

**ADULT FILE CHECKLIST**

<b>Name:</b>		<b>WIOA Area/County:</b>		
		<b>Application Date:</b>		
<b>Status:</b> Active <input type="checkbox"/> Exited <input type="checkbox"/>	<b>Co-Enrolled:</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
		<input type="checkbox"/> DW	<input type="checkbox"/> Youth	

**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:	Release of Info:		
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: <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      Documentation:
5. Determination of Dependency Status (for adult participants ages 18-24 applying for an ITA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Does the file contain a <u>signed</u> and <u>dated</u> 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 signed and dated Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**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?	<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	

**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

**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
<b>Note:</b> Adult & Youth co-enrollment can give an YIS customer access to an ITA			
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?

**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 Requested	<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:	