

***Workforce Innovation and Opportunity Act (WIOA) Title 1B***

***Adult and Dislocated Worker Programs  
Guide to Participant Case File Documentation***



***Department of Workforce Development  
Division of Employment and Training  
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## Workforce Investment Act (WIA) Adult/Dislocated Worker Participant Case File Documentation

The Automated System Support for Employment and Training (ASSET) system is Wisconsin's WIA Title 1, Title 3 and Trade Adjustment Assistance (TAA) reporting system. To the extent possible, case managers should use ASSET to its fullest extent as both a reporting and a case management tool. The need for locally retained documents that cannot be reproduced or easily entered into the system will never be completely removed. However, to reduce duplicate reporting, minimize local storage requirements, facilitate staff file reviews, and validate participant data, there are a number of items that can, and should be reported in ASSET.

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Local Application Form	<ul style="list-style-type: none"> <li>• Signed and dated local application form</li> </ul>
Equal Opportunity (EO) Notification and Grievance Procedures	<ul style="list-style-type: none"> <li>• Workforce Development Board (WDB)-issued statement with a notification about the participant's rights, how to file a grievance, and about assistance available for handicapped persons.</li> <li>• Participants must sign that they have received copies of the EO notification and grievance procedures, and these signed documents must be in each participant file.</li> </ul>
Release of Information Authorization	<ul style="list-style-type: none"> <li>• Statement authorizing release of a participant's personal information to other providers on a need-to-know basis. Statement signed and dated by participant and clearly indicates information to be released, to whom, and effective dates. The participant is provided a copy and copy retained in case file.</li> </ul> <p>This need not be a stand-alone document – may be combined with other forms in use (e.g., local application form).</p>
Individual with a Disability	<ul style="list-style-type: none"> <li>• Letter from Drug or Alcohol Rehabilitation Agency</li> <li>• Medical Records</li> <li>• Physician, Psychiatrist or Psychologist diagnosis/statement</li> <li>• Rehabilitation evaluation</li> <li>• School records</li> <li>• Documentation from sheltered workshop</li> <li>• Social Security Administration Disability records</li> <li>• Social Service records/referrals</li> <li>• Veterans Administration letter/records</li> <li>• Vocational Rehabilitation letter/statement</li> </ul>

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Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Individual with a Disability - Continued	<ul style="list-style-type: none"> <li>• Worker's Compensation records/statement</li> <li>• Applicant statement</li> <li>• Case notes regarding observable condition</li> </ul>
Veteran Status*	<ul style="list-style-type: none"> <li>• DD-214 form (military separation/discharge papers)</li> <li>• Other military documents</li> <li>• Verification from Local Veterans Employment Representative (LVER) or Disabled Veterans Outreach Program (DVOP) staff. Otherwise, assist veteran with obtaining the DD-214 form (see <a href="http://dva.state.wi.us/WebForms/WDVA_1045_Request_for_Release_Discussion_Veterans_Records.pdf">http://dva.state.wi.us/WebForms/WDVA_1045_Request_for_Release_Discussion_Veterans_Records.pdf</a>)</li> </ul>
Employment Status at Participation*	<ul style="list-style-type: none"> <li>• Pay stub showing current employment</li> <li>• Pay stub showing last date of employment if not employed at participation</li> <li>• Employer statement or telephone verification</li> <li>• Applicant statement</li> <li>• Case notes</li> </ul>
Participation Date*	<ul style="list-style-type: none"> <li>• Signed application</li> <li>• Attendance sheets</li> <li>• Case notes</li> </ul>
Date of Qualifying Dislocation* and Special Response/National Emergency Grant Qualifying Employer* (Dislocated Workers)	<ul style="list-style-type: none"> <li>• Verification from employer</li> <li>• Notice of layoff</li> <li>• 1<sup>st</sup> Unemployment Insurance letter/statement (indicating dislocation employer)</li> <li>• Rapid Response List</li> <li>• Media article or public announcement describing the layoff; must include name of medium in which published and date of publication, along with evidence participant was employed there</li> <li>• Applicant statement <b>that includes day, month and year</b></li> </ul>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Assessment	<p>Documentation of assessments performed must be maintained in the case file and the results of assessments reported in ASSET. Documentation may be from an authorized 3<sup>rd</sup> party (e.g., DVR, other vocational assessments, etc.). Assessment elements include:</p> <ol style="list-style-type: none"> <li>1. Work History - obtained by interview; participant statement</li> <li>2. Education - participant statement, diplomas, school transcripts, etc.</li> <li>3. Basic Skills - results of basic skills assessments</li> <li>4. Occupational Skills - skill assessments, work and life experience, training certificates, educational records, participant statement</li> <li>5. Interests - participant statement, formal occupational interest assessment</li> <li>6. Aptitudes - work and life experience, educational records, formal occupational aptitude assessment</li> <li>7. Aptitudes and Interest in Nontraditional Occupations – participant statement, work and life experience, educational records, formal occupational aptitude assessment</li> <li>8. Employment Barriers - formal or informal assessment, participant statement</li> <li>9. Financial Resources and Needs - documentation of income, records of public assistance, participant statement, statement from debt management agency</li> <li>10. Supportive Service Needs - formal or informal assessment, participant statement, documentation of income</li> </ol> <p><b>Note:</b> If previous assessments are used they must contain current information and be no more than six months old.</p>
Non-Traditional Occupations (NTO) Orientation	<p>Evidence that participant has received information or materials orienting them to non-traditional occupations (what NTOs are and how to access them).</p> <ul style="list-style-type: none"> <li>• Attestation by case manager that this orientation was provided (<i>ASSET - Manage Programs</i>)</li> <li>• Statement from participant that they received this orientation</li> <li>• Evidence of attendance at group orientation activities or individual service noted in case notes</li> </ul>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Individual Employment Plan (IEP)	<p>An Employment Plan developed for WIOA or another program. The ASSET Employability Plan or a locally developed format is acceptable. However, any format used must include the following elements:</p> <ol style="list-style-type: none"> <li>1. Is based on the results of assessment (the IEP should include activities and services to address issues identified by the assessment).</li> <li>2. Is jointly developed (signed and dated) by the case manager and the participant (statement or other evidence that IEP was jointly developed and agreed to by the participant and the case manager).</li> <li>3. The participant's employment goals (primary and secondary employment goals) are identified.</li> <li>4. Appropriate achievement objectives (interim objectives and planned outcomes) including who, what, when, where and how are identified.</li> <li>5. Appropriate combination of services to achieve the employment goals (service strategy identifies activities, planned and actual begin and end dates, service provider; services identified in IEP are the same as those recorded and tracked in ASSET).</li> <li>6. Is regularly updated (updates are made as required by local policy or as warranted by changes to the plan or the participant's circumstances).</li> <li>7. Identifies/includes non-WIA funded services that are part of the strategy to address needs and achieve goals.</li> </ol>
Case Notes	<p>Record participant's progress toward reaching goals, document need for and the delivery of additional services. Document contacts with participant and report any new information pertaining to participant's employability. Entries must be made at regular intervals during customer's participation. Document contacts, events, services, etc.</p> <ul style="list-style-type: none"> <li>• Case notes in ASSET (according to local policy)</li> </ul>
PELL/Other Financial Aid	<p>Evidence that participant has applied for financial aid.</p> <ul style="list-style-type: none"> <li>• Documents from educational institution indicating eligibility for or denial of aid</li> <li>• Documentation indicating the training program does not qualify for financial aid</li> </ul>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Individualized Career Services	<ul style="list-style-type: none"> <li>• An Individual Employment Plan (IEP) has been developed (IEP present in case file or ASSET);</li> <li>• Individual is in a “priority of service” category (supporting documents, e.g., proof of low income status, public assistance receipt or basic skills deficient in case file); and</li> <li>• Documentation of appropriateness of the individualized career service to obtain or retain employment</li> </ul>
Individualized Career Services Date*	<ul style="list-style-type: none"> <li>• Signed and dated IEP</li> <li>• Documentation from school or other service provider</li> <li>• Documents verifying activities (attendance sheets, vouchers, etc.)</li> <li>• Case notes</li> </ul>
Training Services <ul style="list-style-type: none"> <li>• On-the-Job (OTJ) Training</li> <li>• Incumbent Worker Training</li> <li>• Transitional Jobs</li> <li>• Occupational Training</li> </ul>	Eligibility for training services is documented by: <ul style="list-style-type: none"> <li>• Evidence that an interview, evaluation or assessment, and career planning have been provided; and</li> <li>• Staff have determined that the individual:               <ol style="list-style-type: none"> <li>1. Is unlikely or unable to obtain or retain employment, that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services alone; (documented in case notes)</li> <li>2. Is in need of training services to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment, through career services alone (through interview, case management, evaluation or assessment and as documented in case notes); and</li> <li>3. Has the skills and qualifications to successfully participate in the selected program of training services (through interview, case management, evaluation or assessment and as documented in case notes).</li> </ol> </li> </ul>

Service Eligibility/ Data Element Validation	Acceptable Documentation/verification
	<ol style="list-style-type: none"> <li>4. Participant has selected a program of training directly linked to the employment opportunities (demand occupations) in the local area or another area in which the individual is willing to relocate (case file documents process of determining link to employment opportunities)</li> <li>5. Participant has been determined to be unable to obtain grant assistance from other sources to pay the cost of training or requires WIOA assistance in addition to other grant sources (copy of documents from educational institution indicating participant's eligibility for or denial of financial aid, or documentation indicating training program does not qualify for financial aid).</li> </ol>
Date Entered Training*	<ul style="list-style-type: none"> <li>• Documentation from training provider</li> <li>• Documents verifying activities (attendance sheets, vouchers, etc.)</li> <li>• Training contract</li> <li>• Copy of school's academic calendar</li> <li>• Case notes</li> </ul>
Date Completed or Withdrew from Training*	<ul style="list-style-type: none"> <li>• Documentation from training provider</li> <li>• Copy of degree, certificate, diploma</li> <li>• Copy of school's academic calendar</li> <li>• Training contract</li> <li>• Case notes</li> </ul>
Type of Training Service* (OJT), incumbent worker, transitional jobs, customized, occupational)	<ul style="list-style-type: none"> <li>• Documentation from training provider</li> <li>• Certificates</li> <li>• Case notes</li> </ul>
Type of Recognized Credential*	<p>Must document program was completed <u>and</u> diploma/degree earned</p> <ul style="list-style-type: none"> <li>• Diploma</li> <li>• Transcript that shows a degree or diploma was conferred</li> <li>• Certificate</li> <li>• License (regular driver's license is excluded)</li> <li>• Official communication from training provider – must include type of degree/diploma, date awarded, institution that awarded degree/diploma, participant's name, and name, title and phone number of individual providing information</li> <li>• Case notes</li> </ul>

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Service Eligibility/ Data Element Validation	Acceptable Documentation/verification
High Wage Training (35%)	<ul style="list-style-type: none"> <li>• Printout from Wisconsin Technical College <i>Graduate Follow-Up Report</i></li> <li>• Other documentation from the specific training provider</li> <li>• Local or State labor market information if graduate placement report is unavailable</li> <li>• Documentation from employer (OJT and customized training)</li> <li>• Employability Plan reflecting “career laddering” goals, combined with wage documentation for both the short term and long term employment goals</li> </ul>
Service Provider Documentation	<ul style="list-style-type: none"> <li>• Individual Training Account (ITA) voucher</li> <li>• Supportive service vouchers</li> <li>• Case notes</li> </ul>
Training Plan – Transitional Jobs or OJT	<ul style="list-style-type: none"> <li>• Written training plan that complies with Division of Employment and Training (DET) requirements, Policy Updates or Administrator’s Memos; Assurances and Certifications; Worksite Agreements</li> <li>• Training plan is signed and dated by participant, employer and authorized representative of WDB or WIOA service provider prior to start date</li> </ul>
Worksite Agreement – Transitional Jobs or OJT	<ul style="list-style-type: none"> <li>• Written worksite agreement/OJT contract that complies with DET requirements, Policy Updates and Administrator’s Memos; Assurances and Certifications; Worksite Agreements.</li> <li>• Worksite agreement/OJT contract is signed and dated by participant, employer and authorized representative of WDB or WIOA service provider prior to start date.</li> </ul>
Planned Gap in Service	<ul style="list-style-type: none"> <li>• Training class schedule indicating date training will begin</li> <li>• Documentation from training provider</li> <li>• Letter from physician or other health care professional</li> <li>• Documents that describe the reason for the move (out of the area) and expected date of return</li> <li>• If move is result of military service, notification from armed forces branch requiring the move</li> </ul>
Supportive Services and Needs- Related Payments	<ul style="list-style-type: none"> <li>• Documentation of referrals to other resources (case notes; referral forms)</li> <li>• Documentation of need for supportive services (assessment, case notes)</li> <li>• Estimates, vouchers, receipts, mileage logs, etc.</li> </ul>



