



<p>SSI/SSDI: <input type="checkbox"/> SSI Only <input type="checkbox"/> SSDI Only <input type="checkbox"/> SSI &amp; SSDI <input type="checkbox"/> No          (Note: SSI counts as a low income benefit, SSDI does not.) Docu &amp; Date_____</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, &amp; complies with inclusions &amp; exclusions for 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 indicate the participant received services according to the <u>state</u> POS policy.</p>	<p><b>Authority:</b>          DWD Policy 2015-08          MEMORANDUM: Interim Guidance on WIOA Title 1 Adult Priority of Service, dated July 2, 2015          20 CFR 680.600          TEGL 10-09</p> <p><b>Comments:</b></p>

**INITIAL, COMPREHENSIVE AND SPECIALIZED ASSESSMENTS**

- Yes    No   Provided Initial Assessment (basic skill levels, prior work experience, interests/ aptitudes, abilities, & support service needs, etc.)
  
- Yes    No   Provided and properly documented Additional Comprehensive and/or Specialized Assessment (increased skill levels, changes in interests/aptitudes, mastered abilities, in-depth interviewing and evaluation to identify employment barriers, and changes in support service needs, etc.)

Date	File Doc	Assessment tool	Areas Assessed

**Comments:**

**INDIVIDUAL EMPLOYMENT PLAN (IEP)**

- Yes    No   Was an Objective Assessment completed prior to development of IEP?  
Objective Assessment Date: \_\_\_\_\_
  
- 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   Initial and updated IEPs are signed and dated and contain participant's employment goals, achievement objectives, determination of need for training, and an appropriate combination of services for participant to achieve employment.
  
- Yes    No   The initial IEP and updated IEPs correspond with employment goals and services being reported in ICC and case notes.
  
- 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:**

**CAREER SERVICES**

- None Provided
- Yes  No Acceptable file documentation.
- Yes  No Appropriate services related to assessment.
- Yes  No Career services provided according to the WDB's local policy and procedures.

**Authority:**  
 TEGL 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 are in file.
- Yes  No Training related to IEP.
- Yes  No Other grants/financial assistance applied for.
- Yes  No Job search assistance provided after completion.
- Yes  No Measurable Skills Gains achieved and reported

**Authority:**  
 WIOA Sec. 134(c)(3)  
 TEGL 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 their WIOA services.
- Yes  No Documentation of referrals to other resources.
- Yes  No Services coordinated with dual-enrolled programs.
- Yes  No Other sources were sought before using WIOA funds.

**Authority:**  
TEGL 19-16  
20 CFR 680.900-970

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 Does the contract contain 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 Does the Region utilize Registered Apprenticeships?

**Authority:**  
TEGL 19-16  
WIOA T1 (134)-P1 (under WIOA on DWD website)  
20 CFR 680.700-840

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

**Comments:**

PLANNED GAP IN SERVICE																
<input type="checkbox"/> None Provided  Planned Gap Inclusive Dates _____ to _____  <input type="checkbox"/> Yes <input type="checkbox"/> No   Properly documented  <input type="checkbox"/> Yes <input type="checkbox"/> No   Valid reason  <input type="checkbox"/> Yes <input type="checkbox"/> No   Other services were closed and documented	<b>Comments:</b>															
EXIT INFORMATION																
<input type="checkbox"/> Not Yet Exited  <input type="checkbox"/> Yes <input type="checkbox"/> No   Exit completed per criteria described in local plan  Exit Reason: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Exclusion <input type="checkbox"/> Other   Exit Date: _____  <input type="checkbox"/> Yes <input type="checkbox"/> No   Exclusionary exit documentation   Document _____	<b>Comments:</b>															
FOLLOW-UP / PERFORMANCE TRACKING																
<input type="checkbox"/> Not Applicable  <input type="checkbox"/> Yes <input type="checkbox"/> No   First date of employment documented  <input type="checkbox"/> Yes <input type="checkbox"/> No   Follow up conducted properly  <input type="checkbox"/> Yes <input type="checkbox"/> No   Quarterly Follow-up surveys completed  <input type="checkbox"/> Yes <input type="checkbox"/> No   Supplemental employment data documentation	<b>Authority:</b> TEGL 26-16  <table border="1"> <thead> <tr> <th>Date</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <b>Comments:</b>	Date	Q1	Q2	Q3	Q4										
Date	Q1	Q2	Q3	Q4												
CASE NOTES																
<input type="checkbox"/> Yes <input type="checkbox"/> No   Case notes demonstrate the WDB's process for contacting participants  <input type="checkbox"/> Yes <input type="checkbox"/> No   Case notes are comprehensive  Date of last <u>direct</u> contact: _____	<b>Comments:</b>															