

**Indiana Department of Workforce Development - Regulatory Oversight and Compliance (ROC) Division  
Participant File Review Checklist - ADULT**

<b>Participant Name:</b>		<b>State ID #:</b>	
<b>Region:</b>	<b>Office:</b>	<b>Participation Date:</b>	<b>Highest Education:</b>
<b>Reviewer:</b>	<b>Review Date:</b>	<b>Service Provider:</b>	

<b>PARTICIPANT DATA &amp; CASE DOCUMENTS</b>				<b>Authority:</b> WIOA Memo: Interim Guidance on Eligibility and Data Validation, Except Youth and Adult Education – Version 3, 12-02-15  NOTE: Documentation may exist as paper and/or electronic. NOTE: When reviewing records, be sure the application being reviewed corresponds with the current monitoring time period of the record for review (in case the client has more than one application). <b>Comments:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local application signed and dated Date: _____				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participant Rights signed and dated				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Complaint/grievance process signed and dated				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release of Information signed and dated				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If a <u>veteran</u> , there is a DD-214 or acceptable documentation			
<b>ADULT GENERAL ELIGIBILITY CRITERIA</b>				<b>Authority:</b> TEGL No. 11-11 <b>Comments:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18 years of age or older	DOB _____		Docu & Date _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eligible to work in the USA			Docu & Date _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registered with the Selective Service (if male born on/after Jan 1, 1960)			Docu & Date _____	
<b>LOW INCOME DETERMINATION &amp; DOCUMENTATION</b>				<b>Authority:</b> DWD Memo: Publication of 2018 Economically Disadvantaged Criteria DWD Memo: Publication of 2019 Economically Disadvantaged Criteria  NOTE: Be sure income documentation is signed and dated by the client. <b>Comments:</b>		
<i>Not an eligibility requirement, but impacts Priority Of Service; USDOL reporting requirement.</i>						
<b>BASED ON BENEFIT(S) RECEIVED:</b> If data fields show the participant is receiving any one of the following benefits (except SSDI), they meet the low income definition.						
Cash Public Asst:		<input type="checkbox"/> Federal	<input type="checkbox"/> State		<input type="checkbox"/> Local	<input type="checkbox"/> No
SNAP:		<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Received in Past 6 mos	<input type="checkbox"/> Not Receiving		Docu & Date _____

<p>TANF: <input type="checkbox"/> Currently Receiving <input type="checkbox"/> Received in Past 6 mos <input type="checkbox"/> Not Receiving Docu &amp; Date_____</p> <p>SSI/SSDI: <input type="checkbox"/> SSI Only <input type="checkbox"/> SSDI Only <input type="checkbox"/> SSI &amp; SSDI <input type="checkbox"/> No Docu &amp; Date_____ (Note: SSI counts as a low income benefit, SSDI does not.)</p> <p>General Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response Docu &amp; Date_____</p> <p>Refugee Cash Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response Docu &amp; Date_____</p> <p>Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response Docu &amp; Date_____</p> <p><b>BASED ON INCOME PREVIOUS SIX MONTHS:</b> If the participant is <u>not</u> receiving one of the above listed benefits defining s/he as low income, then the family's income for the previous six months should be calculated to determine if the participant meets the low income definition (100% FPL or 70% LLSIL, whichever is higher).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The participant is an individual with a disability whose own income meets the income requirements above, but who is a member of a family whose income does not meet the requirement</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Household members reported meet the WIOA definition of family</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Family size recorded is accurate</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Family income is tallied for past six months and annualized properly Annual Income_____ Documentation_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Income shown for each family member, is documented with allowable sources, and complies with inclusions &amp; exclusions of the WIOA program</p>	
<b>PRIORITY OF SERVICE (POS)</b>	
<p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No A determination of the POS category was made during eligibility determination for veteran/eligible spouse status</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ICC data fields are completed to support the individual is in a POS category (when verification is required per DWD policy).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Participant file contains documentation to support the individual is in a POS category.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No File documentation indicates the participant received services according to the <u>state</u> POS policy</p>	<p><b>Authority:</b> DWD Policy 2015-08 WIOA Memo: Interim Guidance on WIOA Title I Adult Priority of Service, 07-02-2015 20 CFR 680.600 TEGL No. 10-09</p> <p>Note: Veterans and eligible spouses have priority of service for all programs.</p> <p><b>Comments:</b></p>

**INITIAL, COMPREHENSIVE & SPECIALIZED ASSESSMENTS**

- Yes  No Provided Objective Initial Assessment (basic skill levels)
- Yes  No Provided documented self-assessments (prior work experience, interests/aptitudes, abilities)

Date	File Doc	Assessment tool	Areas Assessed

**Comments:**

**INDIVIDUAL EMPLOYMENT PLAN (IEP)**

- Yes  No Initial IEP is completed, signed and documented (based on assessments and employment/training goals jointly developed with the participant)  
Initial IEP Date: \_\_\_\_\_
- Yes  No IEP is reviewed, updated, signed, dated, and properly documented in the participant file

**Authority:**  
WIOA Sec. 134(c)(2)(A)(xii)(II)  
20 CFR 680.170

**Comments:**

**Goals:**

**CAREER SERVICES**

- None Provided
- Yes  No Acceptable file documentation.
- Yes  No Appropriate services related to assessment.

