

Workforce Connections

NJCOS Data Entry and File Review Monitoring Tool - Youth

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

Program Participant Name: _____	User 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

<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 & 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>		

Additional Service Requirements	
Form	Requirements
Objective Assessment	<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>
Individual Service Strategy	<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> <p>STEM</p> <p>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	Was outside Financial aid available and utilized by Sub-recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Basic Skills Deficiency/ English Language Learner (ESL)</p> <p>Pre-Test Scores 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>Post-Test Scores 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 st 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 nd 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 rd 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 th Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark if Left Blank		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Exclusion Taken	Exclusion: Date Taken:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	

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

Additional Notes:
