## REGION 9---WIOA FILE MONITORING TOOL –1A, 1DW AND 1Y



Agency: Reviewer:

Date:

Client Name:	Participation Date:
Address:	<b>Application Date:</b>
Last 4 SSN:	<b>Certification Date:</b>
Status (Circle one): Active Exited	1A 1DW1Y
Exit Date:	Core Intensive Training
Is the client a Veteran?	Yes No
Was a service opened within 45 days from the date of ap	oplication? Yes No
ELIGIBILITY DOCUMENTATION TYPE	OF DOCUMENT (WRITE IN N/A IF NOT APPLICABLE)
A. Enrollment Age Yes No	
B. Signed Social Security Card Yes No	
C. Work Authorization Yes No	I-9 Right to Work Birth Certificate
D. Youth Program Status Yes No	Complete Youth Questions on Page 5
E. Employment at Registration Yes No F. Dislocated Worker Status Yes No	
F. Dislocated Worker Status Yes No	Complete DW Questions on page 5
G. Low Income Yes No	
Is Customer Eligibility based upon receipt of	Public Assistance Yes No
o Is there file documentation to support	
<ul> <li>Does customer qualify as a homeless person</li> </ul>	Yes No
o Is there file documentation supporting	
• Is customer's low income status based upon	=
	in support of the receipt of wages Yes No
	d and customer found eligible for services
•	Yes No
<ul> <li>Was customer found eligible through use of</li> </ul>	
	ort letter state "provide room and board only"
	Yes No
<ul> <li>Was customer found eligible using the Self S</li> </ul>	
o Is there a self-sufficiency approval e-	<u> </u>
• 11	Yes No
<ul> <li>Is there a copy of the Self Sufficiency</li> </ul>	
E. Employed at time of Application YesN	
	o N/A
G. Signatures on Application:	
Customer Eligibility (Case Manager) Con	mplete Incomplete
Verification and Review (Customer) Con	mplete Incomplete
Eligible Not Eligib	leIncomplete

DATA VALIDATION				
1. Social Security No.		Complete	_ Incomplete	
2. Veteran Status		Complete Complete	_ Incomplete	NA
3. Individual with disability			_ Incomplete	
WIOA APPLICATION				
Basic and Contact		Complete	Incomplete_	
2. Education/Credential Status			Incomplete_	
3. Employment Characteristics		Complete	Incomplete	
4. Dislocated Worker Character	istics	Complete	Incomplete_ Incomplete _	NA
5. Work History		Complete	Incomplete	,-
6. Income Calculation / Public A	Assistance	Complete	Incomplete	
7. Family Size	15515tarree		Incomplete_	
ASSESSMENT				
1. Tests (If applicable, not for W	orkkeys)			
TABE Locator Test Results	Present_	Missing	NA	
Test Results	Present_	Missing	·	
2. Individual Employment Plan			Incomplete	
Customer Signature	C	Complete	Incomplete	
Case Manager Signature	C	Complete	Incomplete	
Goals	C	Complete	Incomplete	
Comments:				
SERVICES		C1-4-	Tu 1-4-	
1. List Enrolled Services	often D=14		Incomplete	
a) Follow-up Service Record a	arter Exit.			
b) OJT Open Service	- 10		Incomplete	
c) Supportive Services Provid	ed?	Complete	Incomplete	
Exit Outcome(s) Completed (	Case No	ote/ Exit Note	es) Y/N	

## JOB PLACEMENT AND EXIT:

<ol> <li>Is there a case note reporting employment at exit</li> <li>Did customer attain the goals and objectives of his/her ISS</li> <li>Was the exit case note reflected in Track One</li> <li>Was a follow-up service activity added for exited client</li> <li>Does the exit employer show in the Work History Section</li> </ol>		No No	N/A N/A N/A
Comments:			
ON THE JOB TRAINING (If Applicable)			
Did the client participate in an OJT?	Yes	No	N/A
1. Pre-Award Employer Review			N/A
2. Master Agreement			N/A
3. Job Specific Skills Interview			N/A
4. OJT Participant Contract			N/A
5. Progress & Monitoring reports			N/A
6. OJT Summary Sheet			N/A
7. All forms complete and signed by Agency and Employer			N/A
INDIVIDUAL TRAINING ACCOUNT (If Applicable)  Did the customer receive ITA training?			Yes No
Did the customer receive 1171 truming.			100110

## If Yes....

Criteria	Yes/No/NA	Document/Explanation
Received at least one Counseling Service		
File contains an Individual Employment Plan that shows how the proposed training would fit the customer's goals		
The case manager completed an application for an Individual Training Account and submitted it to Supervisor		
An Educational Budget Sheet has been completed		
Signed Voucher(s) on file		
Training Service Activity entered in Track One		
Copy of credential /license in customer file		

Comments:	
DISLOCATED WORKER QUESTIONS	
1. UI enrollee:	
Has the client been identified as an UI Profilee?	Yes No
2. Unlikely to Return:	
Is there documentation to support client's connection to the workforce?	Yes No
Is there file documentation showing the client is unlikely to return to the	
prior industry or occupation from which he/she was terminated or laid off?	
	Yes No
3. Plant Closure or Substantial Layoff:	
Is there file documentation showing that client was terminated or laid off	
as a result of a Plant Closure or Substantial Layoff?	Yes No
4. Displaced Homemaker:	
Does the file contain documentation to support client's status as a	
Displaced Homemaker?	YesNo
1	<del></del>
5. Unemployed as a result of General Economic Conditions or Natural Disasters:	
Is there documentation to support classification as a dislocated worker for	
having become unemployed as a result of general economic conditions or	
result of a natural disaster in the community in which s/he resides	YesNo
YOUTH DOCUMENTATION	
1. Meets Age Guidelines?	Yes No
2. Meets Income Guidelines? Family Size	Yes No
<ul><li>3. Barriers Listed?</li><li>4. Attainment of Goals?</li></ul>	Yes No Yes No
4. Attainment of Goals?	1 es NO