

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			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Basic Skills Deficient	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
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: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
		UTR:	
		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 and Uploaded in the MIS
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:		<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 the MIS properly documented in file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are vouchers entered correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: _____</p> <p>Are payments 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>
--	--

Occupational Skills Training	Proof of Demand Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	ETPL: <input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
On-the-Job Training	Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	Pre-Award: <input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
Work Experience	Start Date: End Date: Expired Planned End Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Cost:	Worksite Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
		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			
Case Notes			

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 Properly uploaded in the MIS? <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		
Date of Exit	/ / Exit Reason:		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No
Credential	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Source:	
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:
