

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

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

PARTICIPANT DATA & CASE DOCUMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No Local application signed and dated Date: _____	Authority: WIOA Memo: Interim Guidance on Eligibility and Data Validation, Except Youth and Adult Education – Verison 3, 12-02-15 WIOA Sec. 3(15) DWD Policy 2016-01 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). Comments:
<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 <u>If a veteran</u> , there is a DD-214 or acceptable documentation	
DISLOCATED WORKER GENERAL ELIGIBILITY CRITERIA	
<input type="checkbox"/> Yes <input type="checkbox"/> No 18 years of age or older DOB _____ Docu & Date _____	Authority: TEGL No. 11-11 Comments:
<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 _____	
FEDERAL ELIGIBILITY REQUIREMENTS	
<input type="checkbox"/> 1. Has been terminated or laid off, or who has received a notice of termination or layoff from employment, AND; <ul style="list-style-type: none"> <input type="checkbox"/> a. Is eligible for or has exhausted entitlement to unemployment compensation, OR; <input type="checkbox"/> b. Has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a State unemployment compensation law, AND; <input type="checkbox"/> c. Is unlikely to return to a pervious industry or occupation. (Local Definition) 	Authority: WIOA Sec. 3(15), (16) NOTE: Be sure income documentation is signed and dated by the client. 1. Documented <input type="checkbox"/> Yes <input type="checkbox"/> No

- 2. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility or enterprise.
- 3. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or for purposes of eligibility to receive services other than training services, intensive services or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.
- 4. Was self-employed (including employment as a farmer, a ranch, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.
- 5. Is a displaced homemaker. A "displaced homemaker" is an individual who has been providing unpaid services to family members in the home, AND:
 - a. has been dependent on the income of another family member but is no longer supported by that income, AND;
 - b. is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- 6. The individual is the spouse of a member of the Armed Forces on active duty, and has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such members; or is the spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- 7. The individual is a separated service member with a discharge other than dishonorable, who has received a notice of separation from the Department of Defense and is unlikely to return to a previous industry or occupation.

2. Documented
 Yes No

3. Documented
 Yes No

4. Documented
 Yes No

5. Documented
 Yes No

NOTE: For purposes of determining the eligibility of displaced homemaker, "underemployment" is defined as follows: The applicant is employed but is either (1) working full-time and has an earned income, which if annualized would be equal or below self-sufficiency or 2) working part-time and seeking full-time work.

6. Documented
 Yes No

7. Documented
 Yes No

Comments:

RAPID RESPONSE & NEG	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No Rapid Response Grant Eligible. If yes: NEG# _____ Company _____ <input type="checkbox"/> Yes <input type="checkbox"/> No National Emergency Grant Eligible. If yes: NEG# _____ Company _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Dual-enrollment? RESEA participation date <u>as appropriate</u> _____	Comments:
LOW INCOME DETERMINATION & DOCUMENTATION	
<p><i>Not an eligibility requirement, but impacts Priority Of Service; USDOL reporting requirement.</i> BASED ON BENEFIT(S) RECEIVED: If data fields show the participant is receiving any one of the following benefits (except SSDI), they meet the low income definition.</p> <p><i>Cash Public Asst:</i> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> No Docu & Date _____</p> <p><i>SNAP:</i> <input type="checkbox"/> Currently <input type="checkbox"/> Received in <input type="checkbox"/> Not Receiving Receiving Past 6 mos Docu & Date _____</p> <p><i>TANF:</i> <input type="checkbox"/> Currently <input type="checkbox"/> Received in <input type="checkbox"/> Not Receiving Receiving Past 6 mos Docu & Date _____</p> <p><i>SSI/SSDI:</i> <input type="checkbox"/> SSI Only <input type="checkbox"/> SSDI Only <input type="checkbox"/> SSI & SSDI <input type="checkbox"/> No (Note: SSI counts as a low income benefit, SSDI does not.) Docu & Date _____</p> <p><i>General Assistance:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response Docu & Date _____</p> <p><i>Refugee Cash Assistance:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response Docu & Date _____</p> <p><i>Homeless:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response Docu & Date _____</p>	Authority: 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. Comments:

BASED ON INCOME PREVIOUS SIX MONTHS: If the participant is not 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).

- Yes 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
Documentation _____
- Yes No Household members reported meet the WIOA definition of family
- Yes No Family income is tallied for past six months and annualized properly
Annual Income _____
Documentation/Date _____
- Yes No Income shown for each family member, is documented with allowable sources, and complies with inclusions & exclusions for the WIOA program

PRIORITY OF SERVICE (POS)

- Not Applicable
- Yes No A determination of the POS category was made during eligibility determination for veteran/eligible spouse status
- Yes No ICC data fields are completed to support the individual is in a POS category (when verification is required per DWD policy)
- Yes No Participant file contains documentation to support the individual is in a POS category
- Yes No File documentation indicates the participant received services according to the state POS policy

Authority:
 DWD Policy 2015-08
 WIOA Memo: Interim Guidance on WIOA Title 1 Adult Priority of Service, 07-07-2015
 20 CFR 680.600
 TEGL No. 10-09

Note: Veterans and eligible spouses have priority of service for all programs. POS for the economically disadvantaged does not apply to WIOA Dislocated Workers, but may be a factor for those co-enrolled as WIOA Adults

Comments:

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:
WIOA Sec. 134(c)
20 CFR 678.430
20 CFR 680.100-195
TEGL No. 19-16

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 ETP 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 are in file
- Yes No Training related to IEP
- Yes No Other grants/financial assistance applied for, as appropriate
- Yes No Job search assistance provided after completion
- Yes No Measurable Skills Gains achieved and reported

Authority:

WIOA Sec. 134(c)(3)
 WIOA Sec. 3(60)
 20 CFR 680.200-230
 20 CFR 680.300-350
 TEGL No. 19-16

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

Authority:

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

Date	File Doc	Services	Case Notes

Comments:

OJT & REGISTERED APPRENTICESHIPS

- 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 ACP
- 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:
 DWD Policy (134)-P1 (under WIOA on DWD website)
 20 CFR 680.700-840
 TEGL No. 19-16
 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 Documented
- Yes No Valid reason
- Yes No Other program services 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 Certificates/skills gain reported

Yes No Quarterly follow-up surveys completed

Yes No First date of employment documented

Yes No Supplemental employment data documented

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: