

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

<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>	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Local application form 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	<b>Authority:</b> DWD Policy 2017-03  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>
<b>ELIGIBILITY – BASIC CRITERIA</b>	
<input type="checkbox"/> 14-24 years of age at registration Birth date _____ Age _____ Documentation _____  <input type="checkbox"/> Eligible to work in the USA Documentation _____  <input type="checkbox"/> Registered with the Selective Service (if a male born on/after January 1, 1960) Documentation _____	<b>Authority:</b> WIOA Sec. 3(27), (46) WIOA Sec. 128(a) DWD Policy 2017-03 TEGL No. 21-16 20 CFR 681.320  <b>Comments:</b>

ELIGIBILITY – IN-SCHOOL YOUTH	
<input type="checkbox"/> Attending school (secondary or post-secondary) <input type="checkbox"/> Age 14 – 21 <input type="checkbox"/> Low income; <b>and one or more of the following barriers:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Skills Deficient Documentation: _____</li> <li><input type="checkbox"/> English Language Learner Documentation: _____</li> <li><input type="checkbox"/> Offender Documentation: _____</li> <li><input type="checkbox"/> Homeless, runaway, foster care (or aged out), eligible under Sec. 477 of Social Security Act, or out-of-home placement Documentation: _____</li> <li><input type="checkbox"/> Pregnant or parenting Documentation: _____</li> <li><input type="checkbox"/> Youth with a disability Documentation: _____</li> <li><input type="checkbox"/> Requires additional assistance to complete an educational program (defined locally)* Documentation: _____</li> </ul> <p>*Not more than 5% of ISY newly enrolled in a given program year may be eligible based on this criteria.</p>	<p><b>Authority:</b>  20 CFR 681.220-230  20 CFR 681.250  20 CFR 681.290  20 CFR 681.310  WIOA Sec. 129(a)(3)(B)  TEGL No. 21-16  WIOA Sec. 129(a)(1)(B)</p> <p>Note: WIOA allows a low-income exception where five percent of WIOA youth may be participants who ordinarily would be required to be low-income for eligibility purposes (all in-school youth, out-of-school youth with a high school diploma or equivalent <u>and</u> basic skills deficient or English language learner and out-of-school youth who require additional assistance to enter or complete an educational program or to secure or hold employment).</p> <p><b>Comments:</b></p>
ELIGIBILITY – OUT-OF-SCHOOL YOUTH	
<input type="checkbox"/> Not attending school <input type="checkbox"/> Age 16 – 24; <b>and one or more of the following barriers:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> School dropout Documentation: _____</li> <li><input type="checkbox"/> Not attending (within age of compulsory school attendance) Documentation: _____</li> <li><input type="checkbox"/> Received high school diploma or equivalent, who is low-income and <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Skills Deficient</li> <li><input type="checkbox"/> English Language Learner</li> </ul> Documentation: _____</li> <li><input type="checkbox"/> Subject to juvenile or adult justice system Documentation: _____</li> </ul>	<p><b>Authority:</b>  20 CFR 681.240-250  20 CFR 681.290  20 CFR 681.300  WIOA Sec. 129(a)(3)(B)  TEGL 21-16  WIOA Sec. 129(a)(1)(B)</p> <p><b>Comments:</b></p>

<p><input type="checkbox"/> Homeless, runaway, foster care (or aged out), eligible under Sec. 477 of Social Security Act, or out-of-home placement Documentation: _____</p> <p><input type="checkbox"/> Pregnant or parenting Documentation: _____</p> <p><input type="checkbox"/> Youth with a disability Documentation: _____</p> <p><input type="checkbox"/> Low-income individual who requires additional assistance to complete an educational program (defined locally) Documentation: _____</p> <p><input type="checkbox"/> Received HS diploma/equivalent, and is Basic Skills Deficient or English Language Learner Documentation: _____</p> <p><input type="checkbox"/> Requires additional assistance to enter or complete an educational program or to secure or hold Employment Documentation: _____</p>	
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**LOW-INCOME DETERMINATION & DOCUMENTATION**

<p><i>Cash Public Assistance:</i>  <input type="checkbox"/> Federal   <input type="checkbox"/> State   <input type="checkbox"/> Local   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Youth is recipient of an allowable eligibility program  <input type="checkbox"/> Yes   <input type="checkbox"/> No   File contains documentation of benefit(s) received</p> <p><i>TANF:</i>  <input type="checkbox"/> Not Receiving   <input type="checkbox"/> Currently Receiving   <input type="checkbox"/> Received In Past Six Months  <input type="checkbox"/> Yes   <input type="checkbox"/> No   File contains documentation of TANF</p> <p><i>Living in High Poverty Area:</i>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> No response  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Youth is living in a high poverty area  <input type="checkbox"/> Yes   <input type="checkbox"/> No   File contains documentation of Living in High Poverty Area</p> <p><i>SNAP:</i>  <input type="checkbox"/> Not Receiving   <input type="checkbox"/> Currently Receiving   <input type="checkbox"/> Received In Past Six Months  <input type="checkbox"/> Yes   <input type="checkbox"/> No   Youth is a member of a household that receives (or has been determined within the 6 month period prior to application) to be eligible to receive food stamps  <input type="checkbox"/> Yes   <input type="checkbox"/> No   File contains documentation of SNAP</p>	<p><b>Authority:</b>  WIOA Sec. 3(36), (49), (50)  TEGL No. 21-16  TEGL No. 19-16  20 CFR 681.270-280  20 CFR 675.300</p> <p><b>Comments:</b></p>
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*Free/Reduced Lunch:*

- Yes  No  No response  
 Yes  No Youth receives or is eligible to receiving Free/Reduced Lunch  
 Yes  No File contains documentation of Free/Reduced Lunch

*SSI/SSDI:*

- No  SSI Only  SSDI Only  SSI and SSDI  
 Yes  No Youth is a member of a household that receives (or has been determined within the 6 month period prior to application) to be eligible to receive SSI  
*(NOTE: SSI counts as a low income benefit. SSDI does not).*  
 Yes  No File contains documentation of SSI/SSDI

*General Assistance:*

- Yes  No  No response  
 Yes  No Youth is a member of a household that receives (or has been determined within the 6 month period prior to application) to be eligible to receive General Assistance  
 Yes  No File contains documentation of General Assistance

*Refugee Cash Assistance:*

- Yes  No  No response  
 Yes  No Youth is a member of a household that receives (or has been determined within the 6 month period prior to application) to be eligible to receive Refugee Cash Assistance  
 Yes  No File contains documentation of Refugee Cash Assistance

**ELIGIBILITY – INCOME CRITERIA**

Family Size: \_\_\_\_\_

- Yes  No The youth is an individual with a disability whose own income meets the income requirements below, but who is a member of a family whose income does not meet the requirement
- Yes  No Family members are listed , including their relationship to the participant and they meet the WIOA definition of family

Total Includable Income Reported for Previous Six Months: \_\_\_\_\_

Income Calculated on an Annual Basis: (annualized)

X 2 = \_\_\_\_\_

Documentation of Income: \_\_\_\_\_

**Authority:**

WIOA Sec. 3(36), (49), (50)  
TEGL No. 21-16  
TEGL No. 19-16  
20 CFR 681.270-280  
20 CFR 675.300

**Comments:**

Yes  No Income shown for each family member, is documented with allowable sources, complies with inclusions and exclusions for the WIOA program

**INITIAL COMPREHENSIVE ASSESSMENTS**

Yes  No Provided documented Objective Assessment (basic skills, occupational skills, prior work experience, interests/aptitudes, support service needs, etc.)

Yes  No Provided documented self-assessment (occupational skills, prior work experiences, interests/aptitudes, support service needs, etc.)

