

WIOA Title I-B Youth Program Case File Review: PY 2018

Youth Policy 214.01 Registration, Enrollment and Data Entry		Monitor: Choose an item.
Participant Name:	Birth Date:	Participant ID:
LWDA: Choose an item.		Eligibility Date: Click here to enter a date.
Employment Status: Choose an item.		First Service Date: Click here to enter a date. Recorded within 15 days in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Monitor/Review Date: Click here to enter a date.		Social Security Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Policy 212 Eligibility Determination		
Eligibility – Basic Criteria		Comments , Source Documents:
<input type="checkbox"/> Age at registration 14-24, Birth date recorded in AJC <input type="checkbox"/> Yes <input type="checkbox"/> No Age: <input type="checkbox"/> Right to Work in USA, and <input type="checkbox"/> Selective Service Registration (male born on or after 1/1/1960)		Age properly documented in participant file and matches AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Source Document:</u> U.S. Citizen/Eligible to work in U.S. properly documented in participant file and matches AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Source Document:</u> Selective Service properly documented in participant file and matches AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <u>Source Document:</u>
Youth Policy 203.01 Youth Services		
Objective Assessment, Individual Service Strategy (ISS), Services		Assessments
<input type="checkbox"/> Yes <input type="checkbox"/> No Objective Assessment, basic, occupational skills, prior work experience, interests, aptitudes, support service needs. <input type="checkbox"/> Yes <input type="checkbox"/> No ISS (educational, employment goals, achievements, objectives and services, must be signed and dated to reflect changes). Goals Are goals identified in the ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No Are goals recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Assessment Date: Click here to enter a date. Assessment Tools : Assessment Version: Choose an item. <input type="checkbox"/> Yes <input type="checkbox"/> No Basic Skill Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No Test results recorded in AJC

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<p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the ISS identify the appropriate training and educational activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Services concur with assessment and ISS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does ISS coincide with case notes/services</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was a partner assessment used?</p> <p>Was a Career Pathway identified during the objective assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Scale Scores:</p> <p>Reading: <input type="checkbox"/> Post Test Dates:</p> <p>Mathematics: <input type="checkbox"/> Post Test Dates:</p> <p>Language: <input type="checkbox"/> Post Test Dates:</p>
<p>Youth Services Provided and listed on the S & T page in AJC</p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Development of ISS</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Eligibility Determination</p>	

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<u>In-School</u> <input type="checkbox"/> Yes <input type="checkbox"/> No OR <u>Out-of-School</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility – In School	Comments, Source Documents
<input type="checkbox"/> Attending School (secondary or postsecondary) <input type="checkbox"/> Age 14-21 <input type="checkbox"/> Low Income; and one or more of the following <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> English Language Learner <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Foster care, aged out of foster care, or attain 16 years and left foster care for kinship, guardianship, or adoption <input type="checkbox"/> Out of home placement <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> Youth with a disability <input type="checkbox"/> Requires additional assistance to complete an educational program.	<input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source: <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. Source:

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Eligibility – Out of School	Comments, Source Documents
<input type="checkbox"/> Not attending school <input type="checkbox"/> Age 16-24; and one or more of the following; <input type="checkbox"/> School dropout <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Foster care, aged out of foster care, and left foster care for kinship guardianship or adoption; <input type="checkbox"/> Out of home placement <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> Youth with a disability <input type="checkbox"/> Received high school diploma or equivalent, who is low income and <input type="checkbox"/> Basic skills deficient; or <input type="checkbox"/> English language learner <input type="checkbox"/> Low income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment as defined by the LWDA.	<input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u>
Eligibility- Income Criteria	Comments, Source Documents
<input type="checkbox"/> Yes <input type="checkbox"/> No Family members are listed in the participant file, their relationship to the participant, and they meet the definition of family. <input type="checkbox"/> Yes <input type="checkbox"/> No The youth is an individual with a disability LLSIL Limit Reported in AJC : Total Countable Income Reported in AJC: <input type="checkbox"/> Yes <input type="checkbox"/> No Low Income <input type="checkbox"/> Yes <input type="checkbox"/> No Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No Free or reduced lunch <input type="checkbox"/> Yes <input type="checkbox"/> No Lives in High Poverty Area	<input type="checkbox"/> Yes <input type="checkbox"/> No Family Size is reported correctly in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Is the disability properly documented in a separate file and matches AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation. <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Income is acceptable? <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Public Assistance is acceptable? <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of free or reduced lunch is acceptable? <u>Source:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Lives High Poverty Area is acceptable? <u>Source:</u>

