



**WORKFORCE INNOVATION AND
OPPORTUNITY ACT PARTICIPANT FILE
REVIEW (DISLOCATED WORKER)**

Local Area: _____ **Date:** _____

I. Participant Information:

Name:				
State ID #:				
Program Dates:	Eligibility:	Participation:	Closure:	Exit:
Co-enrolled programs				

II. Dislocated Worker Eligibility and Enrollment Documentation:

	Yes	No	N/A	Describe Documentation in File
U.S. Citizen or Authorized to Work in the U.S.				
Selective Service Registration, if applicable				
Meet definition of dislocated worker in WIOA Sec. 3(15)				
Does the dislocation date documentation match entry in MWE?				

Dislocated Worker Eligibility Criteria (Check one)

<input type="checkbox"/>	Terminated or laid off, or has received notice of termination or layoff including separation notice from active military service (under other than dishonorable conditions), and is eligible for or has exhausted entitlement to UC, and is unlikely to return to previous industry or occupation.
<input type="checkbox"/>	Terminated or laid off, or has received notice of termination or layoff and has been employed for sufficient duration to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, <u>or</u> the employer is not covered under the State UC law, and is unlikely to return to previous industry or occupation.
<input type="checkbox"/>	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, military installation or enterprise.
<input type="checkbox"/>	Is employed at a facility at which the employer has made a general announcement that such facility or military installation will close.
<input type="checkbox"/>	Was self-employed (including employment as a farmer, a rancher, 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.
<input type="checkbox"/>	Is a displaced homemaker who was dependent on the income of another family member and is no longer supported by the income of that family member <u>or</u> is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call to order to active duty, a permanent change of station, or a service connected death or disability of the service member and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
<input type="checkbox"/>	Is the spouse of a member of the Armed Forces on active duty, <u>and</u> who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.
<input type="checkbox"/>	Is the spouse of a member of the Armed Forces on active duty who is unemployed or underemployed <u>and</u> is experiencing difficulty in obtaining or upgrading employment.

III. Other Individual Criteria:

	Yes	No	N/A	Describe Documentation in File
Social Security Number				
Veteran Status/Type				
Transitioning Service Member with separation date				
Disability Status				
Highest Education level completed at Program Entry				
Employment Status at Program Entry				
Incumbent Worker				
Pell Grant Recipient				
Public Assistance (Individual or family member in last 6 months): TANF, SSI, SNAP, General Assistance, Refugee Cash Assistance				
Public Assistance (Individual in last 6 months): SSDI				
Barriers to Employment: -Displaced Homemakers -Eligible migrant and seasonal farmworkers -Ex-offenders -Homeless individuals -Individuals facing substantial cultural barriers -Individuals with disabilities -Individuals within 2 years of exhausting lifetime eligibility under TANF -English language learners -Unemployed, including the long-term unemployed -Individuals who have low levels of literacy -Individuals without a High School Diploma -Low-income individuals -Native Americans, Alaskan Natives, Native Hawaiians -Older individuals -Single parents (including single pregnant women and non-custodial parents) -Veterans -Youth who are in or have aged out of the foster care system (if co-enrolled)				

IV. Career Services (no sequence requirement): TEGL 19-16

Does the client have a fully developed individual employment plan (IEP)? Yes No N/A

Is it fully developed and signed by both the career planner and participant? Yes No

Is it updated regularly to reflect progress and/or plan changes? Yes No

Does it reflect assessment results, skills, barriers, and interests? Yes No

Were supportive service needs considered? Yes No

What career services did the participant receive?

Comment: _____

Did the individual attend a Rapid Response orientation? Yes No If so, when was it held and what was the Rapid Response event number/Employer?

Comment: _____

Was employment obtained after receiving career services? Yes No If so, where?

Comment: _____

V. Training Services (no requirement for career services provided prior to training services)

Has the participant received, at a minimum, an interview, evaluation or assessment and career planning or other means by which eligibility for WIOA-funded training services can be determined?