**Authority:**  
WIOA Sec. 129(c)(1)  
20 CFR 681.320  
20 CFR 681.420(a)(1)

Date	File Doc	Assessment tool	Areas Assessed

**Comments:**

**INDIVIDUAL SERVICE STRATEGY (ISS) OR INDIVIDUAL EMPLOYMENT PLAN (IEP)**

Yes  No Individual Service Strategy or Individual Employment Plan (based on assessment, measurable skill attainment goals, jointly developed, signed and dated)  
Date: \_\_\_\_\_

Yes  No Services concur with assessment and IEP or ISS

Yes  No ISS or IEP is reviewed, updated, signed, dated, and properly documented in the participant file

**Authority:**  
WIOA Sec. 129(c)(1)  
20 CFR 681.320  
20 CFR 681.420(a)(1)

**Comments:**

PROGRAM ELEMENTS PROVIDED	
<ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Activities helping youth transition to post-secondary education and training</li> <li>2. <input type="checkbox"/> Education offered concurrently with workforce preparation activities</li> <li>3. <input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention</li> <li>4. <input type="checkbox"/> Comprehensive guidance and counseling, including drug &amp; alcohol abuse counseling and referral</li> <li>5. <input type="checkbox"/> Services providing labor market and employment information</li> <li>6. <input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing, OJT, summer</li> <li>7. <input type="checkbox"/> Adult mentoring</li> <li>8. <input type="checkbox"/> Occupational skill training</li> <li>9. <input type="checkbox"/> Entrepreneurial skills training</li> <li>10. <input type="checkbox"/> Financial education</li> <li>11. <input type="checkbox"/> Leadership development opportunities</li> <li>12. <input type="checkbox"/> Alternative secondary school services</li> <li>13. <input type="checkbox"/> Supportive Services</li> <li>14. <input type="checkbox"/> Follow-up Services</li> </ol>	<p><b>Authority:</b>  DWD Policy 2018-01  WIOA Sec. 129(c)(2)  TEGL No. 21-16  20 CFR 681.320  20 CFR 681.630</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Services relate to assessment &amp; IEP  <input type="checkbox"/> Yes   <input type="checkbox"/> No   File documentation of services received  <input type="checkbox"/> Yes   <input type="checkbox"/> No   File documentation client has been informed of services available</p> <p><b>Comments:</b></p>
SUPPORTIVE SERVICES	
<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Participant received supportive services based on an assessment.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Documentation supportive services are necessary in order for the individual to participate in WIOA services.</p>	<p><b>Authority:</b>  WIOA Sec. 3(59)  TEGL No. 21-16  20 CFR 681.570</p>

Yes  No Referrals were made to other available community and grant resources.

Yes  No Services coordinated with dual-enrollment programs

Date	File Doc	Services	Case Notes

**INCENTIVE AWARDS/STIPEND PAYMENTS**

Yes  No The incentives/stipends are included in the youth's IEP

Yes  No Documentation of incentives/stipends received

Identify incentives/stipends provided: \_\_\_\_\_

**Authority:**  
TEGL No. 21-16  
20 CFR 681.640

**Comments:**

**EXIT INFORMATION**

Yes  No  N/A Supplemental employment data

Yes  No  N/A Exclusionary exit documented

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

**Comments:**

**FOLLOW-UP INFORMATION**

Yes  No  N/A Follow-up services are provided for 12 months after exit

Yes  No  N/A File contains documentation of diploma and date

Yes  No  N/A Placement in employment or education reported in ICC 1<sup>st</sup> quarter after exit for performance credit

Yes  No  N/A Adequate documentation of 1<sup>st</sup> quarter placement in employment or education

Yes  No  N/A Literacy and numeracy skill gains for those determined skill deficient?

Exit Date: \_\_\_\_\_

Follow-Up Dates: \_\_\_\_\_

**Authority:**  
WIOA Sec. 129(c)(I)  
20 CFR 681.580

**Comments:**

CASE NOTES	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No If case notes reflect that the case manager has lost contact with the participant, appropriate action is taken</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Case notes are comprehensive and contain appropriate information</p> <p>Date of last <u>direct</u> contact: _____</p>	<p><b>Comments:</b></p>

Revised August 2019