

**DISLOCATED WORKER CASE FILE REVIEW WORKSHEET**

<b>Program Monitor:</b>	<b>Date:</b> _____ <b>Day of the week:</b> _____
<b>LWIA:</b>	<b>Contractor/Grantee:</b>

**PARTICIPANT DATA & GENERAL ELIGIBILITY**

<b>Participant Name:</b>		<b>Last 4 digits of SSN:</b>	
<b>Date of Birth</b>	<b>Age</b>	<b>θ Right-to-Work</b>	<b>θ Selective Service</b>
<b>Documentation Reviewed:</b> θ DMV DL or ID Card    θ Social Security Card    θ U S Passport    θ Birth Certificate Other (specify): _____			
<b>Participant Acknowledgment:</b> θ Equal Opportunity Information                      θ Program Complaint and Grievance Procedure			

**PROGRAM ELIGIBILITY FOR DISLOCATED WORKER (Circle the category and mark the applicable boxes)**

ρ Terminated or laid-off <b>AND</b> ρ Elig./exhaust UI ρ Not Elig. For UI but sufficient attachment to the workforce <b>AND</b> ρ Is Unlikely to return to previous industry or occupation.	ρ Laid off due to permanent closure or substantial layoff at a plant, facility or enterprise.	ρ Self-employed (as farmer, rancher, or fisherman) <b>BUT</b> ρ Is unemployed due to general economic conditions in community the individual resides <b>OR</b> ρ Is unemployed due to a natural disaster.	ρ Displaced homemaker who is no longer supported by income from family member, <b>AND</b> ρ Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
ρ Voluntarily terminated employment <b>AND</b> ρ Is receiving or has been determined eligible to receive UI <b>OR</b> ρ Has exhausted UI since terminating employment voluntarily <b>AND</b> ρ Is unlikely to return to a previous industry or occupation			ρ Profiled Dislocated Worker

<b>WIA Application Date:</b> _____	<b>WIA Registration/Enrollment Date:</b> _____
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**STAFF-ASSISTED CORE SERVICES**

Service	From Date	To Date	Notes
ρ 10 Follow-up Services, Counseling	____/____/____	____/____/____	
ρ 11 Staff Asst. Job Development	____/____/____	____/____/____	
ρ 12 Staff Asst. Job Referrals	____/____/____	____/____/____	
ρ 13 Staff Asst. Job Search, Placement	____/____/____	____/____/____	
ρ 14 Staff Asst. Workshops/Job Clubs	____/____/____	____/____/____	
ρ 15 Other Core Services	____/____/____	____/____/____	
θ Other (specify)	____/____/____	____/____/____	
Co-enrolled Grant Code(s)			

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

Service	From Date	To Date	Notes
ρ 30 Case Management	____/____/____	____/____/____	
ρ 31 Comprehensive Assessment	____/____/____	____/____/____	
ρ 32 IEP			
ρ Employment Goals			
ρ Achievement Objectives	____/____/____	____/____/____	
ρ Combination of Services to Achieve			
ρ 33 Group Counseling	____/____/____	____/____/____	
ρ 35 Individual Counseling/Career Planning	____/____/____	____/____/____	
ρ 38 Short Term Pre-vocational Serv.	____/____/____	____/____/____	
ρ 39 Internship	____/____/____	____/____/____	
ρ 40 Other intensive	____/____/____	____/____/____	
ρ 41 Non-WIA Funded Intensive Serv.	____/____/____	____/____/____	
ρ 42 Co-enrolled intensive Services	____/____/____	____/____/____	
Co-enrolled Grant Code(s)			



**DISLOCATED WORKER CASE FILE REVIEW WORKSHEET**

**ρ YES ρ NO TRAINING SERVICES**

Training Type	From Date	To Date	Job Type/Skills
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.	___/___/___	___/___/___	

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 Not available through other programs?	
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 _____			\$ _____

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

Exit Date ___/___/___	Date entered unsubsidized employment ___/___/___	ρ Hr. ρ Mo. Wage \$ _____
Employer _____	Job Title _____	Hrs. Per Week _____
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? \_\_\_\_\_

**NOTES:** \_\_\_\_\_