Yes No

Is there justification/documentation of the need for training services in the participant file for the following?

	Yes	No	N/A	Describe Documentation in File
Is unlikely or unable to obtain or retain employment, that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services alone;				
Is in need of training services to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment;				
Has the skills and qualifications to successfully participate in the selected program of training services;				
Is unable to obtain grant assistance from other sources to pay the costs of training, including such sources as State-funded training funds or Federal Pell Grants;				
Is a member of a worker group covered under a petition filed for Trade Adjustment Assistance and is awaiting a determination; and				
Selected a program of training services that is directly linked to the employment opportunities in the local area or the planning region, or in another area to which the individual is willing to commute or relocate.				

What type of training service did the participant receive (TEGL 19-16)?

WIOA TRAINING SERVICES	
<input type="checkbox"/> Occupational skills training.	<input type="checkbox"/> Entrepreneurial training.
<input type="checkbox"/> On-the-job (OJT) training.	<input type="checkbox"/> Customized training
<input type="checkbox"/> Incumbent worker training.	<input type="checkbox"/> Job readiness training provided in combination with other forms of training.
<input type="checkbox"/> Program that combine workplace training with related instruction, which may include cooperative education programs.	<input type="checkbox"/> Adult education and literacy activities including activities of English language acquisition and integrated education and training programs, provided concurrently or in combination with other forms of training.
<input type="checkbox"/> Skill upgrading and retraining.	<input type="checkbox"/> Private sector training programs.

Training Dates and Documentation:

Training Dates:	Documentation Source:	Do the dates match MWE entry?
Date started:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date completed or withdrew:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Training Accounts and Training Contracts:

Does the ITA match an informed customer choice based on the assessment and IEP? Yes No

Are training services provided by an eligible training provider from the State training provider list?

Yes No

If not, which training exception/contract exception was applied and how was it documented in the file?

Training Exception/Contract Exception	Describe Documentation in File
<input type="checkbox"/> On-the-job training, which may include paying for the on-the-job training portion of an RA program, customized training, incumbent worker training, or transitional jobs;	
<input type="checkbox"/> If the Local WDB determines that there are an insufficient number of Eligible Training Providers in the local area to accomplish the purpose of a system of ITAs (described in the Local Plan);	
<input type="checkbox"/> To use a training services program of demonstrated effectiveness offered in a local area by a community-based organization or other private organization to serve individuals with barriers to employment;	
<input type="checkbox"/> If the Local WDB determines that the most appropriate training could be provided by an institution of higher education or other provider of training services in order to facilitate the training of a cohort of multiple individuals for jobs in-demand sectors or occupations, provided that the contract does not limit consumer choice; and	
<input type="checkbox"/> If the Local WDB determines, a pay-for-performance contract is suitable consistent with 20 CFR 683.500 (limit of 10% of the local funds).	

What is the duration of the ITA/Training Contract?

Comment: _____

What is the amount of the ITA/Training Contract?

Comment: _____

Was the availability of financial aid reviewed as part of the assessment and development of a training plan? Yes No

Are other funding sources used to pay for the training? Yes No If so, identify:

Comment: _____

Does the ITA cover books, fees, etc., in addition to tuition? Yes No

Work-Based Training:

On-the-Job Training: Yes No N/A

Does the IEP justify placing the individual in an OJT contract? Yes No

Is the OJT contract in the participant file? Yes No

Did all the required parties sign the contracts? Yes No

Does the contract cover policies, procedures, definitions as required by the LWDA? Yes No
 Does the contract include requirements for selection of the participant? Yes No
 Is there evidence in the file that the participant received a copy of the training outline? Yes No
 Does the training outline align with the job for which the participant is being trained? Yes No
 Are the number of hours worked being documented? Yes No
 Are the participant's wages specified in the contracts? Yes No
 Was the OJT completed? Yes No
 If completed, did the employer retain the participant beyond the end of the OJT contract? Yes No

Registered Apprenticeship:

Did the participant receive training services provided through a Registered Apprenticeship (RA)?

