workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

Workforce Connections

NJCOS Data Entry and File Review Monitoring Tool

Sub Recipient: _____ Case Manager: _____

Desk Review: _____ Reviewer: _____

Onsite Review: _____ Reviewer: _____

Program Participant Name: _____NJCOS ID: _____

Status at Enrollment: ☐ In-school ☐ Out-of-school

Is this record approved for the 5% exception for income: ☐ Yes ☐ No

Eligibility			
Element	**NJCOS Review**	**File Review & Source**	**Data Validation**
Date of Birth	/ / Age at enrollment:	Source:	☐ Yes ☐ No
Social Security Number	- -	Source:	☐ Yes ☐ No
Authorization to Work		Source:	
SNWDA Residency		Source:	
Education Level		Source:	☐ Yes ☐ No
School Status		Source:	☐ Yes ☐ No
Employment Status		Source:	☐ Yes ☐ No
Selective Service	☐ Yes ☐ No ☐ Exempt	Source:	☐ Yes ☐ No
Eligible Veteran Status Date of service:	☐ Yes ☐ No	Source:	☐ Yes ☐ No
Disability Status	☐ Yes ☐ No	Source:	☐ Yes ☐ No

Low Income/Public Assistance Status	☐ Low Income ☐ Public Assistance Type: Date: In Snap Shot?_____	Source:	☐ Yes ☐ No
Needs Additional Assistance	☐ Yes ☐ No	Source:	☐ Yes ☐ No
School Dropout	☐ Yes ☐ No	Source:	
Additional Eligibility Criteria/Serious Barriers to Employment	☐ Yes ☐ No	Source:	☐ Yes ☐ No
Basic Skills Deficient (BSD) /English Language Learner	☒ Yes ☐ No	Source:	☐ Yes ☐ No
Marital Status		Source:	☐ Yes ☐ No
Family Size		Source:	☐ Yes ☐ No
Pregnant or Parenting	☐ Yes ☐ No	Source:	☐ Yes ☐ No
Offender	☐ Yes ☐ No	Source:	☐ Yes ☐ No
Homeless/Foster Child/Runaway Youth	☐ Yes ☐ No	Source:	☐ Yes ☐ No
Failing to meet compulsory school attendance		Source:	
Are the barrier(s) selected marked correctly in the Snap Shot?	☐ Yes ☐ No		☐ Yes ☐ No

Additional Eligibility Requirements	
Form	**Present and Properly Signed and Dated**
Youth Application	☐ Yes ☐ No
Equal Opportunity is the Law	☐ Yes ☐ No
Nepotism	☐ Yes ☐ No
Participant Rights and Responsibilities	☐ Yes ☐ No
Release of Information	☐ Yes ☐ No

Services			
Element	**NJCOS Review**	**File Review & Source**	**Data Validation**
Date of 1st Service/Enrollment	/ / Enrolling Service:	 Source:	☐ Yes ☐ No
Youth Elements Provided : ☐ Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention ☐ Comprehensive guidance and counseling, including drug & alcohol abuse counseling and referral ☐ Paid and unpaid work experiences, including internships, job shadowing ☐ Adult mentoring ☐ Occupational skill training ☐ Leadership development opportunities ☐ Alternative secondary school services ☐ Financial Literacy ☐ Entrepreneurial Skills Training ☐ LMI, Career Counseling, Career Exploration ☐ Education offered w/ preparation and training ☐ Transition Activities that prepare for Training and Post-secondary Education ☐ Supportive Services ☐ Follow-up services		 Source: Source: Source: Source: Source: Source: Source: Source: Source: Source: Source:	
Supportive Services and Incentives	Service: Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost: Service: Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost: Service: Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost:	Request: Receipt: Source: Request: Receipt: Source: Request: Receipt: Source:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

