



Policy Number XX Attachment B
Issued: October 19, 2017
Revised:
By: Wyoming Workforce Development Council

Adult and Dislocated Worker Participant File Monitoring Checklist

Workforce Center	Participant Name (First and Last Name)
Case Manager	Participant Wyoming at Work State ID Number
Reviewed by (First and Last Name)	Enrollment Date

Please indicate (yes, no or N/A) if meeting the criteria (below).

A. ELIGIBILITY

	Yes	No	N/A	Comments
1. All information contained on the WIOA Application has been entered into Wyoming at Work (W@W).				
2. WIOA Application is signed and dated prior to participation by the participant and the Case Manager.				
3. The latest EO/Nondiscrimination/Grievance Policy and EO is the Law Supplement is provided to the participant. Signed form is in the file.				
4. Approval Guide is completed in case notes, printed, signed and dated by the case manager on or before review committee signature.				
5. Approval Guide is completed, signed and dated by the review committee on or before participation date.				Date of Approval:
6. If changes are made in the application after participation, appropriate documentation is in the file and justification is in the case notes is in the file.				
7. The Release of Information Form has been signed by the participant and case manager, and Photo Release if necessary.				
8. The following Eligibility documents are in the file:				
A. Right-to-Work (refer to updated I-9)				
B. Age 18 or older for WIOA				
C. Selective service registration or documentation for elective service exemption (if applicable)				
D. Documentation in W@W and case notes on priority populations including priority of service for veterans or covered spouse (if applicable).				

9. All barriers noted have been verified and recorded in W@W for WIOA.				
10. All barriers have backup documentation in the case file.				
11. Adult Category:				
<p>A. Low-Income for employed adults - An individual that meets any one of the following criteria below:</p> <ol style="list-style-type: none"> 1) Receives, or in the past six months has received, or is a member of a family that is receiving or in the past six months has received SNAP benefits 2) Be participating in the POWER program 3) Is a homeless individual. 4) Have a total family income for a six month period that does not exceed the higher level of the poverty line or 70 percent of the Lower Living Standard Income Level. Section 13 of WIOA 				
<p>B. Income eligibility verification, if applicable, has been completed and is present in the file along with proof of family size.</p>				
<p>C. Marketable skills assessment documenting need for Individualized Career Services.</p>				
12. Dislocated Worker Category:				
<p>A. Meets one of the following Dislocated Worker Status:</p> <ol style="list-style-type: none"> 1) The individual: <ol style="list-style-type: none"> (a) has been terminated or laid off, or has received a notice of termination or layoff from employment. This person is eligible for or has exhausted entitlement to unemployment compensation and is unlikely to return to the previous industry or occupation. (b) has been terminated or laid off, or has received a notice of termination or layoff from employment. This person or has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under Unemployment Compensation law. This person is also unlikely to return to previous industry or occupation. (c) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or business. (d) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days. (e) Individual who is previously self-employed but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters. (f) is a displaced homemaker. (g) is the spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such members. (h) or is the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. 				

B. Proof of termination or lay off is kept in file and documented in W@W with case note.				
C. Proof of Unemployment Insurance Claim is kept in file and documented in W@W with case note.				
D. Proof of meeting unlikely to return to their former industry or occupation is kept in file and/or documented in W@W with case note.				

B. OBJECTIVE ASSESSMENT AND INDIVIDUAL EMPLOYMENT PLAN (IEP)/ASSESSMENT

	Yes	No	N/A	Comments
1. Objective Assessment has been developed, printed, and signed by participant and case manager on the date of participation.				
2. W@W activity code 203 is entered on participation date.				
3. Individual Employment Plan (IEP) has been developed on or after the date of participation (Paper IEP kept in File). Any major updates to the IEP requires reprinting and new signatures from the participant and case manager.				
4. W@W activity code 205 is entered on the date the IEP is created, printed and signed. Any major updates to the IEP are documented using activity code 205 in W@W with a case note explaining the update(s).				

C. CASE MANAGEMENT

	Yes	No	N/A	Comments
1. Every case management service has an attached activity code entered in W@W.				
2. Every activity code has an attached case note in W@W.				
3. Case notes coincide with services recorded in W@W. No code for case management should be used if there is no actual contact with the participant and no actual service was provided.				
4. If there is a 90-day gap in services, the participant is exited on the date of their last recorded activity.				

D. TRAINING SERVICES

	Yes	No	N/A	Comments
1. Participant is receiving, has received or should be receiving training services. If “No”, skip this section.				

2. Training service has been justified in W@W case notes, job research worksheet has been completed by participant, and training has been approved in W@W by center manager. Work Readiness Assessment/IEP supports training as an option.				
3. Appropriate training code has been recorded in W@W.				
4. Training agreements have been printed and signed by participant, case manager and center manager prior to the start of training.				
5. Contact is made and services are provided to participant every 30 days and documented in W@W using activity code with an attached case note.				
6. If the participant is in an ITA:				
A. ITA does not exceed \$6,500 for total training package unless a waiver is approved in case notes and file.				
B. The case note and hard copy file include the following: 1) training program information; 2) training actual start date and back up documentation; and 3) training grades and/or transcripts;				
7. Measurable Skill Gains are documented in W@W and case notes for each program year.				

E. SUPPORTIVE SERVICES

	Yes	No	N/A	Comments
1. Has the participant received supportive services? If not, skip this section.				
2. If supportive services are provided, the IEP supports the type of supportive service given to address a barrier to employment. Justification for services is also in the case file.				
3. Supportive Services provided do not exceed the thresholds and limits in the procedures manual unless there is an approved waiver in the case file with appropriate case note.				

9+

F. OUTCOMES

	Yes	No	N/A	Comments
1. Closure information has been recorded in W@W to include:				
A. Credential Attainment				
B. Employment Information				
2. Outcome has been verified to include:				

A. Employment: W@W case closure and case note.				
B. Credential: copy of certificate of attainment verifying completion of training. Actual end date of training with verification in case file.				
3. Outcome Exits. Verified by W@W case note.				
A. Institutionalized				
B. Health/medical				
C. Deceased				
D. Reservist called to active duty				
E. Family care				
F. Relocated to mandated program				

G. CLOSURE

	Yes	No	N/A	Comments
1. Closure has been completed in W@W.				
2. Closure date is not before participant enters employment.				

H. FOLLOW-UP (AFTER EXIT) (IF APPLICABLE)

	Yes	No	N/A	Comments
1. Quarterly follow-up is completed in W@W for 12 months after closure for supplemental employment information.				
2. F code is entered in W@W when follow up services are provided with a backup case note.				