Yes No If yes, identify training information:

Comment: _____

How was the RA training funded?

Comment: _____

Additional Training Information:

Was an allowable credential attained for the training provided? Yes No

Is there documentation of the credential in the file? Yes No

Was the credential attainment entered into MWE? Yes No

Was employment attained after the receipt of training services? Yes No If so, where?

Comment: _____

Does the file clearly identify the funding source of the training service? Yes No If yes, what?

Comment: _____

Measurable Skill Gains:

If enrolled in education or training programs, indicate the measure of progress and documentation:

Measure	Describe Documentation in File
<input type="checkbox"/> Achievement of at least one educational functioning level of a participant who is receiving instruction below the postsecondary education level.	
<input type="checkbox"/> Attainment of a secondary school diploma or its recognized equivalent.	
<input type="checkbox"/> Secondary or postsecondary transcript or report card for a sufficient number of credit hours that shows a participant is meeting the State unit's academic standards.	
<input type="checkbox"/> Satisfactory or better progress report, towards established milestones, such as completion of OJT or completion of one year of apprenticeship program.	
<input type="checkbox"/> Successful passage of an exam that is required for a particular occupation or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks, such as knowledge-based exams.	

VI. Supportive Services (WIOA Sec. 134(d)(2):

Did the participant receive supportive services? Yes No If yes, indicate in chart below.

Were external referrals made and documented in the file? Yes No If yes, was there follow up?

Comments _____

Did the participant receive a supportive service that involved a payment to them? Yes No

If yes, was the payment(s) documented in the participant file? Yes No

Was the supportive service entered into the MWE? Yes No

WIOA SUPPORTIVE SERVICES	
<input type="checkbox"/> Assistance with transportation	<input type="checkbox"/> Assistance with housing
<input type="checkbox"/> Assistance with child care and dependent care	<input type="checkbox"/> Needs related payments (for individuals enrolled in training services)
<input type="checkbox"/> Linkages to community services	<input type="checkbox"/> Assistance with educational testing
<input type="checkbox"/> Reasonable accommodations for individuals with	<input type="checkbox"/> Referrals to health care

disabilities	
<input type="checkbox"/> Assistance with uniforms or other appropriate work attire and work-related tools	<input type="checkbox"/> Assistance with books, fees, school supplies, and other items for students in post-secondary ed
<input type="checkbox"/> Payments and fees for employment and training-related applications, tests, and certifications	<input type="checkbox"/> Legal aid services

VII. Follow-Up Services:

Follow-up services must be provided, as appropriate, including: counseling regarding the workplace, for participants who are placed in unsubsidized employment during participation and continue for up to 12 months after exit.

Is the participant employed in the 2nd Quarter after Exit? Yes No N/A

Is the participant employed in the 4th Quarter after Exit? Yes No N/A

What services were provided during follow-up? Is there documentation of the follow-up service in the participant file? Yes No Describe

Comment: _____

VIII. Other:

Case Closure: Are all WIOA services completed and case closure entered in MWE? Yes No

If yes, is the participant employed? Yes No

Is the participant file well organized and compliant with local area procedures? Yes No

Comment: _____

Are case notes sufficient to tell an adequate story of the participant's progress? Yes No

Comment: _____

Are case notes well organized, easy to read, and follow local area procedures? Yes No

Comment: _____

When services over 90 days long were recorded, was there evidence of continued service being given?

Yes No N/A

If "no" describe: _____

	Yes	No	Comments
Does the participant's folder contain an "Equal Opportunity is the Law" Notice?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it signed by the participant?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the participant's folder contain a Complaint/Grievance Procedure Notice?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it signed by the participant?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: _____

Case Manager: _____

Questionnaire Completed By: _____ Date: _____