

- 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.
- 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:

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
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 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 indicate the participant received services according to the state POS policy.

Authority:
 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

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 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 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 IEP is reviewed, updated, signed, dated, and 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 File documentation.

Yes No Appropriate services related to assessment.

Authority:

WIOA Sec 134 (c)
20 CFR 678.430
20 CFR 680.100-195
TEGL 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. (Definitions) (60)
20 CFR 680.200-230
20 CFR 680.300-350
TEGL 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.

Date	File Doc	Services	Case Notes

Program Yr	Measurable Gain	File Doc	Case Notes

Comments:

SUPPORTIVE SERVICES (Cross out elements that do not apply)

- 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.

Authority:
 TEGL 19-16
 20 CFR 680.900-970
 WIOA Sec. 3 (Definitions)(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 Does the contract contain 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 Does the Region utilize Registered Apprenticeships?

Authority:
 DWD Policy (134)-P1 (under WIOA on DWD website)
 20 CFR 680.700-.840
 TEGL 19-16
 WIOA Sec. 3 (Definitions)(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 26-16

Date	Q1	Q2	Q3	Q4

Comments:

CASE NOTES

Yes No Case notes demonstrate the WDB's process for contacting active Participants

Yes No Case notes are comprehensive.

Date of last direct contact: _____

Comments: