

# Workforce Investment Act 85-Percent Formula Grants Program On-Site Monitoring Guide

Prepared By  
Compliance Review Division  
August 2007

*"The Employment Development Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Special requests for services, aids, and/or special formats need to be made by calling (916) 654-8055 (Voice) or (916) 654-9820 (TTY)."*

**WORKFORCE INVESTMENT ACT 85-PERCENT FORMULA GRANTS  
PROGRAM ON-SITE MONITORING GUIDE**

**TABLE OF CONTENTS**

**PREFACE - BACKGROUND AND INSTRUCTIONS.....3**

**SECTION I - PROGRAM ADMINISTRATION.....4**

- A. ONE-STOP DELIVERY SYSTEM .....4
- B. LOCAL WORKFORCE INVESTMENT BOARD .....4
- C. YOUTH COUNCIL.....5
- D. OVERSIGHT AND MONITORING.....6
- E. MANAGEMENT INFORMATION SYSTEM .....7
- F. SUBRECIPIENT NOTIFICATION.....8
- G. INCIDENT REPORTING .....8
- H. NONDISCRIMINATION & EQUAL OPPORTUNITY.....8
- I. PROGRAM GRIEVANCE AND COMPLAINT .....9

**SECTION II - PROGRAM OPERATIONS .....10**

- A. ELIGIBILITY .....10
- B. CORE A SERVICES.....10
- C. REGISTERED CORE (CORE B) SERVICES.....11
- D. INTENSIVE SERVICES.....12
- E. TRAINING SERVICES .....13
- F. SUPPORTIVE SERVICES .....15
- G. YOUTH SERVICES.....15
- H. RAPID RESPONSE.....17
- I. LOCAL BUSINESS SERVICES.....19

**SECTION III – LWIA AND STATE MONITOR WORKING TOOLS .....20**

- ATTACHMENT 1 – LWIA ONE STOP CENTER INFORMATION.....20
- ATTACHMENT 2 – LWIB MEMBER ROSTER .....24
- ATTACHMENT 3 – YOUTH COUNCIL ROSTER .....26
- ATTACHMENT 4 – ADULT CASE FILE REVIEW WORKSHEET.....28
- ATTACHMENT 5 – DISLOCATED WORKER FILE REVIEW WORKSHEET .....30
- ATTACHMENT 6 – CASE FILE REVIEW ISSUES SUMMARY .....32
- ATTACHMENT 7 – PARTICIPANT WORK ACTIVITY (OJT, WEX,  
OR CUSTOMISED TRAINING) .....33
- ATTACHMENT 8 – SUBRECIPIENT MONITORING.....34
- ATTACHMENT 9 – PARTICIPANT INTERVIEW GUIDE.....35

## Preface

### Background and Instructions

The purpose of the Program On-site Monitoring Review Guide is to provide the monitor with information needed to conduct an on-site review of the 85-Percent Formula grants' administrative and program operations. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the Workforce Investment Act (WIA). The Program On-site Monitoring Guide should facilitate a more efficient review.

The Program On-site Monitoring Guide consists of three sections. We request that the Local Workforce Investment Area (LWIA) staff or its Subrecipient(s) complete Sections I and II and Attachments I and II in the guide. **Attachment I must be completed for each one-stop office in the LWIA. Attachments II and III must be completed for the LWIB and Youth Council Rosters.** The remaining Attachments will be used by the monitor while conducting the review.

The LWIA or Subrecipient staff responsible for completing the Program On-site Monitoring Guide may contact the monitor or his/her supervisor for clarification, if needed. In addition, please ensure that the individual(s) who complete the guide list their name, telephone number, position/title, and date completed at the end of each Section.

Please note that citations are provided for reference, but may not be inclusive of all regulations.

Please provide your completed Program On-site Monitoring Guide to the monitor prior to or at the entrance conference. Thank you.

LWIA:	
Executive Director/Administrator:	
Contact Person:	Phone #
CRD Monitor:	Phone #
CRD Manager:	Phone #

**Section  
I**

**I. PROGRAM ADMINISTRATION**

**A. ONE-STOP DELIVERY SYSTEM**

1. Have there been any significant changes to the infrastructure of this LWIA, such as closing, moving, or adding a One Stop Center, partner relocations, etc. since your last 85-Percent Program onsite review?  Yes  No If Yes, please describe the change(s).

2. Please complete one copy of Attachment #1, One Stop Center Information Form, for each comprehensive and satellite one stop office in this LWIA.

3. Have Memoranda of Understanding (MOUs) been executed with all partners? [20 CFR 662.230]  Yes  No If No, please describe the steps taken to address this.

4. Do the MOUs describe the services provided by each partner at the One-Stop centers? [20 CFR 662.260; 20 CFR 662.310; WIAD06-21]  Yes  No If no, what steps is the LWIB taking to include this requirement?

5. How does the LWIA ensure that partners are carrying out the services as described in its MOUs?

**B. LOCAL WORKFORCE INVESTMENT BOARD**

1. Please complete Attachment #2, for the Local WIB Roster.

The list must include the member's name, the organization s/he represents, and the required category of representation s/he fulfills. [WIA117(b)(2); 20 CFR 661.315; WIAD06-17; WIAD06-21] (Included below is a checklist of required Board members for your validation.)

- Representatives in the local area who are business owners, CEO's, human resources executives, etc. Business owners must make up the majority of the Board.
- At least two representatives of local educational entities, local educational agencies, local school boards, post-secondary educational institutions.
- Representatives of labor organizations nominated by local labor federations, including a representative of an apprenticeship program. At least 15 percent of local board members shall be representatives of labor organizations unless the local labor federation fails to nominate enough members. If this occurs, then at least 10 percent of the local board members shall be representatives of labor organizations.

- At least two representatives of community-based organizations serving populations with barriers to employment (economically disadvantaged, youth, farm workers, homeless individuals, and immigrants).
  - At least two representatives of economic development agencies including private sector.
  - One or more representatives of each One-Stop partner.
2. Are all required categories represented by the appropriate number of members?  
 Yes  No If No, please explain how long the positions have been vacant and what is being done about recruitment.
- 
3. Is there a business majority?  Yes  No If No, please explain how long the positions have been vacant, and what is being done about recruitment.
- 
4. How does the Local Workforce Investment Board ensure that it is not directly providing core, intensive, or training services, or act as a One-Stop Operator? [20 CFR 661.310]
- 

### C. YOUTH COUNCIL

1. Please complete Attachment #3 for the local Youth Council Roster. The list must include the member's name, the organization s/he represents, and the required category of representation s/he fulfills under the laws and policy. [WIA 117(h)(2); 20 CFR 661.335(b); WIAD06-17] (Included below is a checklist of required Youth Council members for your validation.)
- Representatives of youth who are enrolled in school, and out of school youth.
  - Representatives from the private sector.
  - Representatives of local educational agencies serving youth.
  - Representatives of private nonprofit agencies serving youth.
  - Representatives of apprenticeship training program serving youth.
2. Does the Youth Council contain all the required members? [20 CFR 661.335]  
 Yes  No If No, please explain how long the positions have been vacant and what is being done about recruitment.
- 
3. When did the LWIB Youth Council last meet with a quorum? Please provide the agenda and minutes from the last meeting.
- 
4. Please describe the types of activities and services provided by the Youth Council. [20 CFR 661.340; 20 CFR 664.100]
- 
5. How are youth activities coordinated and facilitated through the One-Stop delivery system? [20 CFR 664.700-710]
-

6. How does the LWIA ensure that each partner is providing the full array of services to all participants in accordance with the Universal Access (nondiscrimination and equal opportunity) requirements of WIA188 and 29 CFR 37?

## D. OVERSIGHT AND MONITORING

1. Please provide copies of the following documents:

- A listing of the LWIA's lower level subrecipients for PY's 2005-06; 2006-07 and 2007-08.
- The LWIA's subrecipient program oversight and monitoring policies and procedures, if available
- The LWIA's subrecipient monitoring tools
- PY 2007-08 monitoring schedule
- PY's 2005-06 and 2006-07 monitoring reports (draft, response, and final) for all subrecipients including evidence that identified findings were corrected and corrective action plans were approved and implemented.

**Note:** Please have working papers for all program reviews available for review by the State monitor. [20 CFR 667.400(c)(1); 20 CFR 410; WIAD00-7]

2. Do the oversight and monitoring plan, policies and procedures, schedule and tools:

- Identify procedures for onsite monitoring of all subrecipients at least once each program year?  Yes  No
- Require that the monitoring of subrecipients follow a standardized review methodology resulting in written reports that record findings, any needed corrective actions, and due dates for the accomplishment of corrective actions?  Yes  No
- Require systematic follow-up to ensure corrective action has been taken?  Yes  No
- Identify procedures for oversight of the One-Stop delivery system?  Yes  No
- Ensure that its subrecipients comply with the requirements in WIA Directive WIAD0121 regarding nondiscrimination and equal opportunity?  Yes  No
- Ensure that its subrecipients comply with the requirements in WIA Directive WIAD0312 regarding WIA program complaint and grievance procedures?  Yes  No
- Coordinate with other LWIAs for monitoring administrative entities serving multiple areas, if applicable?  Yes  No

For any No answers to the above questions, please explain.

3. If the LWIA does not have monitoring policies and procedures, how does it ensure that its subrecipients comply with WIA provisions and other applicable laws and regulations? [20 CFR 667.410(a)]

4. Please list the party or agency responsible for the oversight and monitoring of the following programs.

Adult
Dislocated Worker
Youth
One Stop Delivery System

5. What steps does the LWIA take to ensure the security of participant case files? Where are the participant case files kept?

--

6. How does the LWIA ensure that its subrecipients are monitoring their lower-level WIA providers? [20 CFR 667.410(a)]

--

[WIA §117(d)(4); Directive WIAD00-7]

## E. MANAGEMENT INFORMATION SYSTEM

1. Please describe how the LWIA and/or its subrecipients ensure that participant and programmatic activities are reported to the State in a timely and consistent manner. Please include procedures on co-enrollments and timelines for subrecipient reporting, if applicable. [WIA § 185; Directive WIA04-17]

--

2. Please identify the party responsible for ensuring that the data are submitted through the Job Training Automation (JTA) system. [20 CFR 667.300(b); Directive WIA04-17]

--

3. Please describe your general case management practices. Please include when, how and by whom enrollment and exit dates are determined and how decisions on service levels are made. [20 CFR 663.105; 664.215; TEGL 7-99]

--

4. How does the LWIA ensure that concurrently enrolled participants are tracked accurately? Please explain how the LWIA ensures that there is no duplication of services and performance outcomes are credited to the appropriate WIA grants. [20 CFR 664.500(c)]

--

5. Please describe the local procedures/processes established to ensure that there are no periods of participant inactivity of 90 days or more.

--

6. How does the LWIA ensure the security of confidential participant information?

--

## F. SUBRECIPIENT NOTIFICATION

1. How does the LWIA ensure that its staff and/or subrecipients (including the One-Stop operators) are made aware of all WIA laws, regulations, and directives?

2. How does the LWIA inform the WIB of changes in WIA laws, regulations, directives, etc. affecting the WIB?

3. How are results of audits and monitoring reports communicated to the WIB?

## G. INCIDENT REPORTING [20 CFR 667.600 & 667.630]

1. Please provide a copy of the LWIA's internal management procedures related to the prevention, detection and reporting of fraud, waste, abuse, or criminal activity. [Directive WIAD02-3]

2. Please list the staff person responsible for notifying OIG and CRD.

3. Has the LWIA provided written notification to its lower-tier subrecipients regarding their responsibilities to be alert for instances of fraud, abuse, and criminal activity committed by staff, contractors, or program participants and to report all such instances to the funding entity, OIG, and CRD immediately.  Yes\*  No

\*If yes, please indicate the date and method of the last notification. (Please have proof of this notification available for review).

## H. NONDISCRIMINATION AND EQUAL OPPORTUNITY

1. Please provide a copy of the LWIA's nondiscrimination and equal opportunity (EO) policies and procedures. [WIA §188; 29 CFR 37; 20 CFR 667.200(f); Directive WIAD01-21]

2. Please list the name of the LWIA's EO Officer.

3. Please provide a copy of the form that is maintained in participant case files to acknowledge receipt of the policies on nondiscrimination, equal opportunity, and EO grievances or complaints (this should include a copy of the actual policy provided to participants).

