

ADULT CASE FILE REVIEW WORKSHEET

Program Monitor:	Date:	Day of the week:
LWIA:	Contractor/Grantee:	

PARTICIPANT DATA & GENERAL ELIGIBILITY

Participant Name:		Last 4 digits of SSN:	
Date of Birth	Age	<input type="checkbox"/> Right-to-Work	<input type="checkbox"/> Selective Service
Documentation Reviewed: <input type="checkbox"/> DMV DL or ID Card <input type="checkbox"/> Social Security Card <input type="checkbox"/> U S Passport <input type="checkbox"/> Birth Certificate Other (specify):			
Participant Acknowledgment: <input type="checkbox"/> Equal Opportunity Information <input type="checkbox"/> Program Complaint and Grievance Procedure			
WIA Application Date:		WIA Registration/Enrollment Date:	

STAFF-ASSISTED CORE SERVICES

Service	From Date	To Date	Notes
<input type="checkbox"/> 10 Follow-up Services, Counseling	___/___/___	___/___/___	
<input type="checkbox"/> 11 Staff Assisted Job Development	___/___/___	___/___/___	
<input type="checkbox"/> 12 Staff Assisted Job Referrals	___/___/___	___/___/___	
<input type="checkbox"/> 13 Staff Assisted Job Search, Placement	___/___/___	___/___/___	
<input type="checkbox"/> 14 Staff Assisted Workshops/Job Clubs	___/___/___	___/___/___	
<input type="checkbox"/> 15 Other Core Services	___/___/___	___/___/___	
<input type="checkbox"/> 16 Non-WIA Funded Core Services	___/___/___	___/___/___	
<input type="checkbox"/> 17 Co-enrolled Core Services	___/___/___	___/___/___	
<input type="checkbox"/> Other (locally defined)	___/___/___	___/___/___	
Any 90+ day lapses of service? Yes No, If yes, indicate longest lapsed period.	___/___/___	___/___/___	
Co-enrolled Grant Code(s)			

YES NO INTENSIVE SERVICES Inability to obtain/retain employment leading to self-sufficiency?

Service	From Date	To Date	Notes
<input type="checkbox"/> 30 Case Management	___/___/___	___/___/___	
<input type="checkbox"/> 31 Comprehensive Assessment	___/___/___	___/___/___	
<input type="checkbox"/> 32 IEP			
<input type="checkbox"/> Employment Goals			
<input type="checkbox"/> Achievement Objectives	___/___/___	___/___/___	
<input type="checkbox"/> Combination of Services to Achieve			
<input type="checkbox"/> 33 Group Counseling	___/___/___	___/___/___	
<input type="checkbox"/> 34 Work/Entry Employment Experience	___/___/___	___/___/___	
<input type="checkbox"/> 35 Individual Counseling/Career Planning	___/___/___	___/___/___	
<input type="checkbox"/> 36 Out-of-Area Job Search	___/___/___	___/___/___	
<input type="checkbox"/> 37 Relocation Expenses	___/___/___	___/___/___	
<input type="checkbox"/> 38 Short Term Pre-vocational Serv.	___/___/___	___/___/___	
<input type="checkbox"/> 39 Internship	___/___/___	___/___/___	
<input type="checkbox"/> 40 Other intensive	___/___/___	___/___/___	
<input type="checkbox"/> 41 Non-WIA Funded Intensive Serv.	___/___/___	___/___/___	
<input type="checkbox"/> 42 Co-enrolled intensive Services	___/___/___	___/___/___	
<input type="checkbox"/> Other (locally defined)	___/___/___	___/___/___	
Any 90+ day lapses of service? Yes No, If yes, indicate longest lapsed period.	___/___/___	___/___/___	
Co-enrolled Grant Code(s)			

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ρ YES ρ NO TRAINING SERVICES			
Training Type	From Date	To Date	Job Type / Skills / Notes
ρ 50 Adult Education	___/___/___	___/___/___	
ρ 51 Customized Training	___/___/___	___/___/___	
ρ 52 Entrepreneurial Training	___/___/___	___/___/___	
ρ 53 Job Readiness Training	___/___/___	___/___/___	
ρ 54 Occupational Skills Trng	___/___/___	___/___/___	
ρ 55 On-the-job Training	___/___/___	___/___/___	
ρ 56 Private Sector Training	___/___/___	___/___/___	
ρ 57 Skill Upgrading/Retraining	___/___/___	___/___/___	
ρ 58 Workplace Trng/Coop-ED	___/___/___	___/___/___	
ρ 59 Other Training Services	___/___/___	___/___/___	
ρ 60 Non-WIA Training	___/___/___	___/___/___	
ρ 61 Co-enrolled Training Serv.	___/___/___	___/___/___	
Any 90+ day lapses of service? Yes No, If yes, indicate longest lapsed period.		___/___/___	___/___/___

Training Provider Name: _____	On ETPL? ρ Yes ρ No
Address/City/Zip: _____	If No, explain below

Yes	No	Question	Explanation
ρ	ρ	Intensive Services received prior? If No Explain	
ρ	ρ	Other sources available to pay for training? If Yes Explain	
ρ	ρ	Pell Grant Issued? If Yes, how much? _____	
ρ	ρ	ITA Issued? If Yes, Amount Approved: _____ Amount Expended: _____	
ρ	ρ	Training concurs with Assessment or IEP? If No Explain	
ρ	ρ	Training linked to demand occupations in local area or area of relocation? If No, Explain.	
ρ	ρ	Certificate of Completion, Achievement, etc. in file? If No Explain	

81 ρ YES ρ NO SUPPORTIVE SERVICES OR NEEDS-RELATED PAYMENTS

ρ Necessary, reasonable, and allowable? ρ Yes ρ No		ρ Not available through other programs? ρ Yes ρ No	
Type	Amount	Type	Amount
ρ Bus/Regional Transit Tokens/Passes	\$ _____	ρ Food/Food Vouchers	\$ _____
ρ Child or Elder Care	\$ _____	ρ Uniforms/hard hats/boots, etc.	\$ _____
ρ Gasoline	\$ _____	ρ Medical Test Fees	\$ _____
ρ Tools	\$ _____	ρ DMV Test Fees	\$ _____
ρ Car Repairs	\$ _____	ρ Rent	\$ _____
ρ Utilities	\$ _____	ρ Textbooks	\$ _____
ρ Class fees	\$ _____	ρ Medical/Dental Care	\$ _____
ρ Other: Specify _____		\$ _____	

Notes

EXIT AND FOLLOW-UP INFORMATION (Contact with participant to gather employment information)

Exit Date ___/___/___	Date entered unsubsidized employment ___/___/___	ρ Hr. ρ Mo. Wage \$ _____	Hrs. Per Week
Employer		Job Title	
12 Month Follow up Contact	First Quarter Date	Second Quarter Date	Third Quarter Date
			Fourth Quarter Date

ρ YES ρ NO FOLLOW-UP SERVICES (Services provided to participant to help retain employment)

If YES, what services? _____