In-depth interviewing and evaluation to identify employment barriers/ develop IEP</li> <li>Career planning, job coaching, job-matching services</li> </ul> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   ASSET services correspond with career services provided; dates match</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Development of IEP  <input type="checkbox"/> Basic Skills or Literacy Activities  <input type="checkbox"/> Career Planning  <input type="checkbox"/> Resume Development  <input type="checkbox"/> Other: _____         </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Apprenticeship Training from ETPL  <input type="checkbox"/> Customized Training  <input type="checkbox"/> Occupational Training/ Classroom- Individual Training Accounts (ITA)  <div style="margin-left: 20px;"><input type="checkbox"/> If ITA, training program must be selected from ETPL</div> <input type="checkbox"/> On-the-Job Training            Training Program: _____            Training Provider: _____         </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:50%;">Semester</th> <th style="width:50%;">Direct Costs</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>COMMENTS:</p>	Semester	Direct Costs										
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<p><b>TRAINING SERVICES:</b></p> <p><input type="checkbox"/> Provided as needed   <input type="checkbox"/> NOT Provided as needed   <input type="checkbox"/> Not needed</p> <p><b>If Training Provided:</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Training plan is appropriate for participant:</p> <ul style="list-style-type: none"> <li>based on assessment &amp; matches with interests, skills and qualifications</li> <li>participant has resources to complete program</li> <li>Need for training was determined prior to service provision.</li> </ul> <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"> <li>Reintegration of eligible participants who volunteer that they have been impacted by the opioid crisis.</li> <li>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.</li> </ul> <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><b>SUPPORTIVE SERVICES:</b></p> <p><input type="checkbox"/> Provided as needed   <input type="checkbox"/> NOT Provided as needed   <input type="checkbox"/> Not needed</p> <p><b>If Supportive Services provided:</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Participant received supportive services appropriately:</p> <ul style="list-style-type: none"> <li>documented need prior to delivery of service</li> <li>based on an assessment</li> <li>necessary for participation in WIOA services</li> <li>with coordination across dual-enrolled programs</li> </ul> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   The Supportive Service is appropriately documented:</p>												

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<ul style="list-style-type: none"> <li>In IEP</li> <li>In ASSET Manage Services and in case file</li> </ul> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Supportive Services provided according to local policy:</p> <ul style="list-style-type: none"> <li>Allowable- items for DRE, outpatient treatment, post-training employment</li> <li>Within funding limits and duration</li> <li>Reimbursement amounts are documented via logs, receipts, or other documentation as required by local policy</li> </ul> <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"> <li>Unemployed; and</li> <li>Not receiving UI or TRA; and</li> <li>Enrolled in a training program that has already begun or will within 30 calendar days</li> </ul>	<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><b>SERVICE ENTRY: For all FORWD funded services</b></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><b>DISASTER RELIEF EMPLOYMENT EMPLOYMENT/PLACEMENT SITE: (allowable/not required)</b></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"> <li>Individual Placement and Support (IPS) Employment Specialist</li> <li>Emergency Medical Technician</li> <li>Social &amp; Human Services Assistant, Social Service Aide, Student Monitor</li> <li>Teacher's Aide or Student Monitor</li> <li>Intake, Coordination, Housing, Employment &amp; Social Service Navigator/ Care Coordinator</li> <li>Peer Recovery Supporter</li> <li>Social Service/ Children Services Case Aide, Aka Recovery Coach</li> </ul> <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="margin-left: 40px;"><input type="checkbox"/>Yes <input type="checkbox"/>No Participant and Supervisor signed</p> <p style="margin-left: 40px;"><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>

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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:
<b>CASE NOTES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Case notes are entered in an appropriate manner: <ul style="list-style-type: none"> <li>Content and dates agree with ASSET Manage Services</li> <li>Case notes are comprehensive</li> <li>Case notes contain appropriate information</li> <li>Case notes entered in a timely fashion</li> </ul> <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	
<b>EXIT INFORMATION:</b> <input type="checkbox"/> Not Yet Exited <input type="checkbox"/> Active Participant <b>OR</b> <input type="checkbox"/> No longer receiving Services <input type="checkbox"/> Services are closed – exit is pending <input type="checkbox"/> Participant should be exited  <input type="checkbox"/> Exited <input type="checkbox"/> Yes <input type="checkbox"/> No Exit completed appropriately: <ul style="list-style-type: none"> <li>per federal and state policy</li> <li>per criteria described in local plan</li> <li>per actual service provision</li> </ul> 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	