

Comments: _____

DATA VALIDATION

- 1. Social Security No. Complete_____ Incomplete_____
- 2. Veteran Status Complete_____ Incomplete _____ NA_____
- 3. Individual with disability Complete_____ Incomplete _____ NA_____

WIOA APPLICATION

- 1. Basic and Contact Complete _____ Incomplete_____
- 2. Education/Credential Status Complete_____ Incomplete_____
- 3. Employment Characteristics Complete_____ Incomplete_____
- 4. Dislocated Worker Characteristics Complete_____ Incomplete _____ NA_____
- 5. Work History Complete_____ Incomplete _____
- 6. Income Calculation / Public Assistance Complete_____ Incomplete_____
- 7. Family Size Complete _____ Incomplete_____

ASSESSMENT

1. Tests (If applicable, not for Workkeys)

- TABE Locator Present_____ Missing _____ NA _____
- Test Results Present_____ Missing _____

2. Individual Employment Plan (ISS)

- Complete_____ Incomplete _____
- Customer Signature Complete_____ Incomplete _____
- Case Manager Signature Complete_____ Incomplete _____
- Goals Complete_____ Incomplete _____

Comments: _____

SERVICES

- 1. List Enrolled Services Complete _____ Incomplete _____
 - a) Follow-up Service Record after Exit. Complete _____ Incomplete _____
 - b) OJT Open Service Complete _____ Incomplete _____
 - c) Supportive Services Provided? Complete _____ Incomplete _____

Exit Outcome(s) Completed (Case Note/ Exit Notes) Y/N

Comments: _____

JOB PLACEMENT AND EXIT:

- 1. Is there a case note reporting employment at exit Yes ___ No ___ N/A ___
- 2. Did customer attain the goals and objectives of his/her ISS Yes ___ No ___ N/A ___
- 3. Was the exit case note reflected in Track One Yes ___ No ___ N/A ___
- 4. Was a follow-up service activity added for exited client Yes ___ No ___ N/A ___
- 5. Does the exit employer show in the Work History Section Yes ___ No ___ 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 Yes ___ No ___ N/A ___
- 2. Master Agreement Yes ___ No ___ N/A ___
- 3. Job Specific Skills Interview Yes ___ No ___ N/A ___
- 4. OJT Participant Contract Yes ___ No ___ N/A ___
- 5. Progress & Monitoring reports Yes ___ No ___ N/A ___
- 6. OJT Summary Sheet Yes ___ No ___ N/A ___
- 7. All forms complete and signed by Agency and Employer Yes ___ No ___ N/A ___

INDIVIDUAL TRAINING ACCOUNT (If Applicable)

Did the customer receive ITA training? Yes ___ No ___

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? Yes ___No___
- 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 Yes ___No___

YOUTH DOCUMENTATION

- 1. Meets Age Guidelines? Yes ___ No ___
- 2. Meets Income Guidelines? Family Size_____ Yes ___ No ___
- 3. Barriers Listed? Yes ___ No ___
- 4. Attainment of Goals? Yes___ No ___