

**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>	

PARTICIPANT DATA & CASE DOCUMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No Local application form signed & dated <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	<p><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).</p> <p><b>Comments:</b></p>
ELIGIBILITY – BASIC CRITERIA	
<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 or after January 1, 1960) Documentation _____	<p><b>Authority:</b> WIOA Act Sec 3 Definitions (27), (46) WIOA Sec.128 (a) DWD Policy 2017-03 TEGL 21-16 20 CFR 681.320</p> <p><b>Comments:</b></p>

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:</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</p> <p><b>Comments:</b></p>
ELIGIBILITY – OUT-OF-SCHOOL YOUTH	
<input type="checkbox"/> Not attending school <input type="checkbox"/> Age 16 – 24; and one or more of the following: <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</p> <p><b>Comments:</b></p>

- Homeless, runaway, foster care (or aged out), eligible under sec. 477 of Social Security Act, or out-of-home placement  
Documentation: \_\_\_\_\_
- Pregnant or parenting  
Documentation: \_\_\_\_\_
- Youth with a disability  
Documentation: \_\_\_\_\_
- Low income individual who requires additional assistance to complete an educational program (defined locally)  
Documentation: \_\_\_\_\_

**ELIGIBILITY – INCOME CRITERIA**

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

Yes  No Family members are listed , including their relationship to the participant and they meet the definition of family.

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  N/A File contains documentation of Disability.

Total Includable Income Reported for Previous Six Months: \_\_\_\_\_  
 Income Calculated on an Annual Basis: (annualized)  
 X 2 = \_\_\_\_\_  
 Documentation of Income: \_\_\_\_\_

*Cash Public Assistance:*  
 Federal  State  Local  No  
 Yes  No Youth is recipient of an allowable eligibility program.  
 Yes  No File contains documentation of benefit(s) received.

*TANF:*  
 Not Receiving  Currently Receiving  Received In Past Six Months  
 Yes  No File contains documentation of TANF.

**Authority:**  
 WIOA Sec. 3 (Definitions) (36), (49), (50)  
 TEGL 21-16  
 TEGL 19-16  
 20 CFR 681.270-280  
 20 CFR 675.300

**Comments:**

*Living in High Poverty Area:*

- Yes  No  No response  
 Yes  No Youth is living in a high poverty area.  
 Yes  No File contains documentation of Living in High Poverty Area

*SNAP:*

- Not Receiving  Currently Receiving  Received In Past Six Months  
 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 food stamps  
 Yes  No File contains documentation of SNAP.

*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

*Homeless:*

- Yes  No  No response  
 Yes  No Youth meets the definition of homeless.  
 Yes  No File contains documentation the youth is Homeless.

*Foster Child:*

- Yes  No  No response  
 Yes  No Youth is a Foster Child on behalf of whom state or local government payments are being made.  
 Yes  No File contains documentation of Foster Child status.

*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.

<p><i>Refugee Cash Assistance:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p> <p><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 Refugee Cash Assistance.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No File contains documentation of Refugee Cash Assistance</p>	
<p><b>ELIGIBILITY – LOW-INCOME EXCEPTION</b></p>	
<p><b>IN-SCHOOL YOUTH:</b></p> <p><input type="checkbox"/> Basic skills deficient Documentation: _____</p> <p><input type="checkbox"/> English language learner Documentation: _____</p> <p><input type="checkbox"/> Offender Documentation: _____</p> <p><input type="checkbox"/> Homeless, runaway, foster care, aged out of foster care, 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"/> Requires additional assistance to complete an educational program Documentation: _____</p> <p><b>OUT-OF-SCHOOL YOUTH:</b></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>	<p><b>Authority:</b> WIOA Sec.129 (a)3)(B) TEGL 21-16 WIOA Sec. 129 (a)(1)(B) 20 CFR 681.250</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>

OBJECTIVE ASSESSMENT, INDIVIDUAL SERVICE STRATEGY, SERVICES	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Objective Assessment (basic skills, occupational skills, prior work experience, interests/aptitudes, support service needs, etc.)	<b>Authority:</b> WIOA Sec. 129 (c)(1) 20 CFR 681.320 20 CFR 681.420(a)(1)  Assessment Dates: _____ Assessment Tools Used: _____ IEP Dates (initial & updates): _____  <b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No   Individual Service Strategy (based on assessment, measurable skill attainment goals, jointly developed, signed and dated)	
<input type="checkbox"/> Yes <input type="checkbox"/> No   IEP includes non-WIOA services; is reviewed & updated	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Services concur with assessment and IEP	
PROGRAM ELEMENTS PROVIDED	
<input type="checkbox"/> Activities helping youth transition to post-secondary education and training	<b>Authority:</b> DWD Policy 2018-01 WIOA Sec. 129, (c) (2) TEGL 21-16 20 CFR 681.320 20 CFR 681.630  <input type="checkbox"/> Yes <input type="checkbox"/> No   Services relate to assessment & 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  <b>Comments:</b>
<input type="checkbox"/> Education offered concurrently with workforce preparation activities	
<input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention	
<input type="checkbox"/> Comprehensive guidance and counseling, including drug & alcohol abuse counseling and referral	
<input type="checkbox"/> Services providing labor market and employment information	
<input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing, OJT, summer	
<input type="checkbox"/> Adult mentoring	
<input type="checkbox"/> Occupational skill training	
<input type="checkbox"/> Entrepreneurial skills training	
<input type="checkbox"/> Financial education	
<input type="checkbox"/> Leadership development opportunities	
<input type="checkbox"/> Alternative secondary school services	
<input type="checkbox"/> Supportive Services	

<input type="checkbox"/> Incentives/stipends/needs-related payments <input type="checkbox"/> Follow-up services	
<b>SUPPORTIVE SERVICES</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services provided: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Participant received supportive services based on an assessment. <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation supportive services are necessary in order for the individual to participate in WIOA services. <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Service reimbursement amounts are documented <input type="checkbox"/> Yes <input type="checkbox"/> No Referrals were made to other available community and grant resources. What other resources were sought? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Services coordinated with dual-enrolled programs	<b>Authority:</b> WIOA Sec.3 (Definitions)(59) TEGL 21-16 20 CFR 681.570  <b>Comments:</b>
<b>INCENTIVE AWARDS/STIPEND PAYMENTS:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No The incentives/stipends are included in the youth's IEP <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation of incentives/stipends received Identify incentives/stipends provided: _____	<b>Authority:</b> TEGL 21-16 20 CFR 681.640  <b>Comments:</b>
<b>EXIT INFORMATION</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Supplemental employment data <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Exclusionary exit documented	<b>Authority:</b> TEGL 26-16  <b>Comments:</b>

FOLLOW-UP INFORMATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Follow-up services are provided for 12 months after exit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   File contains documentation of diploma and date <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Placement in employment or education reported in ICC 1 <sup>st</sup> quarter after exit for performance credit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Adequate documentation of 1 <sup>st</sup> qtr. Placement in employment or Education <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Literacy and numeracy skill gains for those determined skill deficient? Exit Date: _____ Follow-Up Dates: _____	<b>Authority:</b> WIOA Sec.129 (c)(I) CFR 681.580  <b>Comments:</b>
CASE NOTES	
<input type="checkbox"/> Yes <input type="checkbox"/> No   If case notes reflect the case manager has lost contact with the participant, appropriate action is taken <input type="checkbox"/> Yes <input type="checkbox"/> No   Case notes are comprehensive and contain appropriate information Date of last <u>direct</u> contact: _____	<b>Comments:</b>