Attachment 5B

WIA Adult Program File Review Checklist
Part 1

Name _____ SSN / MSK #_____

Region_____ Monitor _____

Eligibility	Required Documentation	Comment
Citizenship/Alien Status		
Social Security Number		
Selective Service		
Affidavit of Immigration Status		
Age		
Priority of Service		

WIA Dislocated Worker File Review Checklist
Part 1

Name _____ SSN / MSK #_____

Region _____ Monitor _____

Eligibility	Required Documentation	Comments
Citizenship/Alien Status		
Social Security Number		
Selective Service Registration		
Affidavit of Immigration Status		

Element	Required Documentation	Comments
Job of Dislocation		
Date of Dislocation		
DW Category (Required to select 1 qualifying category (A-F)		
_____ A. Layoff / UI / Unlikely to Return	**Layoff**	
	UI Monetary Eligibility	
	Unlikely to Return	
_____ B. Plant Closure / Substantial Layoff	**Applicant was Employed**	
	Business Closed	
_____ C. Self-Employed / Business Closed	**Self-Employed**	
	Business Closed	
_____ D. Displaced Homemaker		
_____ E. U.I. Profiled		
_____ F. Permanent Dislocation / Natural Disaster		

WIA Adult / Dislocated Worker File Review Checklist
Part 2

Name _____ SSN / MSK # _____

Required Documentation	In File	Missing
Signed application _____ Date_____	_____	_____
Veteran Status (DD214) _____	_____	_____
Complaint procedures/EEO form _____	_____	_____
Release of Information form _____	_____	_____
Initial assessment / test results _____	_____	_____
Comprehensive assessment/evaluation _____	_____	_____
Justification for intensive/training services _____	_____	_____
Justification for supportive services _____	_____	_____
Training & supportive service expenditures consistent with region policies & caps	_____	_____
Individual Employment Plan (IEP) _____	_____	_____
ITA / OJT / Work Experience Agreements _____	_____	_____
Non-WIA funding unavailable for training (Pell, etc) _____	_____	_____
I-9 for Work Experience _____	_____	_____
Payment invoices (Supportive Services)_____	_____	_____
Payment invoices (Training) _____	_____	_____
Training cap - Training funds expended _____	_____	_____
Attendance / grades / progress for school, training, work experience _____	_____	_____
Degree/Certificates attained _____	_____	_____
Sequential delivery of services documented Core ___ Intensive ___ Training ___	_____	_____
Use of Eligible Training Provider List (ETPL) _____	_____	_____
Case notes document regular contact (not more than 90 days w/o service)	_____	_____
Exit - Employment verification _____	_____	_____
Follow-up - 12 months (case notes)_____	_____	_____

WIA Youth File Review Checklist
Part 1

Name _____ SSN / MSK #_____

Region _____ Monitor _____

Eligibility	Required Documentation	Comments
Citizenship/Alien Status		
Social Security Number		
Selective Service Registration		
Affidavit of Immigration Status (only needed for 18 and older)		

Element	Required Documentation	Comments
Age / Date of Birth		
_____ In-School **_____ Out-of-school**	**Educational Status:** **Basic Skills Deficient:**	
Low Income		
Disability		
Barrier	___Basic Skills Deficient (Grade 8.9 or below) ___School Dropout ___Homeless ___Foster Child ___Pregnant / Parenting ___Offender ___Requires Additional Assistance	
5% Exception to Low Income Requirement	___Basic Skills Deficient (Grade level 8.9 or below) ___School Dropout ___Homeless / Runaway ___Disabled ___Pregnant / Parenting ___Offender ___Requires Additional Assistance	

WIA Youth File Review Checklist
Part 2

Name _____ SSN / MSK # _____

Required Documentation	In File	Missing
Signed application _____ Date_____	_____	_____
Veteran Status (DD-214) _____	_____	_____
Complaint procedures/EEO form _____	_____	_____
Release of Information form _____	_____	_____
Initial assessment _____	_____	_____
Basic skills tests (Literacy /Numeracy)		
Pre-test scores _____	_____	_____
Post-test scores (if appropriate) _____	_____	_____
Academic & Occupational Assessment / Evaluation _____	_____	_____
Individual Service Strategy (ISS)_____	_____	_____
Youth Goals _____	_____	_____
OJT / WE / Internship Agreements signed by employer & youth	_____	_____
I-9 for Work Experience	_____	_____
Justification for supportive services _____	_____	_____
Payment invoices (Supportive Services) _____	_____	_____
Payment invoices (Training) _____	_____	_____
Training cap - Training funds expended _____	_____	_____
Attendance/grades for school/training/WE _____	_____	_____
Degree/Certificate _____	_____	_____
Use of Youth Provider List for program elements _____	_____	_____
Case notes document regular contact (not more than 90 days w/o service)	_____	_____
Exit - Employment/School verification _____	_____	_____
Follow-up – 12 months (ISS/case notes) _____	_____	_____