## I. PROGRAM GRIEVANCE AND COMPLAINT

1. Please provide a copy of the LWIA's programmatic grievance and complaint policies and procedures. [WIA §181(c); 20 CFR 667.600; Directive WIAD03-12]
2. Does the policy:
  - Identify the one-year filing timeline?  Yes  No
  - Identify the requirement to provide staff assistance to the complainant in preparing the written complaint?  Yes  No
  - Identify the 30-day timeline for conducting a hearing?  Yes  No
  - Provide written notice to the complainant 10-days prior to the hearing?  Yes  No
  - State that a written decision will be issued within 60 days of a hearing?  Yes  No
  - Identify the process for appealing to the State?  Yes  No
3. Please provide a copy of the form that is maintained in participant case files to acknowledge receipt of the policies on programmatic grievances or complaints.

_____ <b>Name of Staff</b> <b>Completing Section I</b>	_____ <b>Telephone</b>	_____ <b>Position/Title</b>	_____ <b>Date</b>
--	---------------------------	--------------------------------	----------------------

**Section  
II**

## II. PROGRAM OPERATIONS

### A. ELIGIBILITY

1. WIA Directive WIAD04-18 transmitted the WIA Eligibility Technical Assistance Guide (TAG). Please provide a copy of the local “Table of Documentation to Establish WIA Eligibility”, which is described in Section X of the TAG. [WIA 188(a)(5); WIA 189(h); 20 CFR 663.105-115; 20 CFR 664.200-240; WIAD01-4; WIAD04-18; WIAD06-22]
2. Please describe the circumstances under which an applicant statement is accepted to verify an eligibility requirement.

--

3. If a participant was required to register with the Selective Service System but did not, and is presumptively disqualified, please describe the local policy and procedure for determining subsequent eligibility. [Directive WIAD01-4]

--

4. How are the equal opportunity data collected during the registration process? [20 CFR 663.105(c) and 20 CFR 664.215(c)]

--

5. Certain populations may be given priority related to WIA services. Please provide a copy, or describe, the local policy on priority for low-income, recipients of public assistance, and veterans. [20 CFR 663.600, TEGL 5-03; WIAD06-17]

--

### B. CORE A SERVICES [WIA §134(d)(2); 20 CFR 662.240]

1. Please provide a brief description of the steps taken to provide the following Core A services in the LWIA.

*Please complete for the sections below for those services your LWIA actually provides, and describe how you provide them.*

Determinations of eligibility
Outreach, intake, orientation, etc.
Employment statistics information (vacancies, skills, demand, etc.)

Program performance and cost (training providers, youth providers, etc.)
Local area performance measures
Availability of supportive services
Information on filing for unemployment insurance
Assistance with establishing eligibility for financial assistance, etc.

2. How are Core A clients being tracked by the LWIA?

--

**C. REGISTERED CORE (CORE B) SERVICES** [WIA §134(d)(2); 20 CFR 662.240, 20 CFR 663.160]

1. Please provide a brief description of the steps taken to provide the following Core B services in the LWIA. Please complete for the sections below for those services your LWIA actually provides, and describe how you provide them.

Initial assessment
Staff assisted job search and placement
Staff assisted job referrals
Staff assisted job development
Follow up services

2. What specific documentation is maintained in the participant case files for verifying what registered core services were provided to the participant? Please provide an example of forms, checklists, or documents used.

--

**D. INTENSIVE SERVICES** [WIA134(d)(3); 20 CFR 663.200-250]

1. Please provide a brief description of the steps taken to provide the following Intensive services in the LWIA. Please complete for the sections below for those services your LWIA actually provides, and describe how you provide them. [WIA134(d)(3); 20 CFR 662.200]

Comprehensive and specialized assessments
Employment plans (identifying goals, objectives and services)
Group counseling
Individual counseling and career planning
Case management for those seeking training
Prevocational services (learning, communication and soft skills)
Out of area job search assistance
Literacy activities (related to work readiness)
Relocation assistance
Internships
Work Experience (paid or unpaid)

2. Before providing intensive services, how is it determined and documented that a participant cannot obtain or retain employment that leads to self-sufficiency with the core services received? [20 CFR 663.160; 20 CFR 663.220]

--

3. What are the criteria for determining “self-sufficiency” when giving intensive services to employed individuals? [20 CFR 663.230]

--

**E. TRAINING SERVICES** [WIA §134(d)(4); 20 CFR 663.300-595]

1. Please provide a brief description of the steps taken to provide the following training services in the LWIA. Please complete for the sections below for those services your LWIA actually provides, and describe how you provide them. [WIA134 (d)(4); 20 CFR 663.300; WIAD 04-17]

Occupational skills training
On-the-job training
Workplace training and related instruction, cooperative education
Private sector training
Skill upgrading and retraining
Entrepreneurial training
Job readiness training
Adult education and literacy activities
Customized training (conducted with employer commitment)
Other

2. How is it determined and documented that a participant has the skills and qualifications to successfully complete a training program? [20 CFR 663.310(b)]

--

3. How do the LWIA staff and/or its subrecipients ensure and document that training is directly linked to existing employment opportunities? [20 CFR 663.310(c)]

--

4. Before using WIA funds to finance training, how is it determined and documented that other funding is unavailable? [20 CFR 663.310(d); 20 CFR 663.320]

--

5. How are the requirements for consumer choice implemented? [20 CFR 663.440]

--

6. How is the State list of eligible training providers disseminated? [20 CFR 663.510(d)(6); WIAD06-15]

7. How do LWIA staff and/or its subrecipients ensure that training providers who are **not** on the ETPL have met demonstrated performance (i.e., financial stability, program completion rate, attainment of skills, placement in unsubsidized employment)? [20 CFR 663.430(a)(3); 20 CFR 663.590; 20 CFR 663.595]

8. Please provide a copy of the local policy on Individual Training Accounts (ITAs). What role does the LWIB play in developing local policy on the amount and duration of individual training accounts based on market rate for local training programs? Please note any limitations on amount or duration of an ITA and any exception criteria. [20 CFR 663.400-420; WIAD06-17; WIAD06-21]

9. How is the LWIB ensuring that One-Stop Operators that issue vouchers are not recipients of training vouchers issued by their center without the approval of the chief local elected official and the State board? [WIAB06-17]

10. Please provide, or describe, the local policy on recovery of unused training funds. [Directive WIAD04-4]

11. How is it determined and documented that customized or on-the job training (OJT) will be used instead of ITAs to provide training services? Please provide a list of all OJT and customized training contracts. [20 CFR 663.430; WIAD06-11]

12. Please describe how OJT providers are identified and selected? Please include information on the amount of reimbursement (not to exceed 50-percent); identification of employers not providing long-term employment; and determining the appropriate length of an OJT contract. [20 CFR 663.700]

13. Please describe how OJT contracts are developed and monitored to ensure that appropriate services are being provided. [20 CFR 667.410(a)]

## F. SUPPORTIVE SERVICES

[WIA §101(46); WIA §134(e)(2) & (3); 20 CFR 663.800-840; 20 CFR 664.440]

1. Please provide a copy of the LWIA's supportive services policies and procedures.
2. Please check and provide a brief description of the supportive services provided in the LWIA. Please note any limitations, whether in the amount or duration.

Transportation
Child or dependent care
Housing
Other

3. Under what circumstances can needs related payments be authorized in your area? Define local policy on needs related payments.

--

4. How is it determined and documented that supportive services are necessary to participate in WIA activities and are unavailable from other sources?

--

## G. YOUTH SERVICES [WIA §129; TEGLs 9-00; 18-00; 28-01;17-05; 20 CFR 664 et seq.]

1. How are youth participants assessed to determine the following elements, and how are each documented in the case file: [WIA §129 (c)(1)(A) and 20 CFR 664.405(a)(1)]

- academic skill level

Tools/Assessment: Documentation:
-------------------------------------

- basic skills level

Tools/Assessment: Documentation:
-------------------------------------

- occupational skills level

Tools/Assessment: Documentation:
-------------------------------------

- prior work experience

Tools/Assessment: Documentation:
-------------------------------------

- employability

Tools/Assessment: Documentation:
-------------------------------------

- interests

Tools/Assessment: Documentation:
-------------------------------------

- aptitudes

Tools/Assessment: Documentation:
-------------------------------------

- supportive service needs

Tools/Assessment: Documentation:
-------------------------------------

2. How are assessment results incorporated into the development of the youth's individual service strategy? [WIA §129(c)(1)(B); 20 CFR 664.405(a)(2)]

--

3. Please provide a brief description of how each of the ten required youth program elements are provided in the LWIA. [WIA 129(c)(2) (A-J); 20 CFR 664.200; 664.410; WIAD06-22]

Tutoring, study skills training, instruction, drop-out prevention, etc.
Alternative secondary school offerings
Summer employment activities
Work experience
Occupational skills training
Leadership development opportunities
Supportive services
Adult mentoring
Follow-up services
Comprehensive guidance and counseling

4. Please describe how the local youth program elements:

Prepare the youth for post-secondary educational opportunities
Provide linkages between academic and occupational learning
Prepare the youth for employment
Connect youth with other organizations providing links to the job market.

[20 CFR 664.405(a)(3)]

5. How is the receipt of services documented in the case file? Please provide an example of forms, checklists, or documents used.

--

6. For younger youth, how are skill attainment goals measured and documented?  
 [WIA §136(b)(2)(A); 20 CFR 666.100(a)(3)(i)]
7. For older youth, how are performance goals measured and documented?  
 [WIA §136(b)(2)(A); 20 CFR 666.100(a)(3)(ii)]
8. Does the LWIA offer and grant youth participants achievement incentive awards?  
 Yes  No If Yes, please describe the incentive program and the types and value of the incentive awards. [WIA § 129 (a)(5)]
9. Please describe how follow-up services are provided to youth participants during the 12 months following exit? [20 CFR 664.450]
10. How do the LWIA staff and/or its subrecipients ensure that the summer youth program is not a stand-alone program? Please describe how the summer youth employment program provides direct linkages to academic and occupational learning. [20 CFR 664.600(b)(d)]
11. Please describe how the LWIA ensures verification that 17 year old male participants are registered for the selective service if they turn 18 during the period of WIA enrollment.

**H. RAPID RESPONSE**

[WIA §101(38); 20 CFR 665 et seq.; WIAD 06-6, Bulletin WIAB05-88]

1. Please provide a brief description of how rapid response services are provided by the LWIA. Please include the timeline from notice of layoff or closure to how soon employers and employee representatives are contacted, what information is provided and what information is collected. [20 CFR 665.310]

Immediate, onsite contact with the employer, worker representatives and community
Information and access to UI benefits, One-Stop services, employment and training activities
Guidance and/or financial assistance in establishing labor-management committees
Emergency assistance

Coordinated response with the WIB and chief elected official

2. How does the LWIA maintain a record of its Rapid Response activities and reporting (i.e., 121 reports and WARN notices)? [Directive WIAD04-13]

3. Please provide a listing of all rapid response activities conducted by the LWIA in PY 2006-07 and PY 2007-08 to date. The listing should include the following information (if available):

- The name of the business
- The number of jobs/employees impacted by layoff
- The number of rapid response sessions held, the location of the sessions (employer on-site or off-site), and the number of affected employees in attendance at each session.

**I. LOCAL BUSINESS SERVICES** [WIA 134(e)(1)(A/B); WIAD06-17]

Please indicate which of the following resources and/or services are provided to local businesses through the LWIA's one stop system.

Service	Free	Fee-for-Service	Cost	
			\$	Per Fee Basis
Recruitment and staffing service	<input type="checkbox"/>	<input type="checkbox"/>		
Training & Development	<input type="checkbox"/>	<input type="checkbox"/>		
Outplacement Services	<input type="checkbox"/>	<input type="checkbox"/>		
Information and resources	<input type="checkbox"/>	<input type="checkbox"/>		
Business retention	<input type="checkbox"/>	<input type="checkbox"/>		
Fax Machines	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Training Modules – books, videos, software, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
Employment vacancy candidate screening & referral staff hours and facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Internet Use	<input type="checkbox"/>	<input type="checkbox"/>		
Telephone Use	<input type="checkbox"/>	<input type="checkbox"/>		
Business Consultation	<input type="checkbox"/>	<input type="checkbox"/>		
Marketing Training	<input type="checkbox"/>	<input type="checkbox"/>		
Marketing Materials	<input type="checkbox"/>	<input type="checkbox"/>		
Internet Training/Website Design	<input type="checkbox"/>	<input type="checkbox"/>		
Entrepreneurial Training	<input type="checkbox"/>	<input type="checkbox"/>		
Business Accounting Training	<input type="checkbox"/>	<input type="checkbox"/>		
Business Taxation Training	<input type="checkbox"/>	<input type="checkbox"/>		
Employment Forms and Information Booklets	<input type="checkbox"/>	<input type="checkbox"/>		
Business Law Training	<input type="checkbox"/>	<input type="checkbox"/>		
Employment Law Training	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Training/Workshops	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Completing Section II</b>			
_____	_____	_____	_____
<b>Name of Staff</b>	<b>Telephone</b>	<b>Position/Title</b>	<b>Date</b>

### One-Stop Center Information

LWIA Name:	LWIA Acronym:
------------	---------------

One Stop Center Name			
Address	Street Address:		
	City:	ZIP	
One Stop Center Operator			
What type of Facility? <input type="checkbox"/> Comprehensive One Stop <input type="checkbox"/> Satellite		Population(s) Served at this Location: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated workers <input type="checkbox"/> Youth	

Indicate below partner programs, organizational name, whether signed current MOU's exist and location.

	Program	Organization Name	Signed MOU?		On Site	Off Site
<input type="checkbox"/>	WIA Programs (Adult, DW, Youth)		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wagner-Peyser Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult Education/Literacy Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rehabilitation Program		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Older Americans Act		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Post Secondary Vocational Program		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TAA/NAFTA TAA		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Veteran Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CSBG Employment & Training Program		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HUD Employment & Training Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Programs under UI		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### One-Stop Center Information

Indicate below partner programs, organizational name, whether signed current MOU's exist and location.

	Program	Organization Name	Signed MOU		On Site	Off Site
			Y	N		
<input type="checkbox"/>	Other: 20 CFR § 662.210		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: 20 CFR § 662.210		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: 20 CFR § 662.210		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate below the required core A activities carried out in this location and the method(s) of service delivery of each	Internet	In Person Interview	Phone	Print Media	Referral (Off-site)	Other (Describe)
<input type="checkbox"/> WIA Eligibility Assessment	<input type="checkbox"/>					
<input type="checkbox"/> Outreach	<input type="checkbox"/>					
<input type="checkbox"/> Intake	<input type="checkbox"/>					
<input type="checkbox"/> Orientation to WIA Services	<input type="checkbox"/>					
<input type="checkbox"/> Needs Assessment (skills, aptitudes, abilities, supportive service needs)	<input type="checkbox"/>					
<input type="checkbox"/> Job Search	<input type="checkbox"/>					
<input type="checkbox"/> Job Placement	<input type="checkbox"/>					
<input type="checkbox"/> Career Counseling	<input type="checkbox"/>					
<input type="checkbox"/> Job Vacancy Information	<input type="checkbox"/>					
<input type="checkbox"/> Occupational Skills Information	<input type="checkbox"/>					
<input type="checkbox"/> Local in Demand Occupations and Required Skills/Earnings Information	<input type="checkbox"/>					
<input type="checkbox"/> Information on Availability of Supportive Services	<input type="checkbox"/>					
<input type="checkbox"/> UI Claims Filing Information	<input type="checkbox"/>					
<input type="checkbox"/> Assistance Establishing Eligibility for Programs of Financial Aid	<input type="checkbox"/>					
<input type="checkbox"/> Local Area Performance Information	<input type="checkbox"/>					
<input type="checkbox"/> Follow-up Service Information	<input type="checkbox"/>					

### One-Stop Center Information

Indicate below the required core A activities carried out in this location and the method(s) of service delivery of each	Internet	In Person Interview	Phone	Print Media	Referral (Off-site)	Other (Describe)
Program Performance and Cost of:						
<input type="checkbox"/> Eligible Training Providers	<input type="checkbox"/>					
<input type="checkbox"/> Eligible Providers of Youth Services	<input type="checkbox"/>					
<input type="checkbox"/> Providers of Adult Education	<input type="checkbox"/>					
<input type="checkbox"/> Providers of Post Secondary Vocational Education	<input type="checkbox"/>					
<input type="checkbox"/> Providers of Vocational Rehabilitation Programs	<input type="checkbox"/>					

Indicate below the required core B activities carried out in this location and the method(s) of service delivery of each	Internet	In Person Interview	Phone	Print Media	Referral (Off-site)	Other (Describe)
Staff Assisted Job Development	<input type="checkbox"/>					
Staff Assisted Job Search, Placement	<input type="checkbox"/>					
Staff Assisted Job Referrals	<input type="checkbox"/>					
Staff Assisted Job Clubs/Workshops	<input type="checkbox"/>					
Other (Describe)	<input type="checkbox"/>					

Describe the location(s) where the local EO/Nondiscrimination policies and procedures are publicly posted in this facility.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Describe the location(s) where the local WIA Grievance/Complaint policies and procedures are publicly posted in this facility.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### One-Stop Center Information

Describe the location and availability of public transportation near this facility.	
Does the parking facility contain the required number of handicapped spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have TTY services available for hearing impaired participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are American Sign Language trained staff available to assist hearing impaired participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have tactile signage available for sight impaired participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the curbs leading to the public entrance have ramps for wheelchair access? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, how are customer's in wheelchairs accommodated?	
Do the public entry doors to this facility have power assist mechanisms for wheelchair confined participants? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, how are customer's in wheelchairs accommodated for ingress and egress?	
Indicate what foreign languages, if any, are spoken by staff members to accommodate non-english speaking participants:	
Describe how services are made available to an individual who is working full-time (M-F 8-5) but in need of assistance to become self sufficient?	
Are facilities and services available to local businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes please describe the services that are available.	
In the next 12 months are any major changes expected to the infrastructure of this area, i.e. moving a facility, adding or deleting a facility, acquisition of new computer systems (hardware/software), etc.? _____ _____	

Additional Information and/or Monitor Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of The Staff Member Completing This Form:	Title	Telephone Number
--	-------	------------------

### Local Workforce Investment Board Roster

WIA 117 (a-b); 20 CFR 661.315; WIAD06-17

#	Member Name	Organization	Required Category they represent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

### Local Workforce Investment Board Roster

WIA 117 (a-b); 20 CFR 661.315; WIAD06-17

#	Member Name	Organization	Required Category they represent
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

**Youth Council Roster**  
20 CFR 661.335; WIAD06-17

#	Member Name	Organization	Required Category they represent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**Youth Council Roster**  
20 CFR 661.335; WIAD06-17

#	Member Name	Organization	Required Category they represent
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Adult Program

**ADULT CASE FILE REVIEW WORKSHEET**

<b>Monitor:</b>	<b>Date:</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri Week of:
-----------------	---

<b>LWIA:</b>	<b>Subrecipient:</b>
--------------	----------------------

**PARTICIPANT DATA & GENERAL ELIGIBILITY**

<b>Participant Name:</b>	<b>Last 4 digits of SSN:</b>
--------------------------	------------------------------

<b>Date of Birth</b>	<b>Age</b>	<input type="checkbox"/> <b>Right-to-Work</b>	<input type="checkbox"/> <b>Selective Service</b>
----------------------	------------	---	---

**Documentation Reviewed:**  DMV DL or ID Card  Social Security Card  U S Passport  Birth Certificate  
Other (specify):

**Participant Acknowledgment:**  Equal Opportunity Information  Program Complaint and Grievance Procedure

<b>WIA Application Date:</b>	<b>WIA Registration/Enrollment Date:</b>
------------------------------	--

**STAFF-ASSISTED CORE SERVICES**

Service	From Date	To Date	Notes
<input type="checkbox"/> 10 Follow-up Services, Counseling	___/___/___	___/___/___	
<input type="checkbox"/> 11 Staff Assisted Job Development	___/___/___	___/___/___	
<input type="checkbox"/> 12 Staff Assisted Job Referrals	___/___/___	___/___/___	
<input type="checkbox"/> 13 Staff Assisted Job Search, Placement	___/___/___	___/___/___	
<input type="checkbox"/> 14 Staff Assisted Workshops/Job Clubs	___/___/___	___/___/___	
<input type="checkbox"/> 15 Other Core Services	___/___/___	___/___/___	
<input type="checkbox"/> 16 Non-WIA Funded Core Services	___/___/___	___/___/___	
<input type="checkbox"/> 17 Co-enrolled Core Services	___/___/___	___/___/___	
<input type="checkbox"/> Other (locally defined)	___/___/___	___/___/___	
Any 90+ day lapses of service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate longest lapsed period.	___/___/___	___/___/___	
Co-enrolled Grant Code(s)			

**YES**  **NO INTENSIVE SERVICES**  **Inability to obtain/retain employment leading to self-sufficiency?**

Service	From Date	To Date	Notes
<input type="checkbox"/> 30 Case Management	___/___/___	___/___/___	
<input type="checkbox"/> 31 Comprehensive Assessment	___/___/___	___/___/___	
<input type="checkbox"/> 32 IEP <input type="checkbox"/> Employment Goals <input type="checkbox"/> Achievement Objectives <input type="checkbox"/> Combination of Services to Achieve	___/___/___	___/___/___	
<input type="checkbox"/> 33 Group Counseling	___/___/___	___/___/___	
<input type="checkbox"/> 34 Work/Entry Employment Experience	___/___/___	___/___/___	
<input type="checkbox"/> 35 Individual Counseling/Career Planning	___/___/___	___/___/___	
<input type="checkbox"/> 36 Out-of-Area Job Search	___/___/___	___/___/___	
<input type="checkbox"/> 37 Relocation Expenses	___/___/___	___/___/___	
<input type="checkbox"/> 38 Short Term Pre-vocational Serv.	___/___/___	___/___/___	
<input type="checkbox"/> 39 Internship	___/___/___	___/___/___	
<input type="checkbox"/> 40 Other intensive	___/___/___	___/___/___	
<input type="checkbox"/> 41 Non-WIA Funded Intensive Serv.	___/___/___	___/___/___	
<input type="checkbox"/> 42 Co-enrolled intensive Services	___/___/___	___/___/___	
<input type="checkbox"/> Other (locally defined)	___/___/___	___/___/___	
Any 90+ day lapses of service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate longest lapsed period.	___/___/___	___/___/___	
Co-enrolled Grant Code(s)			

Adult Program

**ADULT CASE FILE REVIEW WORKSHEET**

<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO TRAINING SERVICES</b>			
Training Type	From Date	To Date	Job Type / Skills / Notes
<input type="checkbox"/> 50 Adult Education	___/___/___	___/___/___	
<input type="checkbox"/> 51 Customized Training	___/___/___	___/___/___	
<input type="checkbox"/> 52 Entrepreneurial Training	___/___/___	___/___/___	
<input type="checkbox"/> 53 Job Readiness Training	___/___/___	___/___/___	
<input type="checkbox"/> 54 Occupational Skills Trng	___/___/___	___/___/___	
<input type="checkbox"/> 55 On-the-job Training	___/___/___	___/___/___	
<input type="checkbox"/> 56 Private Sector Training	___/___/___	___/___/___	
<input type="checkbox"/> 57 Skill Upgrading/Retraining	___/___/___	___/___/___	
<input type="checkbox"/> 58 Workplace Trng/Coop-ED	___/___/___	___/___/___	
<input type="checkbox"/> 59 Other Training Services	___/___/___	___/___/___	
<input type="checkbox"/> 60 Non-WIA Training	___/___/___	___/___/___	
<input type="checkbox"/> 61 Co-enrolled Training Serv.	___/___/___	___/___/___	
Any 90+ day lapses of service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate longest lapsed period.	___/___/___	___/___/___	

Training Provider Name: _____	On ETPL? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address/City/Zip: _____	If No, explain below

Yes	No	Question	Explanation
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Services received prior? If No Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Other sources available to pay for training? If Yes Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Pell Grant Issued? If Yes, how much?	
<input type="checkbox"/>	<input type="checkbox"/>	ITA Issued? If Yes, Amount Approved: _____ Amount Expended: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Training concurs with Assessment or IEP? If No Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Training linked to demand occupations in local area or area of relocation? If No, Explain.	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Completion, Achievement, etc. in file? If No Explain	

<b>81</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO SUPPORTIVE SERVICES OR NEEDS-RELATED PAYMENTS</b>			
<input type="checkbox"/> Necessary, reasonable, and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not available through other programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type	Amount	Type	Amount
<input type="checkbox"/> Bus/Regional Transit Tokens/Passes	\$	<input type="checkbox"/> Food/Food Vouchers	\$
<input type="checkbox"/> Child or Elder Care	\$	<input type="checkbox"/> Uniforms/hard hats/boots, etc.	\$
<input type="checkbox"/> Gasoline	\$	<input type="checkbox"/> Medical Test Fees	\$
<input type="checkbox"/> Tools	\$	<input type="checkbox"/> DMV Test Fees	\$
<input type="checkbox"/> Car Repairs	\$	<input type="checkbox"/> Rent	\$
<input type="checkbox"/> Utilities	\$	<input type="checkbox"/> Textbooks	\$
<input type="checkbox"/> Class fees	\$	<input type="checkbox"/> Medical/Dental Care	\$
<input type="checkbox"/> Other: Specify _____			\$

**Notes**

**EXIT AND FOLLOW-UP INFORMATION (Contact with participant to gather employment information)**

Exit Date ___/___/___	Date entered unsubsidized employment ___/___/___	<input type="checkbox"/> Hr. <input type="checkbox"/> Mo. Wage \$	Hrs. Per Week
Employer	Job Title		
12 Month Follow up Contact	First Quarter Date	Second Quarter Date	Third Quarter Date
			Fourth Quarter Date

<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO FOLLOW-UP SERVICES (Services provided to participant to help retain employment)</b>
If YES, what services?

Dislocated Worker Program

**DISLOCATED WORKER CASE FILE REVIEW WORKSHEET**

<b>Monitor:</b>	<b>Date:</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri Week of:
-----------------	---

<b>LWIA:</b>	<b>Subrecipient:</b>
--------------	----------------------

**PARTICIPANT DATA & GENERAL ELIGIBILITY**

<b>Participant Name:</b>	<b>Last 4 digits of SSN:</b>
--------------------------	------------------------------

<b>Date of Birth</b>	<b>Age</b>	<input type="checkbox"/> <b>Right-to-Work</b>	<input type="checkbox"/> <b>Selective Service</b>
----------------------	------------	---	---

**Documentation Reviewed:**  DMV DL or ID Card     Social Security Card     U S Passport     Birth Certificate  
Other (specify):

**Participant Acknowledgment:**     Equal Opportunity Information     Program Complaint and Grievance Procedure

**PROGRAM ELIGIBILITY FOR DISLOCATED WORKER (Circle the category and mark the applicable boxes)**

<input type="checkbox"/> Terminated or laid-off <b>AND</b> <input type="checkbox"/> Elig./exhaust UI <input type="checkbox"/> Not Elig. For UI but sufficient attachment to the workforce <b>AND</b> <input type="checkbox"/> Is Unlikely to return to previous industry or occupation.	<input type="checkbox"/> Laid off due to permanent closure or substantial layoff at a plant, facility or enterprise.	<input type="checkbox"/> Self-employed (as farmer, rancher, or fisherman) <b>BUT</b> <input type="checkbox"/> Is unemployed due to general economic conditions in community the individual resides <b>OR</b> <input type="checkbox"/> Is unemployed due to a natural disaster.	<input type="checkbox"/> Displaced homemaker who is no longer supported by income from family member, <b>AND</b> <input type="checkbox"/> Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
<input type="checkbox"/> Voluntarily terminated employment <b>AND</b> <input type="checkbox"/> Is receiving or has been determined eligible to receive UI <b>OR</b> <input type="checkbox"/> Has exhausted UI since terminating employment voluntarily <b>AND</b> <input type="checkbox"/> Is unlikely to return to a previous industry or occupation			<input type="checkbox"/> Profiled Dislocated Worker

<b>WIA Application Date:</b>	<b>WIA Registration/Enrollment Date:</b>
------------------------------	--

**STAFF-ASSISTED CORE SERVICES**

Service	From Date	To Date	Notes
<input type="checkbox"/> 10 Follow-up Services, Counseling	____/____/____	____/____/____	
<input type="checkbox"/> 11 Staff Asst. Job Development	____/____/____	____/____/____	
<input type="checkbox"/> 12 Staff Asst. Job Referrals	____/____/____	____/____/____	
<input type="checkbox"/> 13 Staff Asst. Job Search, Placement	____/____/____	____/____/____	
<input type="checkbox"/> 14 Staff Asst. Workshops/Job Clubs	____/____/____	____/____/____	
<input type="checkbox"/> 15 Other Core Services	____/____/____	____/____/____	
<input type="checkbox"/> Other (specify)	____/____/____	____/____/____	

Co-enrolled Grant Code(s)

**YES**     **NO INTENSIVE SERVICES**     **Inability to obtain/retain employment leading to self-sufficiency?**

Service	From Date	To Date	Notes
<input type="checkbox"/> 30 Case Management	____/____/____	____/____/____	
<input type="checkbox"/> 31 Comprehensive Assessment	____/____/____	____/____/____	
<input type="checkbox"/> 32 IEP			
<input type="checkbox"/> Employment Goals			
<input type="checkbox"/> Achievement Objectives			
<input type="checkbox"/> Combination of Services to Achieve	____/____/____	____/____/____	
<input type="checkbox"/> 33 Group Counseling	____/____/____	____/____/____	
<input type="checkbox"/> 35 Individual Counseling/Career Planning	____/____/____	____/____/____	
<input type="checkbox"/> 38 Short Term Pre-vocational Serv.	____/____/____	____/____/____	
<input type="checkbox"/> 39 Internship	____/____/____	____/____/____	
<input type="checkbox"/> 40 Other intensive	____/____/____	____/____/____	
<input type="checkbox"/> 41 Non-WIA Funded Intensive Serv.	____/____/____	____/____/____	
<input type="checkbox"/> 42 Co-enrolled intensive Services	____/____/____	____/____/____	

Co-enrolled Grant Code(s)

Dislocated Worker Program

**DISLOCATED WORKER CASE FILE REVIEW WORKSHEET**

YES  NO TRAINING SERVICES

Training Type	From Date	To Date	Job Type/Skills
<input type="checkbox"/> 50 Adult Education	___/___/___	___/___/___	
<input type="checkbox"/> 51 Customized Training	___/___/___	___/___/___	
<input type="checkbox"/> 52 Entrepreneurial Training	___/___/___	___/___/___	
<input type="checkbox"/> 53 Job Readiness Training	___/___/___	___/___/___	
<input type="checkbox"/> 54 Occupational Skills Trng	___/___/___	___/___/___	
<input type="checkbox"/> 55 On-the-job Training	___/___/___	___/___/___	
<input type="checkbox"/> 56 Private Sector Training	___/___/___	___/___/___	
<input type="checkbox"/> 57 Skill Upgrading/Retraining	___/___/___	___/___/___	
<input type="checkbox"/> 58 Workplace Trng/Coop-ED	___/___/___	___/___/___	
<input type="checkbox"/> 59 Other Training Services	___/___/___	___/___/___	
<input type="checkbox"/> 60 Non-WIA Training	___/___/___	___/___/___	
<input type="checkbox"/> 61 Co-enrolled Training Serv.	___/___/___	___/___/___	

Training Provider Name: \_\_\_\_\_ On ETPL?  Yes  No  
 Address/City/Zip: \_\_\_\_\_ If No, explain below

Yes	No	Question	Explanation
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Services received prior? If No Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Other sources available to pay for training? If Yes Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Pell Grant Issued? If Yes, how much?	
<input type="checkbox"/>	<input type="checkbox"/>	ITA Issued? If Yes, Amount Approved: Amount Expended:	
<input type="checkbox"/>	<input type="checkbox"/>	Training concurs with Assessment or IEP? If No Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Training linked to demand occupations in local area or area of relocation? If No, Explain.	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Completion, Achievement, etc. in file? If No Explain	

**81  YES  NO SUPPORTIVE SERVICES OR NEEDS-RELATED PAYMENTS**

Type		Amount	Type		Amount
<input type="checkbox"/>	Necessary, reasonable, and allowable?		<input type="checkbox"/>	Not available through other programs?	
<input type="checkbox"/>	Bus/Regional Transit Tokens/Passes	\$	<input type="checkbox"/>	Food/Food Vouchers	\$
<input type="checkbox"/>	Child or Elder Care	\$	<input type="checkbox"/>	Uniforms/hard hats/boots, etc.	\$
<input type="checkbox"/>	Gasoline	\$	<input type="checkbox"/>	Medical Test Fees	\$
<input type="checkbox"/>	Tools	\$	<input type="checkbox"/>	DMV Test Fees	\$
<input type="checkbox"/>	Car Repairs	\$	<input type="checkbox"/>	Rent	\$
<input type="checkbox"/>	Utilities	\$	<input type="checkbox"/>	Textbooks	\$
<input type="checkbox"/>	Class fees	\$	<input type="checkbox"/>	Medical/Dental Care	\$
<input type="checkbox"/>	Other: Specify				\$

**EXIT AND FOLLOW-UP INFORMATION (Contact with participant to gather employment information)**

Exit Date \_\_\_/\_\_\_/\_\_\_ Date entered unsubsidized employment \_\_\_/\_\_\_/\_\_\_  Hr.  Mo. Wage \$  
 Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Hrs. Per Week \_\_\_\_\_  
 12 Month Follow up Contact First Quarter Date Second Quarter Date Third Quarter Date Fourth Quarter Date

**YES  NO FOLLOW-UP SERVICES (Services provided to participant to help retain employment)**

If YES, what services?  
**NOTES:**

Summary of Case File Review Issues

LWIA: \_\_\_\_\_ Subrecipient: \_\_\_\_\_

CRD MONITOR(S): \_\_\_\_\_ DATE: \_\_\_\_\_

TYPES OF ISSUES:  ELIGIBILITY •  GRIEVANCE PROCEDURES  INTENSIVE SERVICES  TRAINING SERVICES  FOLLOW-UP ACTIVITIES  SUPPORTIVE SERVICES  
 REPORTING

#	PARTICIPANT NAME & SSN	WHAT IS THE ISSUE?
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Participant Work Activity (OJT, WEX, Customized Training)

Review a sample of monitoring reports or other documentation showing that the work activities are overseen in the LWIA.

LWIA: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CRD Monitor: \_\_\_\_\_

Employer/Trainer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-up conducted (Y/N)
Comments:									

\* Info. may be contained in either the LWIA's Monitoring Guide, Monitoring Reports, or other documentation

Subrecipient Monitoring

Review monitoring reports for oversight of subrecipient programs.

LWIA: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CRD Monitor: \_\_\_\_\_

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-up Conducted
Comments						

Participant Interview Guide

**LWIA and location:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**CRD Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. How did you learn about the One-Stop Center?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. With whom did you discuss your skills, education, work experience and employment goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What services are you receiving?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How are these services helping you reach your employment (or educational) goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any family members employed at the One-Stop Center or at your training location? If yes, what do they do and how are they related to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you encountered any problems while enrolled in the program? If so, how were they handled?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant Interview Guide

7. Do you feel safe when coming to the One-Stop Center? If you are participating in any work activities, is the workplace or training location a safe and healthy environment?

---

---

---

8. Have you received any supportive services? If so, please describe them. Would you have been able to participate in the WIA program had you not received the supportive service?

---

---

---

9. Have you been referred to services provided by any other organizations? If so, list what organizations and what services they have provided you.

---

---

---

10. If you felt you were being treated unfairly or being discriminated against, how would you file a complaint?

---

---

---

11. Have you ever been asked to participate in any political, union-organizing, or religious activities while participating in the One-Stop activities? If so, please describe.

---

---

---

12. Overall, how well do you think the services you've received have helped you?

---

---

---

13. Do you have any questions, suggestions or concerns about the One-Stop Center and/or services?

---

---

---