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 DA	TA & CASE DOCUMENTS	
☐ Yes ☐ No	Local application signed & dated	Authority:
☐ Yes ☐ No	Complaint/grievance process signed and dated Release of Information signed and dated	WIOA Memo: Interim Guidance on Eligibility and Data Validation 12/2/15 WIOA Section 3 (Definitions) (15) DWD Policy 2016-01 NOTE: Documentation may exist as paper and/or electronic.
□ Yes □ No	□ N/A <u>If a veteran</u> , there is a DD-214 or acceptable documentation	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:
DISLOCATED WO	RKER GENERAL ELIGIBILITY CRITERIA	
Check if the dislo	ocated worker meets the following required eligibility criteria:	Authority:
☐ Yes ☐ No	18 years of age or older Docu & Date	TEGL 11-11
☐ Yes ☐ No	Eligible to work in the USA Docu & Date	Comments:
□ Yes □ No	Registered with the Selective Service (if male born on/after Jan 1, 1960) Docu & Date	
FEDERAL ELIGIBII	LITY REQUIREMENTS	
employm a. I b. I	terminated or laid off, or who has received a notice of termination of layoff from ent, AND; seligible for or has exhausted entitlement to unemployment compensation, OR; 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; se unlikely to return to a pervious industry or occupation. (Local Definition)	Authority: WIOA Sec 3 (Definitions) (15) and (16) NOTE: Be sure income documentation is signed and dated by the client. 1. Documented ☐ Yes ☐ No

☐ 2. Has been terminated or laid off, or who has received a notice of termination of layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility or enterprise.	2. Documented ☐ Yes ☐ No
☐ 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.	3. Documented ☐ Yes ☐ No
☐ 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.	4. Documented ☐ Yes ☐ No
 □ 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. 	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. 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.	6. Documented ☐ Yes ☐ No
☐ 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.	7. Documented ☐ Yes ☐ No
	Comments:

RAPID RESPONSE/ NEG						
□ Not Applicable		Comments:				
☐ Yes ☐ No Rapid Response Grant Eligible. If yes:						
NEG# Company						
☐ Yes ☐ No National Emergency Grant Eligible. If yes:						
NEG# Company						
☐ Yes ☐ No Dual-enrollment						
RESEA participation date <u>as appropriate</u>						
LOW INCOME DETERMINATION AND DOCUMENTATION						
Not an eligibility requirement, but impacts Priority Of Service; USDOL reporting requirement. 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.		Authority: DWD Memo: Publication of 2018 Economically Disadvantaged Criteria NOTE: Be sure income documentation is signed and dated by the client.				
Cash Public Asst: ☐ Federal ☐ State ☐ Local ☐ No	Docu & Date	Comments:				
SNAP: ☐ Currently ☐ Received in ☐ Not Receiving Receiving Past 6 mos	Docu & Date					
TANF: ☐ Currently ☐ Received in ☐ Not Receiving Receiving Past 6 mos	Docu & Date					
SSI/SSDI: ☐ SSI Only ☐ SSDI Only ☐ SSI & SSDI ☐ No (Note: SSI counts as a low income benefit, SSDI does not.)	Docu & Date					
General Assistance: ☐ Yes ☐ No ☐ No Response	Docu & Date					
Refugee Cash Assistance: ☐ Yes ☐ No ☐ No Response	Docu & Date					
Homeless: ☐ Yes ☐ No ☐ No Response	Docu & Date					

defining	s/he as lo	E PREVIOUS SIX MONTHS : If the participant is <u>not</u> receiving one of the above listed benefits w income, then the family's income for the previous six months should be calculated to articipant 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 Annual Income Documentation/Date	
☐ Yes	□ No	Income shown for each family member, is documented with allowable sources, & complies with inclusions & exclusions for the WIOA program.	
☐ Yes	□ No	Current FPL (100%) or LLSIL (70%) chart was used at the time the participant's eligibility was completed. Participant deemed eligible in Year under which income related WIA Policy Update (for clients grandfathered into WIOA)	
PRIORITY	OF SERV	CE (POS)	
□ Not	Applicabl	е	Authority:
☐ Yes	□No	A determination of the POS category was made during eligibility determination for veteran/eligible spouse status.	DWD Policy 2015-08 MEMORANDUM: Interim Guidance on WIOA Title 1 Adult Priority of Service, dated July 2, 2015 20 CFR 680.600
☐ Yes	□ No	ICC data fields are completed to support the individual is in a POS category. (when verification is required per DWD policy)	TEGL 10-09 Note: Veterans and eligible spouses have priority of service for all programs. POS for the
☐ Yes	□ No	Participant file contains documentation to support the individual is in a POS category.	economically disadvantaged does not apply to WIOA Dislocated Workers, but may be a factor for those co-enrolled as WIOA Adults
☐ Yes	□ No	File documentation indicate the participant received services according to the <u>state</u> POS policy.	Comments:
INITIAL,	COMPREH	ENSIVE AND SPECIALIZED ASSESSMENTS	

