

DISLOCATED WORKER FILE CHECKLIST

Name:		WIOA Area/County:		
		Application Date:		
Status: Active <input type="checkbox"/> Exited <input type="checkbox"/>	Co-Enrolled:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
		<input type="checkbox"/> Adult	<input type="checkbox"/> RR/NEG	

Eligibility: OAC 5101:9-30-04 and OAC 5101:9-9-21;WIOAPL15-02;WIOAPL15-04;WIOAPL15-06 & WIOAPL15-07				
1. Date of Birth:	Documentation: BC DL CRIS-E Other: (no self)			
2. Age at Date of WIOA eligibility:				
3. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation form JFS-13187)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation: Self SScard CRIS-E	
4. Selective Service Registration: https://www4.sss.gov/regver/verification1.asp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
5. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release?	
6. If yes, was a relationship disclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is there a signed and dated Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Dislocated Worker Eligibility: OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; WIOAPL 15-07 JFS-13186, Self-Attestation form can be used to verify several categories, WIOAPL 15-07 for details.			
1. Eligibility Criteria (Each portion of the criteria (either A, B, C, D, or E) must be fully documented in the case record)			
A. Has been terminated/laid off (and):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Proof of Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Proof of termination or layoff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Proof UC or att workforce but not UC elig	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Is unlikely to return to a previous industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
B. Business/Plant/Enterprise Closure (or):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Substantial Lay-Off (or):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Public Announcement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
C. Self-Employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
D. Displaced Homemaker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
E. Military Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:

Self-Sufficiency: If an individual is being considered for training services and is employed, local areas must determine if the applicant is self-sufficient before providing those services, based on the local definition by the Workforce Development Board.

TEGL WIOA 3-15; WIOAPL 15-07 & WIOAPL 15-09

1. Is the participant employed? (Interim employment counts as UNEMPLOYED)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. What is the income/wage:	\$		Documentation:
3. Does the file contain income calculations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the participant meet the local area policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Training Services: N/A For training purposes, must be 18 years of age or older, be legally authorized to work in the US and be properly registered for selective service. Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training.
TEGL WIOA 3-15; WIOAPL 15-09; WIOAPL 15-11; Section 134(b)(3) of WIOA; 20 CFR 680.500 – 20 CFR 680.700*

1. Comprehensive assessment determines that the individual requires training to obtain employment or remain employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the participant have an individual employment plans (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. ITA/training contract established? Agree? _____ Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Name of Institution:		
5. Is job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Was the vendor on the WIET List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Applied for Grants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other:

1. Was the file in a consistent order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Participant entered into OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Files contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supportive Service: **TEGL WIOA 3-15; WIOAPL 15-08; WIOAPL 15-14 & 20 CFR 680.900 - 680.970(b)***

1. Was the need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
2. What supportive service was requested/provided:	<input type="checkbox"/> None <input type="checkbox"/> Child Care <input type="checkbox"/> Dependent Care <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Tools/Uniforms <input type="checkbox"/> Other (explain)		
3. Is service(s) within the limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A If no, explain:

Follow-Up Services: N/A (Mark N/A if participant remains active) **WIOAPL 15-08**

1. Exit Date:	2. Contact:
---------------	-------------