Service Eligibility/ Data Element Validation	Acceptable Documentation/verification
Program Exit Date*	<ul style="list-style-type: none"> <li>• Case notes documenting exit and reason for exit or exclusion from performance measures</li> <li>• For any participant exiting after the “automated exit” is implemented - exit date in ASSET if the participant is an automated (“soft”) exit</li> </ul>
Exclusionary Exit* (at the time of exit or during 3 quarter period following exit)	<p>Specific documentation if exit reason is death, health/medical, family care, incarceration/institutionalization, or military reservist called to active duty</p> <ul style="list-style-type: none"> <li>• Obituary</li> <li>• Media article or public announcement listing the name of the participant and describing the significance of the current health condition; must include name of medium in which published and date of publication</li> <li>• Letter from physician/medical facility</li> <li>• Hospital or other medical report</li> <li>• Benefit letter (SSI/SSDI)</li> <li>• Social Service records</li> <li>• Vocational Rehabilitation letter/statement</li> <li>• Worker’s Compensation records/statement</li> <li>• Letter from family member</li> <li>• Military activation notice</li> <li>• Verification from criminal justice system/court records</li> <li>• Applicant statement</li> <li>• Co-habitation agreement</li> <li>• Case notes (must specify how condition was determined, who reported it, contact information for follow-up and validation purposes, and date of contact)</li> </ul>
Follow-Up Services	<ul style="list-style-type: none"> <li>• Copies of follow-up letters, materials, etc.</li> <li>• Activity sheets, attendance rosters</li> <li>• Information from employer</li> <li>• Receipt for follow-up support services</li> <li>• Case notes (including “attempts” to contact)</li> <li>• Reported in ASSET under Manage Follow-ups (<i>Follow-Up Service Screen</i>)</li> </ul>

Program Completion/ Data Element Validation	Acceptable Documentation/verification
Supplemental Data	<ul style="list-style-type: none"> <li>• Survey or telephone response from participant accompanied by written document such as W-2, pay stub(s), or IRS Form 1099 covering the pertinent performance period(s).</li> <li>• Written documentation (e-mail, letter, survey or fax) from employer. Must include dates of employment, employer's name, contact number, and name/title of the individual confirming the participant's employer. (Wage amounts are NOT required for supplemental data.)</li> <li>• For self-employed individuals:  Written verification from major clients  Wisconsin State Tax Form PRA-012 (Premier Resort Area Tax Return)  Wisconsin State Tax Form ST-12 (Sales and Use Tax Return)  Wisconsin Form EX-012, Local Exposition Tax Return  Wisconsin Form S-220a, Schedule P (Attachment to Form BCR, Buyer's Claim for Refund of Wisconsin State County and Stadium Sales Taxes)  IRS Form 1040, Schedule C (Profit or Loss from Business)  IRS Form 1040, Schedule SE (Self-Employment Tax)  IRS Form 1040, Schedule E (Supplemental Income and Loss)  IRS Form 1099, Schedule C-EZ (Net Profit from Business)  IRS Form 1099-B (Proceeds from Broker &amp; Barter Exchange Transactions)</li> <li>• Verification from professional employment matching services (for example, "The Work Number")</li> <li>• Confirmation from DET that employment was verified using FEDES Postal Service, Department of Defense or U.S. Office of Personnel Management employment data</li> </ul> <p>Other forms of verification may be acceptable; contact DET staff for clarification.</p>

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