

## Workforce Connections

### NJCOS Data Entry and File Review Monitoring Tool - Youth

Sub Recipient: _____	Case Manager: _____
Desk Review: _____	Reviewer: _____
Onsite Review: _____	Reviewer: _____

Program Participant Name: _____	NJCOS ID: _____
Status at Enrollment: <input type="checkbox"/> In-school <input type="checkbox"/> Out-of-school	
Is this record approved for the 5% exception for income: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility			
Element	NJCOS Review	File Review & Source	Data Validation
Date of Birth	/ /	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	- -	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization to Work		Source: _____	
SNWDA Residency		Source: _____	
Education Level		Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Status		Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status		Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selective Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Veteran Status Date of service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Low Income/Public Assistance Status	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Homeless <input type="checkbox"/> Foster/Former Foster In Snap Shot? _____	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Low Income Criteria	<input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> High Poverty Area Census tract: _____	Source:	
Needs Additional Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Dropout	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Barriers to Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic Skills Deficient (BSD) /English Language Learner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status		Source:	
Family Size		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant or Parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless/Foster Child/Runaway Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failing to meet compulsory school attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the barrier(s) selected marked correctly in the Snap Shot?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Eligibility Requirements	
Form	Present and Properly Signed and Dated
Youth Application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Opportunity is the Law	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nepotism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Rights and Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release of Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Worksheet	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Services</b>			
<b>Element</b>	<b>NJCOS Review</b>	<b>File Review &amp; Source</b>	<b>Data Validation</b>
Date of 1 <sup>st</sup> Service/Enrollment	/ / Enrolling Service:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Elements Provided : <b>(Print Service List)</b> <input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention <input type="checkbox"/> Comprehensive guidance and counseling, including drug & alcohol abuse counseling and referral <input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing <input type="checkbox"/> Adult mentoring <input type="checkbox"/> Occupational skill training <input type="checkbox"/> Leadership development opportunities <input type="checkbox"/> Alternative secondary school services <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Entrepreneurial Skills Training <input type="checkbox"/> LMI, Career Counseling, Career Exploration <input type="checkbox"/> Education offered w/ preparation and training <input type="checkbox"/> Transition Activities that prepare for Training and Post-secondary Education <input type="checkbox"/> Supportive Services <input type="checkbox"/> Follow-up services		Source: Source: Source: Source: Source: Source: Source: Source: Source: Source: Source: Source: Source: Source: Source:	
Service Requirements		Are services being offered every 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are needed services being offered to the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are all services documented in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are obligated amounts entered correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are actual amounts entered and timely? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are services closed with timely and appropriate end dates? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Training Services Occupational Skills</p>	<p>Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost: Sector Tab: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>ETPL: <input type="checkbox"/> Yes <input type="checkbox"/> No ITA: <input type="checkbox"/> Yes <input type="checkbox"/> No Progress &amp; Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>On-the-Job</p>	<p>Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost: Sector Tab: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Pre-Award: <input type="checkbox"/> Yes <input type="checkbox"/> No SGA/Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Offer/Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No OJT: <input type="checkbox"/> Yes <input type="checkbox"/> No Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Work Experience</p>	<p>Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:</p>	<p>Worksite Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No Time Cards: <input type="checkbox"/> Yes <input type="checkbox"/> No Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No Progress Report: <input type="checkbox"/> Yes <input type="checkbox"/> No In file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Case Notes</p>	<p>Minimum Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No  Document Services? <input type="checkbox"/> Yes <input type="checkbox"/> No  Justify Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No  Community Resources Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No  Entered Timely? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

<b>Additional Service Requirements</b>	
<b>Form</b>	<b>Requirements</b>
<p>Objective Assessment</p>  <p>Individual Service Strategy</p>	<p>Reflects specific and clear basic skills, prior work experience, occupational interest/aptitudes, support service needs? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>ISS is jointly developed, signed and dated? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Reflects specific career pathway? <input type="checkbox"/> Yes    <input type="checkbox"/> No Please List: _____</p> <p>Reflects specific and clear Employment/Occupational Goal? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Reflects specific and clear Educational Goals? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Reflects specific and clear Work Readiness Goals? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Supportive Services correctly marked? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>All youth elements identified in the service strategy? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
Occupational Skills Training	<p>Was outside Financial aid available and utilized by Sub-recipient? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Basic Skills Deficiency/ English Language Learner (ESL)</p> <p><b><u>Pre-Test Scores</u></b> Date:   /   /    Test Name: _____</p> <p>Math: _____    EFL: _____ Reading: _____    EFL: _____ Writing: _____    EFL: _____</p> <p>If BDS, does the education tab in Comp Assess match lit/num. in the Outcomes tab? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b><u>Post-Test Scores</u></b> Date:   /   /</p> <p>Math: _____    EFL: _____ Reading: _____    EFL: _____ Writing: _____    EFL: _____</p> <p>Obtained an EFL gain in the corresponding program year? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Outcomes			
Element	NJCOS Review	File Review & Source	Data Validation
Placement in Employment or Education	Outcomes: <input type="checkbox"/> Yes <input type="checkbox"/> No Work History: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Training Related Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blank		
Credential	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Type: Date Rec'd: / /	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measurable Skills Gain (Pre & Post Test)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EFL Gain Rec'd	Source:	
Date of Exit Exit Reason: / /		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Status at Exit <input type="checkbox"/> Mark if left blank		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Status in qtr. after exit. <input type="checkbox"/> Mark if left blank		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 1 <sup>st</sup> Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 2 <sup>nd</sup> Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 3 <sup>rd</sup> Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed or in Post-secondary Education in 4 <sup>th</sup> Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exclusion Taken	Exclusion: Date Taken:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional File Requirements	
Requirements	File Review
File Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Notes:**

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