

**UI Pilot Project - Dislocated Worker Reemployment Initiative
Compliance File Monitoring Checklist**

Workforce Region / Office Location: _____

Monitor: _____ **Review Date:** ____/____/____

Special Project Title: *UI Pilot Project – Dislocated Worker Reemployment Initiative*

Funding Stream and Period of Performance:

FY13 WIA 25% DW - UI Pilot Project (DX-RE), ends 3-31-2015

FY12 WIA 25% Disc DW – Reissued DX-LT funds, ends 6-30-2014

Program Code: DX-RE **Date of enrollment:** ____/____/____

Was application entered by the UI Pilot project team? ___Yes ___No **Date:** ____/____/____

Participant Name: _____ **Participant Mask ID:** _____

Required Documentation

Photo ID. _____	___Yes ___No D.O.B. ____/____/____
Citizenship/ Eligible to work	___Yes ___No _____
Social Security #	___Yes ___No _____
Selective Service	___Yes ___No _____
Veteran Status	___Yes ___No _____
HB 1023 Immigration Affidavit	___Yes ___No _____

Job of Dislocation _____

Name of Employer _____

Date of Dislocation ____/____/____

DW Category (one required): _____ **Supporting Documentation:**

___ **Layoff/UI/Unlikely to Return** _____

___ **Plant Closure/Substantial Layoff** _____

___ **Self-Employed/Business Closed** _____

___ **Displaced Homemaker** _____

___ **U.I. Profiled** _____

___ **Natural Disaster/Permanent Dislocation** _____

a. Fire _____

b. Flood _____

___ **EUC– 8 Documentation** _____

Services and Documentation	
Signed Application	___ Yes ___ No
Complaint Procedures/EEO form	___ Yes ___ No
Release of Information form	___ Yes ___ No
Initial Assessment	___ Yes ___ No
Comprehensive Assessment	___ Yes ___ No
Justification for Intensive/Training Services	___ Yes ___ No
Justification for Supportive Services	___ Yes ___ No
Individual Employment Plan (IEP)	___ Yes ___ No
(Note: An IEP is <i>not</i> required for Intensive only services. An IEP is required for Training).	
ITA/OJT/Work Experience Agreements	___ Yes ___ No
I-9 for Work Experience	___ Yes ___ No
Payment Invoices (Supportive Services)	___ Yes ___ No
Payment Invoices (Training)	___ Yes ___ No
Training & Supportive Service Expenditures consistent with region policies & caps	___ Yes ___ No
Attendance/Grades/Progress for school etc.	___ Yes ___ No
Degree/Certificates Attained	___ Yes ___ No
If yes, what was it?	_____
Name of Training Program	_____
Length of Training Program	_____
Training Funds Spent	\$ _____
Co-Enrolled in DW (optional by WFC staff)	___ Yes ___ No
EXIT Information	
Was the claimant employed at exit? _____	
If yes, was the job in the field of training? _____	
Comments:	