

Name: \_\_\_\_\_ Pin #: \_\_\_\_\_

Adult Program Eligibility	Dislocated Worker Eligibility
<input type="checkbox"/> 18 or older <input type="checkbox"/> Eligible to work in US <input type="checkbox"/> Registered with SSS	<input type="checkbox"/> 18 or older <input type="checkbox"/> Eligible to work in US <input type="checkbox"/> Registered with SSS
<b>Priority of Service</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, given priority letter <input type="checkbox"/>	<input type="checkbox"/> Meets 1 federal criteria
Priority type: <input type="checkbox"/> Veteran or AP only: <input type="checkbox"/> Low Income <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> Basic Skills Deficient	

Paperwork / File (check if in file, completed and signed)	
<b>Enrollment:</b> <input type="checkbox"/> Application <input type="checkbox"/> Acknowledgement/Agreement <input type="checkbox"/> Consent & Release Form <input type="checkbox"/> IEP <input type="checkbox"/> Needs Score Form <input type="checkbox"/> Document Verification Form <input type="checkbox"/> Income Verification <input type="checkbox"/> Self-sufficiency screener printed out and signed <input type="checkbox"/> Eligibility Documentation: _____ <b>Selective Service</b> <input type="checkbox"/> n/a <input type="checkbox"/> Print out in file <input type="checkbox"/> Non-Compliance form/documentation in file <input type="checkbox"/> Approved by Program Manager (items 5, 6, 7 only)	<input type="checkbox"/> Work Readiness Assessment <input type="checkbox"/> Other formal assessment results Type: _____ Type: _____ <input type="checkbox"/> BSR Referral <input type="checkbox"/> Resume <input type="checkbox"/> Other job search related paperwork
<b>When applicable:</b> <input type="checkbox"/> Basic Skills Deficiency screener (ap only: screen for those not low income or public assistance recipients) <input type="checkbox"/> Veteran status documentation (DD214 or other) <input type="checkbox"/> Public Assistance documentation (HHS verification, W-2, FoodShare, SSI, SSDI)	<input type="checkbox"/> OJT paperwork (proposal, justification, contract, timesheets, monitoring report, invoice) <input type="checkbox"/> Training Paperwork grouped by semester, request, fafsa, ITA's, grades, schedules, receipts, etc. <input type="checkbox"/> Supportive Service paperwork grouped by request, request, proof of cost, receipts, etc. <input type="checkbox"/> Credential and MSG documentation <input type="checkbox"/> Priority of Service letter
Exit: <input type="checkbox"/> Exit checklist	Follow-Up <input type="checkbox"/> 1 <sup>st</sup> quarter <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>

ASSET Entries	
<input type="checkbox"/> <b>Manage Employment:</b> current and previous	Self Sufficiency Calculator <input type="checkbox"/> Enrollment <input type="checkbox"/> Training
<b>Manage Assessment:</b>	<b>Manage Programs:</b>
<input type="checkbox"/> Assessment completed (everyone)	<input type="checkbox"/> Education status & highest grade agrees with app
<input type="checkbox"/> Test scores entered, when applicable	<input type="checkbox"/> Employment status agrees with application
<input type="checkbox"/> Measurable Skills gain (training only)	<input type="checkbox"/> Selective Service indicator correct
<b>Manage Services:</b>	<input type="checkbox"/> All/correct eligibility items are checked
<input type="checkbox"/> Proper services opened	<input type="checkbox"/> Low income status matches income ver. form
<input type="checkbox"/> Services match assessment, IEP, notes	<input type="checkbox"/> Family size counted correctly
<input type="checkbox"/> Training dates match paper file	<input type="checkbox"/> Disability indicator is correct
<input type="checkbox"/> Completion codes are accurate	<input type="checkbox"/> Qualifying dislocation date matches app or layoff ltr
<input type="checkbox"/> End dates match date of last service for exit	<input type="checkbox"/> Prog end date matches date of last service
<b>Manage Exits:</b>	<b>Manage Follow-Ups:</b>
<input type="checkbox"/> Planned exit is completed	<input type="checkbox"/> Credential entered
<input type="checkbox"/> Global exclusion entered, when applicable	<input type="checkbox"/> Follow-Up Status entered
<b>Manage Customer Notes:</b>	<input type="checkbox"/> Global exclusion entered, when applicable
<input type="checkbox"/> Last 2-way contact _____	
<input type="checkbox"/> Case notes reflect services provided, activities completed; is an accurate reflection of client's time in program	
<input type="checkbox"/> At least 2 attempts per month, case noted correctly	
<input type="checkbox"/> Priority of Service case note	Service start/end dates
<input type="checkbox"/> Supportive Service case note	OJT case notes (1) offer of ojt contingent upon skills gap, 2)
<input type="checkbox"/> Selective Service case note	discussion of training plan, 3) contract details
<input type="checkbox"/> Exit case note listing employment information or reason for exit <input type="checkbox"/> Follow-Up attempts documented in case notes	