**Authority:**  
TEGL No. 19-16  
20 CFR 678.430  
20 CFR 678.100-195  
WIOA Sec. 134(c)

Date	File Doc	Services	Case Notes

**Comments:**

**TRAINING SERVICES**

None Provided

- Yes  No The need for training is documented in the participant's file as described in the Local Plan
- Yes  No Participant has the skills and qualifications to complete training
- Yes  No The training program is directly linked to employment opportunities
- Yes  No The training program was selected from the State ITA list
- Yes  No The file contains documentation showing the participant has the necessary resources (loans, grants, personal funds, etc.) to attend and complete the training
- Yes  No The participant's progress in training is monitored by the case manager to ensure positive performance credit
- Yes  No ITA Vouchers authorizing training is included in the file
- Yes  No Training is related to the IEP
- Yes  No Other grants/financial assistance applied for
- Yes  No Job search assistance was provided after completion
- Yes  No Measurable Skills Gains were achieved and reported

**Authority:**  
 WIOA Sec. 134(c)(3)  
 TEGL No. 19-16  
 20 CFR 680.200-230  
 20 CFR 680.300-350

NOTE: Training service date corresponds with the date of the first service, not the voucher date.  
 NOTE: Once a client becomes TAA eligible, any existing WIOA-paid training must be moved over to TAA funding within 45 days or at the next natural break in training.

Program Yr	Measurable Gain	File Doc	Case Notes

**Comments:**

**SUPPORTIVE SERVICES**

None Provided

- Yes  No Participant received supportive services based on an assessment.
- Yes  No Documentation validates that the supportive services are necessary in order for the individual to participate in WIOA services.
- Yes  No Documentation of referrals to other resources.
- Yes  No Services coordinated with dual-enrollment programs.
- Yes  No Other sources were sought before using WIOA funds.

**Authority:**  
 TEGL No. 19-16  
 20 CFR 680.900-970  
 WIOA Sec. 3(59)

Date	File Doc	Services	Case Notes

**Comments:**

**OJT & REGISTERED APPRENTICESHIP**

- None Provided
- Yes    No   Determined eligible prior to hire date with OJT company
- Yes    No   Contract contains the required elements found in DWD Policy WIOA 1 (134)-P1-Attachment B
- Yes    No   OJT identified on the IEP
- Yes    No   Assessment used to determine OJT training plan
- Yes    No   Contract signed and dated by all parties before OJT start date
- Yes    No   Timesheets, vouchers, or other reimbursement docs in participant file
- Yes    No   On-site monitoring performed by WDB or service provider staff
- Yes    No   Document the factors used for any reimbursement over 50%
- Yes    No   Region utilizes Registered Apprenticeships

**Authority:**  
 TEGL No. 19-16  
 DWD Policy (134)-P1 (under WIOA on DWD website)  
 20 CFR 680.700-840  
 WIOA Sec. 3(44)

Elig Dt	Dt Contract Signed	OJT Start Date	OJT End Date	On-site Monitoring Dates

**Comments:**

**PLANNED GAP IN SERVICE**

- None Provided
- Planned gap inclusive dates: \_\_\_\_\_ to \_\_\_\_\_
- Yes    No   Properly documented
- Yes    No   Valid reason
- Yes    No   Other services were closed and documented

**Comments:**

**EXIT INFORMATION**

- Not Yet Exited
- Yes    No   Exit completed per criteria described in local plan (V1.C.10)
- Exit Reason:  Employment    Education    Exclusion    Other   Exit Date: \_\_\_\_\_
- Yes    No   Exclusionary exit documentation   Document \_\_\_\_\_

**Comments:**

**FOLLOW-UP & PERFORMANCE TRACKING**

- Not Applicable
- Yes    No   First date of employment documented
- Yes    No   Follow-up conducted properly
- Yes    No   Quarterly follow-up surveys completed
- Yes    No   Supplemental employment data documentation

**Authority:**  
TEGL No. 26-16

Date	Q1	Q2	Q3	Q4

**Comments:**

**CASE NOTES**

- Yes    No   Case notes demonstrate the WDB's process for contacting participants
- Yes    No   Case notes are comprehensive

Date of last direct contact: \_\_\_\_\_

**Comments:**