

## 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	<b>Work History:</b> <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 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 <sup>st</sup> 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: _____	

	<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>
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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	
On-the-Job Training	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
		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	
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  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		

<b>Additional Service Requirements</b>	
<b>Form</b>	<b>Requirements</b>
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:

<b>Outcomes</b>							
<b>Element</b>	<b>MIS Review</b>	<b>File Review &amp; Source</b>	<b>Data Validation</b>				
Employment Entered	Outcomes: <input type="checkbox"/> Yes <input type="checkbox"/> No  Work History: <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>					<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
		Source:	
Employed in 1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>th</sup> 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:**

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