

Workforce Connections

Data Entry and Adult and Dislocated Worker File Review Monitoring Tool

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

Program Participant Name: _____
User ID: _____

Eligibility			
Element	MIS Review	File Review & Source	Data Validation and Uploaded in MIS
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	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source: _____	
Public Assistance	Circle One: TANF/RCA/SSI/SNAP Date: _____	Source: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Size		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic Skills Deficient	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Cat 5 <input type="checkbox"/> Cat 6 <input type="checkbox"/> Cat 7 <input type="checkbox"/> Cat 8 <input type="checkbox"/> Other: _____	UTR:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Dislocation Date		Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dislocated Worker Grant	<input type="checkbox"/> DR <input type="checkbox"/> ER	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Eligibility Requirements	
Form	Present and Properly Signed and Dated
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

Services (Print Service List)			
Services			
Element	MIS Review	File Review & Source	Data Validation/Uploaded in MIS
Date of 1 st Service/Enrollment	/ / Enrolling Service:	Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Requirements		IA & IEP offered prior to career/training services? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____ Services being offered every 90 days?	

	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are needed services being offered to participant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>All services in the MIS properly documented in file?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are vouchers entered correctly?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are payments entered and timely?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are services closed with timely and appropriate end dates?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Other Notes:</p>
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Occupational Skills Training	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				
	Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Progress & Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No				
On-the-Job Training	Actual Cost:	Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Start Date:	Pre-Award: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	End Date:	SGA/Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Offer/Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Actual Cost:	OJT: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work Experience	Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		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				
		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 Reflects justification to move participant into Individualized Career and/or Training services? <input type="checkbox"/> Yes <input type="checkbox"/> No All services offered recorded on IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Traitify Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Properly Signed/Dated by all parties? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Skills Training	Was outside Financial aid available and utilized by Sub-recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation:

Outcomes			
Element	MIS 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	 Source:	 <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
Measurable Skills Gain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EFL Gain Rec'd	 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"/> Blank		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Employed in 2 nd Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blank		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Employed in 3 rd Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blank		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Employed in 4 th Quarter After Exit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	
Form	Requirements
File Organization	Notes:

Additional Notes:
