

Workforce Connections

NJCOS Data Entry and ADW File Review Monitoring Tool

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

Program Participant Name: _____
User ID: _____

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: _____	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No Service Dates: _____	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Status		Source: _____	
Public Assistance	Circle One: TANF / RCA / SSI / FS Date: _____ In Snapshot? _____	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Low Income	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> 70% LLSIL <input type="checkbox"/> Local <input type="checkbox"/> Homeless <input type="checkbox"/> Foster/Former Foster In Snapshot? _____	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Basic Skills Deficient	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offender		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dislocated Worker	Work History: <input type="checkbox"/> Cat 1 <input type="checkbox"/> Cat 2 <input type="checkbox"/> Cat 3 <input type="checkbox"/> Cat 4 <input type="checkbox"/> Other: _____ In Snapshot? _____	UTR:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Dislocation Date		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Eligibility Requirements	
Form	Present and Properly Signed and Dated
WIA/WIOA 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
Adult Income Worksheet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Services (Print Service List)			
Element	NJCOS Review	File Review & Source	Data Validation
Date of 1 st Service/Enrollment	/ / Enrolling Service:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Service Requirements		IA & IEP offered prior to career/training services? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	

	<p>Services being offered every 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are needed services being offered to participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>All services in OSOS documented in file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are obligated amounts entered correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are actual amounts entered and timely? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are services closed with timely and appropriate end dates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Other Notes:</p>
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Training Services Occupational Skills	Start Date:	ETPL: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	End Date:	ITA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
On-the-Job	Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Progress & Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual Cost:	Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sector Tab: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Award: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Includes Training SS? <input type="checkbox"/> Yes <input type="checkbox"/> No	SGA/Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Start Date:	Offer/Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	End Date:	OJT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Actual Cost:		
Sector Tab: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Includes Training SS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Case Notes	Minimum Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	In file? <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		

Additional Service Requirements	
Form	Requirements
Individual Employment Plan	Reflects specific and clear Employment Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Reflects detailed and relevant Skill Gap? <input type="checkbox"/> Yes <input type="checkbox"/> No Reflects appropriate and detailed Objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Reflects justification for Supportive Services? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>Reflects justification to move participant into Intensive and/or Training services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All services offered recorded on IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>STEM Reflects STEM interest? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reflects employability skills and developmental needs relative to STEM interest? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reflects understanding of the need for STEM skills for future employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Traitify Assessment? <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>Explanation:</p>

Outcomes			
Element	NJCOS Review	File Review & Source	Data Validation
Employment Entered	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 Date: Type: <input type="checkbox"/> No <input type="checkbox"/> Blank		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Exit	/ / Exit Reason:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employed in 1 st Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Blank	Source:	
Employed in 2 nd Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Blank	Source:	
Employed in 3 rd Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Blank	Source:	
Employed in 4 th Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Blank	Source:	
Exclusion Taken	Exclusion:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Taken:	Source:	

Additional File Requirements	
Form	Requirements
File Organization	Notes:

Additional Notes:
