

PROVIDER PARTICIPANT FILE CHECKLIST

Instructions: Providers are responsible for ensuring all client files are in compliance with OEWD requirements. Attach this checklist to each case file. Required documents are listed in the left hand column, and corresponding actions are on the right. Please ensure that all listed documents are included in the case file and are completed according to the action guidelines.

Client Name		Last 4 SS#	
Program			
Funding Sources			
<input type="checkbox"/> WIOA Adult <input type="checkbox"/> WIOA Dislocated Workers <input type="checkbox"/> WIOA Youth <input type="checkbox"/> WIOA Discretionary Grant <input type="checkbox"/> H1B/RTW <input type="checkbox"/> General Fund <input type="checkbox"/> CDBG <input type="checkbox"/> Other			
FORM/DOCUMENT		ACTION	
<input type="checkbox"/> Client Application: <input type="checkbox"/> Universal Adult/Youth Application or provider's own OEWD-approved form (All but CDBG) <input type="checkbox"/> Form G (CDBG) <input type="checkbox"/> OEWD Application (For all clients recorded in WFC)	Signed and dated on the first day of program participation or earlier. Regarding OEWD Applications: -Submitted by provider through WFC -Provider should include original OEWD application in file		
<input type="checkbox"/> OEWD Rights and Responsibilities Form	Signed and dated by client and provider prior to receiving services.		
<input type="checkbox"/> OEWD Release of Information Form	Signed and dated by client and provider prior to receiving services.		
<input type="checkbox"/> Case Notes	At a minimum, case notes must include: -Dates of service (including activities recorded in WFC and GMS) -Types and descriptions of services provided (enrollments/placements) -Recommended next steps and follow-up At an absolute minimum, providers must complete case summaries on a quarterly basis, but are encourage to record case notes more frequently.		
<input type="checkbox"/> Proof of Residency (Required only for General Fund)	-Ensure documents are dated within 6 months of application and not expired. -See Adult Program Eligibility Directive for acceptable documentation.		
<input type="checkbox"/> Supportive Services (All but CDBG—required only if participant receives supportive services)	-Provider must adhere to its own OEWD-approved supportive services policy. -Supportive Services Payments Determination Certification forms or Childcare Eligibility and Authorization Record must be included in case files.		
For General Fund clients only, skip to the Forms section. Continue for clients of other or additional funding sources.			
<input type="checkbox"/> Proof of economic eligibility (Except WIOA Dislocated Workers, General Fund or H1B/RTW)	-Refer to the most current WIOA Income Criteria and the List of Acceptable Documents from WIOA Title I Eligibility Form.		
<input type="checkbox"/> Verification of family size (If Family Income is used as the criteria for economic eligibility, include verification of family size)	- For CDBG only: While documentation of income must be reviewed by program staff, it does not have to be included in case files.		
For CDBG clients only, skip to the Forms section. Continue for clients of other or additional funding sources.			
<input type="checkbox"/> Right-to-Work Documentation	Refer to List of Acceptable Documents from WIOA Title I Eligibility Form.		
<input type="checkbox"/> WIOA Title I Eligibility Verification Form	Required for WIOA Adult, Discretionary and Dislocated Worker Only		
<input type="checkbox"/> Selective Service Registration (All but H1B/RTW)	Include printout from www.sss.gov for males age 18 and over.		
ADDITIONAL ELIGIBILITY REQUIREMENTS - Select one or more service below. Ensure all requirements are met for services selected.			
DISLOCATED WORKER ONLY Proof of Separation from Employment <input type="checkbox"/>	<input type="checkbox"/> Layoff Notice AND <input type="checkbox"/> UI Benefits (receiving or eligibility) AND <input type="checkbox"/> Unlikely To Return To Previous Industry Affidavit OR <input type="checkbox"/> Warn Notice or Company Closure AND <input type="checkbox"/> Proof of Employment at Company OR <input type="checkbox"/> Other (see WIOA Title I Eligibility Verification Form):		
YOUTH ONLY WIOA Youth Checklist <input type="checkbox"/>	See WIOA Youth Checklist.		

For H1B/RTW clients only

<input type="checkbox"/>	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Relevant work experience	-Copy of high school diploma or GED. -Relevant work experience should be shown in a resume, application, or portfolio.
<input type="checkbox"/>	<input type="checkbox"/> Proof of Unemployment →	-Dislocated worker documentation acceptable (see previous DW documentation) OR -Applicant Statement form showing that customer currently does not work as a paid employee or does not work at his/her own business, profession or farm.
OR		
<input type="checkbox"/>	<input type="checkbox"/> Proof of Long-Term Unemployment* →	-Proof that customer lost his/her job during the recent recession (since Jan. 1, 2008) AND has exhausted unemployment benefits OR -Applicant Statement form showing that customer has been without a job for 27 weeks or more and wants and is available to work.
OR		
<input type="checkbox"/>	<input type="checkbox"/> Proof of Underemployment* →	-Copy of pay stub showing that customer is working part-time OR -Applicant Statement showing that customer has not yet connected with a job that provides responsibility and pay, commensurate with their previous experience and educational qualifications.
	*At least 75% of all participants served must be Long-Term Unemployed or Underemployed.	

FORMS

<input type="checkbox"/>	Individual Employment Plan or Individual Service Strategy (Refer to contract)	-Signed and dated by client and provider.										
<input type="checkbox"/>	<input type="checkbox"/> Verification of employment placement	-Check stubs, official letters of employment from an employer, an email from an employer, 3 rd party verification, or OEWD Form 117 Written Employment and Education Verification Form.										
<input type="checkbox"/>	<input type="checkbox"/> Verification of retention in employment	-Refer to contract for frequency and timing of retention checks.										
<input type="checkbox"/>	ADULT and DISLOCATED WORKER IN TRAINING ONLY <input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Training Provider & Labor Market Research Form <input type="checkbox"/> Participant Training Request Letter <input type="checkbox"/> ITA/OJT Worksheet <input type="checkbox"/> ITA/OJT Contract	-All forms must be signed and dated by client and provider, and OEWD, when approval is required. -Providers need to ensure that for those participants enrolled in training, class enrollment documents, progress reports, time, and attendance are also kept in participant's file.										
<input type="checkbox"/>	YOUTH PROGRAMS ONLY <input type="checkbox"/> Test Score Forms	<table border="0"> <tr> <td>CASAS ECS 130</td> <td>TABE*</td> </tr> <tr> <td><input type="checkbox"/> Appraisal Score</td> <td><input type="checkbox"/> Locator Test</td> </tr> <tr> <td><input type="checkbox"/> Math pre-test <input type="checkbox"/> Math post-test</td> <td><input type="checkbox"/> Total Math <input type="checkbox"/> Total Math post-test</td> </tr> <tr> <td><input type="checkbox"/> Reading pre-test <input type="checkbox"/> Reading post-test</td> <td><input type="checkbox"/> Reading <input type="checkbox"/> Reading post-test</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Language <input type="checkbox"/> Language post-test</td> </tr> </table> <p>*TABE Adaptive tests do not include Locator Tests.</p>	CASAS ECS 130	TABE*	<input type="checkbox"/> Appraisal Score	<input type="checkbox"/> Locator Test	<input type="checkbox"/> Math pre-test <input type="checkbox"/> Math post-test	<input type="checkbox"/> Total Math <input type="checkbox"/> Total Math post-test	<input type="checkbox"/> Reading pre-test <input type="checkbox"/> Reading post-test	<input type="checkbox"/> Reading <input type="checkbox"/> Reading post-test		<input type="checkbox"/> Language <input type="checkbox"/> Language post-test
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<input type="checkbox"/>	<input type="checkbox"/> Verification of placement in postsecondary education/advanced training/occupational skills training →	-Institution-generated class schedule, documents from institution reflecting current enrollment, report card, or OEWD Form 117 Written Employment and Education Verification Form.										
<input type="checkbox"/>	<input type="checkbox"/> Verification of attainment of degree or certificate →	-Copy of diploma, degree or acceptable training certificate or documents from the institution reflecting completion of degree/diploma or acceptable training.										

For clients enrolled in programs paying subsidized wages, complete the following section.

<input type="checkbox"/>	Form W-4	Signed and dated by client within one week of placement.
<input type="checkbox"/>	Form I-9	Signed and dated by client within one week of placement.
<input type="checkbox"/>	Timesheets, Attendance Records, or stipend contract	Copies should be signed by client and supervisor and filed chronologically in case file.
<input type="checkbox"/>	Workers' Compensation Form	Original submitted to employer and copy included in client file
<input type="checkbox"/>	Client Emergency Form	Original submitted to employer and copy included in client file