

## WIOA Title I-B Adult and Dislocated Worker Programs Case File Review: PY 2018

<b>LWDA:</b> Choose an item. <b>DATE:</b> Click here to enter a date.	<b>NTN TRIBE:</b> Choose an item. item.	<b>MONITOR:</b> Choose an item.
<b>I. PARTICIPANT DATA (WIOA Title I-B Title I 20 CFR 680.120 - 680.130 )- (WIOA Title I-B Policy Chapter 2-Section 104)</b>		
Participant's name:	Social Security Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Right To Work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Part ID#:	Eligibility Date:	
DOB:	Selective Service Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Documents Reviewed/Notes:		
<b>II. PRIORITY OF SERVICE ELIGIBILITY (WIOA 20 CFR 680.110-680.130)- (WIOA Title I-B Policy Chapter 2- Section 102 )</b>		
<b>ADULT</b>		
Veteran Priority of Service: Choose an item. Adult Program Priority of Service Low Income Income Criteria: Disabled Family Income: ( 70% or LLSIL ): Income recorded in AJC <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Documents Reviewed:</u>  <u>Assessments:</u>	
<b>DISLOCATED WORKER</b>		
<b>Eligibility:</b>		
<b>Veteran Priority of Service:</b> Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category I</b> Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.Verified terminated employment at no fault of their own; and 2. Choose an item.; and 3. Unlikely to return to previous industry or occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category II:</b>		
Type of layoff: Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category III:</b> Self-employed but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disaster.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category IV:</b> Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Choose an item. <b>Date of Layoff:</b> Click here to enter a date. <b>Verification of Layoff:</b> Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documents Reviewed:		
<b>III. BASIC CAREER SERVICES (WIOA 20 CFR 678.430 (a)) - (WIOA Title I-B Policy Chapter 2 Section 104 (A))</b>		

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Are services provided identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Outreach, Intake (RESEA) <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Labor Exchange services (Job search, Placement & Career counseling) <input type="checkbox"/> Referrals to & coordination of activities w/other programs & services.	<input type="checkbox"/> Labor Market information To include: Local, Regional & National. <input type="checkbox"/> Performance Info & Prgm cost on eligible providers of Training services by program & provider. <input type="checkbox"/> LWDA Performance Info.	<input type="checkbox"/> Info on Support Services <input type="checkbox"/> UI Info/Filing Claims <input type="checkbox"/> Financial Aid Assistance <input type="checkbox"/> Referral/Co-Enrollment
<b>IV. PARTNER CO-ENROLLMENTS</b>		
<input type="checkbox"/> Vocational Rehabilitation Services <input type="checkbox"/> Trade Adjustment Act <input type="checkbox"/> SNAP E&T <input type="checkbox"/> Programs under Second Chance Act	<input type="checkbox"/> Employment Services <input type="checkbox"/> TANF <input type="checkbox"/> Job Corp <input type="checkbox"/> MSFW	<input type="checkbox"/> Department of Education <input type="checkbox"/> Other Emp related programs <input type="checkbox"/> YouthBuild
Notes:		
<b>V. INDIVIDUALIZED SERVICES (WIOA 20 CFR 678.430 (b) – (WIOA Title I-B Policy Chapter 2 – Section 104 (B))</b>		
Are services provided identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No      Are services recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Comprehensive Assessments <input type="checkbox"/> Development of IEP <input type="checkbox"/> Individual/Group Counseling <input type="checkbox"/> Career Planning <input type="checkbox"/> Case Management <input type="checkbox"/> Short term Pre-vocational services	<input type="checkbox"/> WEX <input type="checkbox"/> Internship <input type="checkbox"/> Transitional Jobs <input type="checkbox"/> Workforce preparation activities	<input type="checkbox"/> Financial Literacy Service <input type="checkbox"/> Out of Area Job Search <input type="checkbox"/> English Language Acquisition /Integrated education.
Notes		
<b>VI. TRAINING SERVICES (WIOA 20 CFR 680. 200 – (WIOA Title I-B Policy Chapter 2-Section 502)</b>		
Training option identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Are services recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No Are individuals determined eligible for training per WIOA Title I-B Section 502 Training Services Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they co-enrolled in training with other training funds and documented in case file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> OJT <input type="checkbox"/> Incumbent Worker Training <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> Training Programs offered by Private Sector	<input type="checkbox"/> Cooperative Edu <input type="checkbox"/> Skills Upgrading <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Customized Training	<input type="checkbox"/> Job Readiness offered in combination with another type of training. <input type="checkbox"/> Adult Education/Literacy Activities provided in combination with another type of training.

