

**YOUTH FILE CHECKLIST**

Name:		WIOA Area/County:	
		Application Date:	
<b>Status:</b>		<input type="checkbox"/> Active	<input type="checkbox"/> Exited
<input type="checkbox"/> In School Youth	<input type="checkbox"/> Out of School Youth	Co-enrolled?	<input type="checkbox"/> TANF <input type="checkbox"/> Adult
			<input type="checkbox"/> No

<b>WIOA Eligibility:</b>	<b>WIOAPL 15-03, 15-4, 15-05, 15-06, 15-07</b>
<b>(Required participants: 16-24 years old; Volunteer participants: 16-24 years old; and In-School Youth: 14-21 years of age)</b>	

1. Date of Birth:			
2. Age at Date of WIOA eligibility:	Documentation:		
3. Citizenship Status/Authorization to Work in the US: <small>(Can also be verified by self-attestation from JFS-13187)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Selective Service Registration: <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Determination of Dependent Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. 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
8. Is there a <i>signed</i> and <i>dated</i> Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release of Information <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the participant enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
10. Does the participant have a high school diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:

<b>Youth Eligibility:</b>	<b>WIOAPL 15-03(V), 15-07, Section 129 of WIOA</b>
<b>Youth must document one of the following barriers in addition to meeting one of the low-income criteria.</b>	

<p><b>In-School Youth Barrier Categories</b> <i>(ISY: 14-21 years old):</i></p> <p><input type="checkbox"/> Low Income and Deficient Basic Skills</p> <p><input type="checkbox"/> English Language Learner</p> <p><input type="checkbox"/> Homeless or Runaway</p> <p><input type="checkbox"/> Foster Child or Emancipated Foster Child</p> <p><input type="checkbox"/> Pregnant/Parenting</p> <p><input type="checkbox"/> Offender</p> <p><input type="checkbox"/> Individual with a Disability (can be up to 23 yr. old)</p> <p><input type="checkbox"/> Requires additional assistance</p> <p>Low Income? _____</p>	<p><b>Out-of-School Youth Barrier Categories</b> <i>(OSY: 16 – 24 years old, not attending any school):</i></p> <p><input type="checkbox"/> Low Income, Deficient Basic Skills and High School Diploma or equivalent</p> <p><input type="checkbox"/> English Language Learner (and Low Income)</p> <p><input type="checkbox"/> School Dropout</p> <p><input type="checkbox"/> Not Attending School</p> <p><input type="checkbox"/> Homeless or Runaway</p> <p><input type="checkbox"/> Foster Child or Emancipated Foster Child</p> <p><input type="checkbox"/> Pregnant/Parenting</p> <p><input type="checkbox"/> Offender or subject to juvenile or adult justice system</p> <p><input type="checkbox"/> Individual with a Disability</p> <p><input type="checkbox"/> Low Income and Requires additional assistance</p>
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**Basic Skills Testing: TABE** Date: \_\_\_\_\_ Read \_\_\_ Math \_\_\_ Language \_\_\_

**Comprehensive Assessment:** WIOAPL 15-10(5)(C)

1. Did file contain a comprehensive assessment?  Yes  No

**Individual Opportunity Plan (IOP):** WIOAPL 15-10(5)(C)

1. Did the case file contain an IOP?  Yes  No

**Program Elements:** WIOAPL 15-10(5)(D), Section 129(c)(2) of WIOA

1. List the program elements which were provided to this youth:

- Tutoring
- Alternative Secondary School Offerings
- Paid/unpaid work experiences with component academic & occupational education, which may include:  
Summer employment opportunities & other employment /Pre-apprenticeship programs  
Internships and job shadowing / On-the-job training opportunities
- Occupational skill training
- Education concurrently with workforce preparation activities and training for a specific occupation
- Leadership development opportunities
- Supportive services (2 new services: assistance w/ educational testing & accommodations and NRP)
- Adult mentoring (for a total of not less than 12 months)
- Follow-up services (for not less than 12 months after completion of participation)
- Comprehensive guidance and counseling (may include drug/alcohol)
- Financial literacy education
- Entrepreneurial skills training
- Services that provide labor market and employment information about in-demand industry Sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services
- Activities that help youth prepare for and transition to postsecondary education and training

**Paid or Unpaid Work Experience:** WIOAPL 15-10 & WIOAPL 15-13

1. Does the worksite agreement include, minimally, all of the following:

Employer: \_\_\_\_\_

- The Duration \_\_\_\_\_ to \_\_\_\_\_
- Remuneration
- Tasks/Duties
- Supervision
- Health and Safety Standards
- Other Conditions (e.g., consequences of not adhering to the agreement)
- Termination Clause
- Appropriate signatures (site employer, local area, participant and or designee)
- Union Concurrence for participants as applicable

2. If a paid or unpaid work experience was provided to the youth participant, did the file contain the following:

- Time sheets, attendance sheets, and performance records;
- Proof of age/Parental consent (under 18 years of age);
- Age and Schooling Certificate (Work Permit) (while school is in session and under 16 years of age);
- Minor Wage Agreement (under 18 years of age);

3. Does the county periodically monitor the participant and the worksite to ensure that:

- Worksite agreements are upheld
- Adequate supervision and quality mentoring are provided to the youth
- Worksites are in compliance with workplace safety, Child labor laws, and WIOA law and regulation

**Supportive Services:**

**WIOAPL 15-10(5)(D)(7)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Were supportive services provided?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was the need for supportive services clearly documented in the case file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If mileage, is Internet printout of miles included?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Identify the Supportive Services provided:
- Assistance with transportation
  - Assistance with child care and dependent care
  - Assistance with housing
  - Assistance with educational testing
  - Reasonable accommodations for youth with disabilities
  - Referrals to health care
  - Assistance with uniforms or other appropriate work attire and tools
  - Other: \_\_\_\_\_ (Please list)

**Incentives:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Were incentives provided?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was the need for incentives clearly documented in the case file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Identify the incentives provided:                                |                              |                             |

INCENTIVE PROGRAM \$1000 CAP PER YEAR

INCENTIVE	AMOUNT	INCENTIVE	AMOUNT
Perfect Attendance for one calendar month (school or work)	\$25.00	Pass Drug Screen (up to four)	\$25.00
<b>Grades:</b> <b>(Program Operator discretion per participant)</b>	\$25.00	Obtaining Driver's License (one time) <b>related to work exp/completion of training</b>	<b>\$100.00</b>
Complete an A+ Class (up to four)	\$25.00	Complete a Job Shadowing Exp (up to five)	\$10.00
Advance One School Grade	\$50.00	Complete an Internship	\$50.00
Pass a segment of the <b>HS Equivalency</b> test	<b>\$50.00</b>	Complete Entrepreneurial Training	\$25.00
Obtain Job Certification (STNA/Welding/Etc)	<b>\$100.00</b>	8 hours of Community Service <b>if meets definition of unpaid Work Exp.</b> (up to four)	\$20.00
Graduate from High School/ <b>Equivalent</b> , Trade School, Certificate Program, or College	\$250.00	Other Overcoming barrier ( <b>related to work exp., education or training</b> ): Explain:	not to exceed \$100

**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. Before receiving training services, have the participants been interviewed, evaluated or assessed and career planning 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. Was an ITA/training contract established? Agree?_____ Amount:_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Name of Institution:			
5. Does the adult participant qualify under the locally-defined “family sufficiency” standard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the participant’s job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
7. Was the vendor on the Workforce Inventory Education Training (WIET) List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:
8. Applied for Grants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Training in OWCMS?

**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

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

1. Exit Date:	2. Contact:
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