☐ Yes	□ No	Provided Initial Assessment (basic skill levels, prior work experience, interests/ aptitudes, abilities, & support service needs, etc.) Provided and documented Additional Comprehensive and/or Specialized Assessment (increased skill levels, changes in interests/aptitudes, mastered abilities, in-depth	Date	File Doc	Assessment tool	Areas Assessed		
		interviewing and evaluation to identify employment barriers, and changes in support service needs, etc.)	Comments:					
INDIVIDU	JAL EMPL	OYMENT PLAN (IEP)						
☐ Yes	□ No	Was an Objective Assessment completed prior to development of IEP? Objective Assessment Date:		134(c)(2)(A)(x	ii)(II)			
☐ Yes	□ No	Initial IEP is completed, signed and documented (based on assessments and employment/training goals jointly developed with the participant). Initial IEP Date:	20 CFR 680.170					
☐ 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.	Comments:					
☐ Yes	□ No	IEP is reviewed, updated, signed, dated, and documented in the participant file.						
CAREER	SERVICES							
☐ None	Provided		Authority:	0.4.()				
☐ Yes	□ No	File documentation.	WIOA Sec 134 (c) 20 CFR 678.430 20 CFR 680.100-195 TEGL 19-16					
☐ Yes	☐ No	Appropriate services related to assessment.						
			Date	File Doc	Services	Case Notes		
			Comments:	•		-		
TRAININ	G SERVICE	is S						

☐ None	Provided		Authority:				
☐ Yes	□ No	The need for training is documented in the participant's file as described in the Local Plan.	WIOA Sec. 134(c)(3) WIOA Sec 3. (Definitions) (60) 20 CFR 680.200-230 20 CFR 680.300-350				
☐ Yes	□ No	Participant has the skills and qualifications to complete training.	TEGL 19-16				
☐ Yes	□ No	The training program is directly linked to employment opportunities.	NOTE: Training service date corresponds with the date of the first service, not the vouch date.				st service, not the voucher
☐ Yes	□ No	The training program was selected from the State ETP list.	NOTE: Once a client becomes TAA eligible, any existing WIOA-paid training must be mover to TAA funding within 45 days or at the next natural break in training.				
☐ Yes	□ No	The file contains documentation showing the participant has the necessary resources (loans, grants, personal funds, etc.) to attend and complete the training.	Date	File Doc	Services	iaturai break ii	Case Notes
☐ 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.	Program Yr	Measurable	Gain	File Doc	Case Notes
☐ Yes	□ No	Job search assistance provided after completion.					
☐ Yes	□ No	Measurable Skills Gains achieved and reported					
			Comments:				
0115535	TIL /E 0.22						
SUPPOR	TIVE SERV	ICES (Cross out elements that do not apply)					

□ Non	e Provideo	d .	Author TEGL	19-16	0.70				
☐ Yes	□ No	Participant received supportive services based on an assessment.	20 CFR 680.900-970 WIOA Sec. 3 (Definitions)(59)						
☐ Yes	□No	Documentation validates that the supportive services are necessary in order for the individual to participate in their WIOA services.	Da	nte	File Doc	Sen	rices		Case Notes
☐ Yes	□ No	Documentation of referrals to other resources.							
☐ Yes	□ No	Services coordinated with dual-enrolled programs.							
			Comm	ents:					
OJT & F	Registered	Apprenticeships							
□ Non	e Provide	d	Autho	•	24\ D1 /unc	lor MIOA	an DWD wahaita		
☐ Yes	□No	Determined eligible prior to hire date with OJT company	DWD Policy (134)-P1 (under WIOA on DWD website) 20 CFR 680.700840 TEGL 19-16						
☐ Yes	□No	Does the contract contain the required elements found in DWD Policy WIOA 1 (134)-P1-Attachment B?	WIOA Sec. 3 (Definitions)(44) Elig Dt Dt Contract OJT Start OJT End Of Signed Date Date				On-site Monitoring		
☐ Yes	□ No	OJT identified on the ACP					Dates		
☐ 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	Comn	nents:					
☐ 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?							
PLANNE	D GAP IN	SERVICE							

☐ None Provided	Comments:
Planned Gap Inclusive Dates to	
☐ Yes ☐ No Documented	
☐ Yes ☐ No Valid reason	
☐ Yes ☐ No Other program services closed, and documented	
EXIT INFORMATION	
□ Not Yet Exited	Comments:
☐ Yes ☐ No Exit completed per criteria described in local plan (V1.C.10)	
Exit Reason: Employment Education Exclusion Other Exit Date: Exit Date:	
☐ Yes ☐ No Exclusionary exit documentation ☐ Document	
FOLLOW-UP / PERFORMANCE TRACKING	
□ Not Applicable	Authority:
☐ Yes ☐ No Certificates/ skills gain reported	TEGL 26-16 Date Q1 Q2 Q3 Q4
☐ Yes ☐ No Quarterly Follow-up surveys completed	
☐ Yes ☐ No First Date of employment documented	
☐ Yes ☐ No Supplemental employment data documented	Comments:
CASE NOTES	
☐ Yes ☐ No Case notes demonstrate the WDB's process for contacting active Participants	Comments:
☐ Yes ☐ No Case notes are comprehensive.	
Date of last <u>direct</u> contact:	