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<b>TRAINING SERVICES DOCUMENTATION</b>					
Contract <input type="checkbox"/> Yes <input type="checkbox"/> No ITA <input type="checkbox"/> Yes <input type="checkbox"/> No ITA Amount: \$ _____ ITA LWDA <input type="checkbox"/> Yes <input type="checkbox"/> No What is the LWDA limit? \$ _____		For Work-Based Training:  Is there time sheets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was documentation on file of the recognized credential?  Date earned:		
<b><u>Coordination Of Funds:</u></b>  <input type="checkbox"/> Pell Grant <input type="checkbox"/> Out of Pocket <input type="checkbox"/> Employer <input type="checkbox"/> Partner Program <input type="checkbox"/> Student loan <input type="checkbox"/> Other Grant		<b><u>For Occupational Skills Training:</u></b>  Is the program listed on the ETPL? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the occupation in demand in the local area? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Type of Credential:</u></b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degrees <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Educational Certificates <input type="checkbox"/> Registered Apprentice <input type="checkbox"/> Career & Technical Edu Certificates <input type="checkbox"/> Occupational licenses <input type="checkbox"/> Occupational Certification (Personnel certification)  Date receive: <a href="#">Click here to enter a date.</a> Hard copy in file <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>VII. SUPPORT SERVICES (WIOA Title I-B Policy Chapter 302)</b>					
Did the participant gain unsubsidized employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are support services provided identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant in career and/or training services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are services recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Child Care/ Dependent Care <input type="checkbox"/> Housing/Utility Assistance <input type="checkbox"/> Needs Related Payments <input type="checkbox"/> Educational Testing Assistance		<input type="checkbox"/> Legal Aide Services <input type="checkbox"/> Referrals to Healthcare <input type="checkbox"/> Work Related Expenses <input type="checkbox"/> Training Related Expenses		<input type="checkbox"/> Payments/fees for Employment/Training Related expenses <input type="checkbox"/> Accommodations/Disabilities <input type="checkbox"/> Linkages to Community Services <input type="checkbox"/> Transportation Assistance	
Notes:					
Additional Notes:					
<b>Measurable Skill Gains WIOA Title I-B Training Services Chapter 2, Section 515</b>					
<b>Did the individual participate in an educational or training service? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<input type="checkbox"/> Edu. Functional Level  Date Set: Date Attained:	<input type="checkbox"/> Secondary/HSE Attainment  Date Set: Date Attained:	<input type="checkbox"/> Post-Secondary Transcript/ Report Card  Date Set: Date Attained:	<input type="checkbox"/> Training Milestone  Date Set: Date Attained:	<input type="checkbox"/> Skills Progression  Date Set: Date Attained:	<input type="checkbox"/> Attainment  Date Set: Date Attained:
<b>Was the type of measureable skill gain set appropriate based on the participant's level of education or type of training service? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> <b>Documentation of Skills Gain in case file <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>Educational Functional Level</b>					

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- Copies of the results of the same version of a pre-test and post-test approved by the National Reporting System that shows an increase of at least one EFL
- Documentation that states the participant exited below the secondary level and enrolled in postsecondary education or training

### **Secondary Diploma/ HSE Attainment**

- Documentation that the participant obtained a High School Diploma/ state-recognized equivalent documenting completion of secondary studies or alternative diploma
- Documentation that the participant obtained passing scores on all 4 parts of the GED Test and the AZ Civics Test.

### **Secondary Transcript / Report Card:**

- Copy of a secondary transcript/ report card that states the participant is meeting Arizona's academic standards. (The report card/ transcript must show that the participant received a D- or above in all classes.)

### **Postsecondary Transcript / Report Card:**

- Copy of postsecondary transcript or reports showing a minimum of 12 hours per semester for full-time students, or a total of at least 12 hours over the course of two completed consecutive semesters during the program year for part-time students (or the equivalent for other than credit hour programs)
- Documentation that the participant passed an employer-required knowledge-based exam;
- Documentation of satisfactory attainment of an element on an industry or occupational competency exam; or
- Documentation that shows the participant successfully passed another test required to obtain the credential

### **Training Milestone**

- Documented progress report from an employer or training provider, including that the individual has acquired new skills, or steps to completed an On-the-Job training, or a registered apprenticeship;
- Documentation of an increase in pay based on newly acquired skills or increased performance;
- Documentation of completion of one year of an registered apprenticeship;
- Documentation of completion of an On-the-Job Training; or
- Documentation of satisfactory progress towards a similar established milestone. (LWDAs must clearly define "progress" in LWDA policy and include types of acceptable types of documentation.)

### **Skills Progression**

- Documentation that the participant passes an employer-required knowledge based exam;
- Documentation of satisfactory attainment of an element on an industry or occupational competency exam; or
- Documentation that shows the participant successfully passed another test required to obtain the credential

### **Follow-Up Services (After Exit)**

- Additional Assistance with career planning and career counseling
- Information on Educational Opportunities
- Referral to Supportive Services in the Community
- Employer Contact
- Employment Progress