	Service: Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost:	Request: Receipt: Source:	☐ Yes ☐ No
Training Services Occupational Skills On-the-Job Work Experience	Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost: Sector Tab: ☐ Yes ☐ No Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost: Sector Tab: ☐ Yes ☐ No Start Date: End Date: Expired Planned End Date? ☐ Yes ☐ No Actual Cost:	ETPL: ☐ Yes ☐ No Demand: ☐ Yes ☐ No ITA: ☐ Yes ☐ No Progress & Attendance: ☐ Yes ☐ No Payments: ☐ Yes ☐ No Pre-Award: ☐ Yes ☐ No SGA/Training Plan: ☐ Yes ☐ No Offer/Job Description: ☐ Yes ☐ No OJT: ☐ Yes ☐ No Payments: ☐ Yes ☐ No Worksite Agreement: ☐ Yes ☐ No Training Plan: ☐ Yes ☐ No Job Description: ☐ Yes ☐ No Time Cards: ☐ Yes ☐ No Payments: ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Case Notes	Minimum Contact? ☐ Yes ☐ No Document Services? ☐ Yes ☐ No Justify Activities? ☐ Yes ☐ No Community Resources Provided? ☐ Yes ☐ No Entered Timely? ☐ Yes ☐ No	In file? ☐ Yes ☐ No	

Additional Service Requirements	
Form	**Requirements**
Objective Assessment	Reflects specific and clear basic skills, occupational skills, prior work experience, occupational interest/aptitudes, support service needs? ☐ Yes ☐ No
Individual Service Strategy	ISS is based on assessments, measureable skill attainment goals, jointly developed, and signed and dated? ☐ Yes ☐ No Reflects specific and clear Employment Goal with start and end dates? ☐ Yes ☐ No Reflects specific and clear Educational Goals with start and end dates? ☐ Yes ☐ No Reflects specific and clear Occupational Goals with start and end dates? ☐ Yes ☐ No Reflects justification for Supportive Services? ☐ Yes ☐ No Reflects justification for providing youth service elements? ☐ Yes ☐ No All services listed above recorded on ISS? ☐ Yes ☐ No Reflects specific and career pathway for carry-ins and new enrollee on or after July 1, 2015? ☐ Yes ☐ No Additional services listed not entered in OSOS? ☐ Yes ☐ No
Occupational Skills Training	Was outside Financial aid available and utilized by Sub-recipient? ☐ Yes ☐ No Explanation:

Basic Skills Deficiency/ English Language Learner (ESL) **(Required for Out-of-School Youth)** **Pre-Test Scores** Date: / / Name if test:_____ Math: _____ Reading: _____ EFL: _____			Reflects a Casas pre-test within 30-60 days of enrollment? ☐ Yes ☐ No Reflects BSD in reading, math, and/or ESL? ☐ Yes ☐ No ☐ Sufficient in reading and math
Post-Test Scores Year 1 Date: / / Math:_____ Reading:_____ EFL: _____	**Post-Test Scores** Year 2 Date: / / Math:_____ Reading:_____ EFL: _____	**Post-Test Scores** Year 3 Date: / / Math:_____ Reading:_____ EFL: _____	Reflects a post-test in reading, math, and/or ESL ☐ Yes ☐ No Obtained an EFL gain in the corresponding program year? ☐ Yes ☐ No If BDS, does the education tab in Comp Assess match lit/num. in the Outcomes tab? ☐ Yes ☐ No

Outcomes			
Element	**NJCOS Review**	**File Review & Source**	**Data Validation**
Placement in Employment or Education	Outcomes: ☐ Yes ☐ No Work History: ☐ Yes ☐ No		
Training Related Employment	☐ Yes ☐ No ☐ Blank		
Attainment of Degree or Certificate	☐ Yes ☐ No ☐ N/A Date Rec'd: / /	Source:	☐ Yes ☐ No
Literacy/Numeracy	☐ Yes ☐ No ☐ EFL Gain Rec'd	Source:	☐ Yes ☐ No
Date of Exit	/ / Exit Reason:	Source:	☐ Yes ☐ No
School Status at Exit ☐ Mark if left blank		Source:	☐ Yes ☐ No
School Status in qtr. after exit. ☐ Mark if left blank		Source:	☐ Yes ☒ No
Employed or in Post-secondary Education in 1st Quarter After Exit	☐ Yes ☐ No ☐ Mark if Left Blank	Source:	☐ Yes ☐ No
Exclusion Taken	Exclusion: Date Taken:	Source:	☐ Yes ☐ No

Additional File Requirements	
Requirements	**File Review**
File Organization	☐ Yes ☐ No

Additional Notes:

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