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Eligibility-5% Non-low Income Exception	5% Needs Additional Assistance Criterion
<p><u>In-School Youth</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> English Language Learner <input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> In Foster care, aged out of foster care or 16 yrs and left foster care <input type="checkbox"/> Eligible under sec. 477 of Social Security Act, or out-of-home placement <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> Youth with a disability <input type="checkbox"/> Requires additional assistance to complete an educational program to secure or hold employment as defined by the LWDA <p><u>Out-of-School-Youth</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Received high school diploma or equivalent, and is Basic skills deficient or <input type="checkbox"/> English language learner <input type="checkbox"/> Requires additional assistance to enter an educational program or to secure employment. 	<p>Requires additional assistance to complete an educational program or to secure or hold employment.</p> <p>Is the 5% Criterion identified in the Local Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation is acceptable</p> <p><u>Source:</u></p>

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Youth Policy 203-211 Youth Program Elements		
Program Elements Provided		
<input type="checkbox"/> Tutoring, study skill training, and instruction leading to completion of secondary school, including dropout prevention <input type="checkbox"/> Alternative Secondary School Services or Recovery Services <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Education offered concurrently with Workforce preparation activities & Training for a specific Occupation.	<input type="checkbox"/> Leadership development opportunities <input type="checkbox"/> Support Services <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Follow-up services <input type="checkbox"/> Comprehensive Guidance and Counseling <input type="checkbox"/> Financial Literacy Activities <input type="checkbox"/> Entrepreneurial Skills Training <input type="checkbox"/> Labor Market Information	<input type="checkbox"/> Activities helping ISY and OSY "Transition" to post-secondary education after obtaining a HSD or HSE.
<input type="checkbox"/> WEX Includes: internships, job shadowing, OJT, summer employment, pre-apprenticeship. <u>Documentation:</u> <input type="checkbox"/> Contract/Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Educational Component <input type="checkbox"/> Yes <input type="checkbox"/> No Paid <input type="checkbox"/> Yes <input type="checkbox"/> No Unpaid <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation	Training: Provided by a contract with a Training provider <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR</u> ITA <input type="checkbox"/> Yes <input type="checkbox"/> No OSY <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Documentation:</u> <input type="checkbox"/> Is the related occupation in demand? <input type="checkbox"/> Pell <input type="checkbox"/> Is the training program listed in the ETPL? <input type="checkbox"/> Other	<input type="checkbox"/> Recognized Credential Received Date: Hard copy in file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation
<input type="checkbox"/> Yes <input type="checkbox"/> No Services relate to assessment and ISS <input type="checkbox"/> Yes <input type="checkbox"/> No Acceptable file documentation of services received <input type="checkbox"/> Yes <input type="checkbox"/> No Services are reported in AJC		
Comments: 		

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Support Services Provided				
<input type="checkbox"/> Child/Dependent Care <input type="checkbox"/> Transportation <input type="checkbox"/> Referrals to healthcare <input type="checkbox"/> Linkages to Community services <input type="checkbox"/> Training-related assistance/ books/ fees/ school supplies <input type="checkbox"/> Payments and fees related to employment and training-related applications, tests, and certifications	<input type="checkbox"/> Out of Area Job Search <input type="checkbox"/> Reasonable Accommodations for individuals with disabilities <input type="checkbox"/> Educational Testing assistance	<input type="checkbox"/> Work-related expenses (uniforms, appropriate work attire, and work-related tools and eyeglasses). <input type="checkbox"/> Needs-related payments <input type="checkbox"/> Housing/Utility bills <input type="checkbox"/> Other Support Services <input type="checkbox"/> Incentives and bonuses		
Support Services Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services are documented on the ISS <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services are reported in AJC <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services based on an assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation validates the services are necessary in order to participate in WIOA Title I-B Youth Program services. <input type="checkbox"/> Yes <input type="checkbox"/> No Did the participant receive incentives? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the incentive included in the ISS?				
Comments:				
Measurable Skill Gains				
<input type="checkbox"/> Ed. Functional Level Date Set: Date Attained:	<input type="checkbox"/> Secondary Trans/ Report Card Date Set: Date Attained:	<input type="checkbox"/> Post-Secondary Trans/Report Card Date Set: Date Attained:	<input type="checkbox"/> Training Milestone Date Set: Date Attained:	<input type="checkbox"/> Skills Progression Date Set: Date Attained:
Documentation of Measurable Skill Gain in case file <input type="checkbox"/> Yes <input type="checkbox"/> No				
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				
Documentation of Skill Gain in case file <input type="checkbox"/> Yes <input type="checkbox"/> No				
Educational Functional Level: <input type="checkbox"/> 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				

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Documentation that states the participant exited below the secondary level and enrolled in postsecondary education or training

Secondary Diploma/ HSE Attainment:

Documentation of High school Diploma or State-recognized equivalent document completion of secondary diploma or an alternative diploma; or

Documentation participant obtained passing scores on all parts of the Arizona High School equivalency 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)

Training Milestone: Documentation based on LWDA’s methodology for measuring satisfactory or better progress towards established milestones based on the nature of the service provided from an employer or training provider providing training. (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

Adult Mentoring

Career Development

Employer Contact

Employment Progress

Leadership Development

Is youth receiving follow-up services?

Yes No NA

Case Notes: