

Adult and Dislocated Worker Participant File Monitoring Checklist

Subrecipient Name	Contract Number	Program	Reviewer Name
		<input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other _____	
Participant Name (First and Last Name)	CalJOBS WIOA App #	Participation Date Closure Date Exit Date	File Review Date

Medical Information	Yes	No	N/A	Documentation	Comments
Medical Information				<input type="checkbox"/> Does not contain any medical information <input type="checkbox"/> Secured separate file <input type="checkbox"/> Stand-alone case note contains: <input type="checkbox"/> Subject line: Collection of Eligibility Information <input type="checkbox"/> Reference to additional file with listed forms/documents	
Required Documentation	Yes	No	N/A	Documentation	Comments
Universal Participant Acknowledgement Form (UPAF) Grievance/EEO Complaint policy				<input type="checkbox"/> eFile Form: <input type="checkbox"/> Signed <input type="checkbox"/> Dated <input type="checkbox"/> Dated on or prior to CalJOBS Participation Date Case note in CalJOBS documenting consent of release or refusal	form date:
Multimedia and Communication Release Form (MCRF)				<input type="checkbox"/> eFile Form: <input type="checkbox"/> Signed <input type="checkbox"/> Dated <input type="checkbox"/> Dated on or prior to CalJOBS Participation Date <input type="checkbox"/> Case note in CalJOBS documenting consent of release or refusal	form date: CalJOBS entry date:
Eligibility Certification and Review Form (ECRF)				<input type="checkbox"/> eFile Form: <input type="checkbox"/> 1st Review signed and dated <input type="checkbox"/> 2nd Review signed and dated <input type="checkbox"/> Dated on or prior to CalJOBS Participation Date If applicable, <input type="checkbox"/> Stand-alone case note support changes to ECRF	form date: 1st review date: 2nd review date: 90 day date: Participation date:
ECRF CalJOBS Data Validation				<input type="checkbox"/> ECRF selections match data on the CalJOBS WIOA Title I Application	
ECRF Recertification (if applicable)				<input type="checkbox"/> Recertification 90 days after 2nd reviewer if not enrolled <input type="checkbox"/> Completed new ECRF <input type="checkbox"/> Completed new UPAF <input type="checkbox"/> Standalone case in CalJOBS documenting recertification <input type="checkbox"/> CalJOBS case note subject line: "ECRF Recertification"	1st date: 90 day date: 2nd date:
General Eligibility	Yes	No	N/A	Documentation	Comments
18 years or older				<input type="checkbox"/> Birth Certificate <input type="checkbox"/> License/State ID <input type="checkbox"/> Other: _____	
Employment Status at Participation				<input type="checkbox"/> Unemployed <input type="checkbox"/> Unable to find Employment <input type="checkbox"/> Employed but determined eligible by AJCC (exception)	
Selective Service Registration				<input type="checkbox"/> Required age 18 and over (Male) <input type="checkbox"/> Proof of exemption age 18 and over (Male) <input type="checkbox"/> N/A (Female)	
Veteran Status (If applicable)				<input type="checkbox"/> Campaign <input type="checkbox"/> Disabled <input type="checkbox"/> Recently Separated <input type="checkbox"/> Eligible Spouse <input type="checkbox"/> Received DVOP Service	

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Additional Adult Eligibility	Yes	No	N/A	Documentation	Comments
Participant eligible as WIOA Adult					
Family Size				<input type="checkbox"/> Documentation in file *Refer to Chapter 7 Part II attachments	
Low Income Determination (Meets 70% LLSIL) <i>Refer to Attachment - Methods for Calculating Income/Family Size Determination</i>				<input type="checkbox"/> Past 6 months income/family size determination completed <input type="checkbox"/> Support documentation provided <input type="checkbox"/> Employment records <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Calculation sheet for reported income <input type="checkbox"/> Meets 70% LLSIL	
Income Determination (Employed Adult)				<input type="checkbox"/> Past 6 months income/family size determination completed <input type="checkbox"/> Support documentation provided <input type="checkbox"/> Employment records <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Calculation sheet for reported income <input type="checkbox"/> Meets 200% LLSIL	
Adult Priority of Services (Training Services)	Yes	No	N/A	Documentation	Comments
Priority of Service Categories				<input type="checkbox"/> Priority Status determined for Training Services <input type="checkbox"/> 1st Priority: Veterans/eligible spouses (covered persons) <input type="checkbox"/> 2nd Priority: Individuals (non-covered persons) <input type="checkbox"/> 3rd Priority: Veterans and Eligible Spouses <input type="checkbox"/> 4th Priority: Established Priority populations <input type="checkbox"/> 5th Priority: Individuals outside given priority	
Priority of Service Stand Alone Case Note				<input type="checkbox"/> Priority of Service Status <input type="checkbox"/> Support documentation	
Other Eligibility Documentation	Yes	No	N/A	Documentation	Comments
Telephone Verification Form Usage				<input type="checkbox"/> eFile Form: <input type="checkbox"/> All sections complete <input type="checkbox"/> Dates & Signatures prior or at enrollment <input type="checkbox"/> Standalone case note includes: <input type="checkbox"/> Eligibility Criteria item <input type="checkbox"/> Attempts made but failed	form date:
Applicant Statement Usage				<input type="checkbox"/> eFile Form: <input type="checkbox"/> All sections complete <input type="checkbox"/> Dates & Signatures prior or at enrollment <input type="checkbox"/> Standalone case note includes: <input type="checkbox"/> Eligibility Criteria item <input type="checkbox"/> Attempts made but failed <input type="checkbox"/> Cause delay of services <input type="checkbox"/> Cause undue hardship <input type="checkbox"/> Separate Applicant Statement for each circumstance	

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Additional DW Eligibility	Yes	No	N/A	Documentation	Comments
Participant eligible as WIOA Dislocated Worker					
Dislocation Status				<input type="checkbox"/> Terminated/Laid Off <input type="checkbox"/> Permanent Closure <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Previously self-employed <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> National Dislocated Worker Grant (NDWG)	
Dislocation Employer				Employer Name: _____ Layoff Date: _____	
Eligibility criteria				<input type="checkbox"/> Unlikely to return <input type="checkbox"/> Previous attachment to workforce	
UI Claimant				<input type="checkbox"/> UI profiled (RESEA/PJSA)	
Exited & Re-Enrollment	Yes	No	N/A	Documentation	Comments
Exited and Re-Enrolled Documentation				<input type="checkbox"/> Re-Enrollment Form completed <input type="checkbox"/> Eligibility determination completed prior to SDWP approval <input type="checkbox"/> Certification documentation in file <input type="checkbox"/> SDWP approval prior to secondary CalJOBS eligibility date	eligibility date:
CalJOBS Stand-Alone Case Note Exited & Re-Enrollment				<input type="checkbox"/> Standalone case note to indicating approval by SDWP	
Dual & Co-Enrollment	Yes	No	N/A	Documentation	Comments
Co-Enrolled				<input type="checkbox"/> Adult, Dislocated Worker and Youth (WIOA Title I) <input type="checkbox"/> Adult Education & Literacy (WIOA Title II) <input type="checkbox"/> Wagner-Peyser (WIOA Title III) <input type="checkbox"/> Vocational Rehabilitation (WIOA IV) <input type="checkbox"/> Other local workforce development board <input type="checkbox"/> Other state funded CBO	
Dual Enrollment Request Form				<input type="checkbox"/> Eligibility determination completed prior to SDWP approval <input type="checkbox"/> Certification documentation in file <input type="checkbox"/> Dual-Enrollment Form completed <input type="checkbox"/> Signed prior to secondary program CalJOBS eligibility date <ul style="list-style-type: none"> <input type="checkbox"/> SDWP approval date <input type="checkbox"/> Requesting Provider <input type="checkbox"/> Original Provider 	
CalJOBS OA Activity Code (Dual Enrolled Update)				<input type="checkbox"/> Activity code 203 <input type="checkbox"/> Activity code Actual Begin Date matches Dual Enrolled Date	
CalJOBS OA Activity Code Attached Case Note (Dual Enrolled Update)				<input type="checkbox"/> Documented OAS Plan completed by original provider <input type="checkbox"/> Original service provider case manager name <input type="checkbox"/> Summary of barriers discussed	
CalJOBS Develop of IEP/ISS Activity Code (Dual Enrolled Update)				<input type="checkbox"/> Activity code 203 <input type="checkbox"/> Activity code Actual Begin Date matches Dual Enrolled Date	
CalJOBS Develop of IEP/ISS Activity Code Attached Case Note (Dual Enrolled IEP/ISS Update)				<input type="checkbox"/> Information from Attachment-Request for Dual Enrollment <ul style="list-style-type: none"> <input type="checkbox"/> SDWP approval date <input type="checkbox"/> Service Provider names <input type="checkbox"/> Summary of services provided by each Provider <input type="checkbox"/> Duplication of program services	

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Objective Assessment Summary (OA)	Yes	No	N/A	Documentation	Comments
Initial Development the Objective Assessment				<input type="checkbox"/> Program expectations <input type="checkbox"/> Educational history and expectations <input type="checkbox"/> Basic skills <input type="checkbox"/> Occupational skills <input type="checkbox"/> Prior work experience <input type="checkbox"/> Employability & work readiness <input type="checkbox"/> Interests <input type="checkbox"/> Aptitudes (including interests and aptitudes for nontraditional jobs) <input type="checkbox"/> Supportive service needs and barriers to employment <input type="checkbox"/> Developmental needs	
Program Match Finder				<input type="checkbox"/> All applicable sections completed <input type="checkbox"/> Dated after the CalJOBS participation date <input type="checkbox"/> Established and completed within 30 days of CalJOBS participation date <input type="checkbox"/> No updates after 30 days of CalJOBS participation date	OAS date:
CalJOBS Objective Assessment Activity Code (Initial OA Code)				<input type="checkbox"/> First activity entered <input type="checkbox"/> Activity code 203 <input type="checkbox"/> Activity code Actual Begin Date matches OA Create Date <input type="checkbox"/> Activity code Last Day of Service within 30 days of CalJOBS participation date	
CalJOBS Objective Assessment Activity Code Attached Case Note (Initial OA)				<input type="checkbox"/> Status of OA	
Individual Employment Plan/Service Strategy (IEP/ISS)	Yes	No	N/A	Documentation	Comments
Development of the IEP/ISS (Initially Established)				<input type="checkbox"/> Short term goals <input type="checkbox"/> Long term goals <input type="checkbox"/> Career Pathways <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment Goals	
CalJOBS IEP/ISS Plan (Initially Established)				<input type="checkbox"/> Goals and Objectives <input type="checkbox"/> Dated after the CalJOBS participation date <input type="checkbox"/> After or concurrently with the OAS Form <input type="checkbox"/> Within the first 30 days of participation <input type="checkbox"/> Prior to providing any additional services	
CalJOBS Development of the IEP/ISS Activity Code (Initial IEP/ISS Code)				<input type="checkbox"/> Second activity entered <input type="checkbox"/> Activity code 205 <input type="checkbox"/> Activity code Actual Begin Date matches IEP Plan Start Date	
CalJOBS Development of the IEP/ISS Activity Code Attached Case Note (Initial IEP/ISS)				<input type="checkbox"/> Status of Initial IEP/ISS Plan <input type="checkbox"/> goals and objectives	

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Individual Employment Plan/Service Strategy (IEP/ISS)	Yes	No	N/A	Documentation	Comments
Development of the IEP/ISS (IEP/ISS Plan Updates)				<input type="checkbox"/> Comment box includes: <input type="checkbox"/> Dates of update to Plan <input type="checkbox"/> Update to Plan dates matches IEP/ISS activity code <input type="checkbox"/> Participant's education/training progress <input type="checkbox"/> Participant's completion/accomplishments <input type="checkbox"/> Goals/objectives linked to program outcomes	
CalJOBS Development of the IEP/ISS Activity Code (Activity Updates)				<input type="checkbox"/> Updated every 3 months from the previous Development of the IEP activity begin date, or sooner if needed <input type="checkbox"/> Attached case note includes which goals/objectives were added and/or updated	
CalJOBS IEP/ISS Form (IEP/ISS Closeout)				<input type="checkbox"/> Goals and Objectives closed prior to program exit	
CalJOBS Development of the IEP/ISS Activity Code (IEP/ISS Closeout)				<input type="checkbox"/> Activity code 205 <input type="checkbox"/> Activity code Actual Begin Date matches IEP Plan Closed Date	
CalJOBS Development of the IEP/ISS Activity Code Attached Case Note (IEP/ISS Closeout)				<input type="checkbox"/> Includes outcomes for Goals/Objectives	

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Employment Services	Yes	No	N/A	Documentation	Comments
Determination of Need of Employment Services (CalJOBS IEP/ISS Plan)				<input type="checkbox"/> Linked to IEP/ISS Plan goals/objectives <input type="checkbox"/> Documented in CalJOBS on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes date of update	
US Work Authorization <i>Verification required after February 2020</i>				<input type="checkbox"/> Any 1 from List A OR <input type="checkbox"/> 1 from List B <u>AND</u> 1 from List C <i>Verification documents as listed on the USCIS Form I-9</i>	
CalJOBS Employment Related Service Activity Code (Initially Established)				<input type="checkbox"/> Appropriate activity code entered <input type="checkbox"/> Actual Begin Date matches IEP/ISS Plan	
CalJOBS Employment Related Service Activity Code Attached Case Note (Initially Established)				<input type="checkbox"/> Case Note Subject line: Right to Work Verification <input type="checkbox"/> Case note includes type of documents collected	
Program Services	Yes	No	N/A	Documentation	Comments
Provision of Individualized Career Services				<input type="checkbox"/> Program Service linked to the ISS/IEP Plan <input type="checkbox"/> Career Counseling <input type="checkbox"/> Career Planning <input type="checkbox"/> Job Search and placement assistance	
Provision of Individualized Services				<input type="checkbox"/> Individualized services and/or updates once every quarter <input type="checkbox"/> Follow-up services and/or updates once every quarter	
Provision of Training Services				<input type="checkbox"/> Program Service linked to the IEP <input type="checkbox"/> Monthly provision of services	
CalJOBS Activity Code Data Entry				<input type="checkbox"/> Each activity has an attached case note <input type="checkbox"/> Activity code dates are accurate <input type="checkbox"/> Create date within 7 calendar days of Actual Begin Date	
CalJOBS Activity Code Data Usage				<input type="checkbox"/> Appropriate activity code used <input type="checkbox"/> Reciprocated communication	
CalJOBS Case Note Data Entry				<input type="checkbox"/> Case note includes individualized details <input type="checkbox"/> Case note is not an exact copy of activity code definition	
Attempts to Re-Engage				<input type="checkbox"/> Standalone case notes document contact attempts	
90-Day No Enrollment Service				<input type="checkbox"/> No 90 day gap in program services <input type="checkbox"/> System generated Closure Form	

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Supportive Services	Yes	No	N/A	Documentation	Comments
Received				<input type="checkbox"/> Child/Dependent Care <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Tools/Clothing <input type="checkbox"/> Housing Assistance/Temporary Shelter <input type="checkbox"/> Educational Testing <input type="checkbox"/> Post-Secondary Academic Materials <input type="checkbox"/> Seminar/Workshop Allowance <input type="checkbox"/> Job Search Allowance <input type="checkbox"/> Training Allowance <input type="checkbox"/> Other	
Determination of Need of Supportive Service (CalJOBS IEP/ISS Plan)				<input type="checkbox"/> Linked to IEP/ISS goal/objective <input type="checkbox"/> Documented in CalJOBS on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comment box includes date of update	
CalJOBS Development of the IEP/ISS Activity Code (Supportive Service Request)				<input type="checkbox"/> 205 activity code entered <input type="checkbox"/> Actual Begin Date matches Purchase Date on Supportive Services Log and Receipt Form	form date:
CalJOBS Development of the IEP/ISS Activity Code Attached Case Note (Supportive Service Request)				<input type="checkbox"/> Type of service requested <input type="checkbox"/> Amount of supportive service and how it was calculated <input type="checkbox"/> Indicate WIOA Youth fund source used	type:
CalJOBS Supportive Service Activity Code (Supportive Service Distribution)				<input type="checkbox"/> Appropriate supportive service activity code entered <input type="checkbox"/> Actual Begin Date matches Receive Date on Supportive Services Log and Receipt Form <input type="checkbox"/> Last Day of Service date matches Date Received on Supportive Services Log and Receipt Form	form date:
CalJOBS Supportive Service Activity Code Attached Case Note (Supportive Service Distribution)				<input type="checkbox"/> Required language included <input type="checkbox"/> Type of supportive service and balance <input type="checkbox"/> Amount provided <input type="checkbox"/> Type of WIOA Adult/DW Activity used <input type="checkbox"/> Exhausted all resources <input type="checkbox"/> Funding source (WIOA, non-WIOA, In-Kind, etc)	
Supportive Services Log and Receipt Form (Purchased/Received Acknowledgement)				<input type="checkbox"/> Log is completed and up-to-date <input type="checkbox"/> All appropriate signatures completed <input type="checkbox"/> Copy of gift card/bus pass w/ serial number As applicable: <input type="checkbox"/> Gas Card: Determination of distance (map)	
Supportive Service Receipts				<input type="checkbox"/> Proof of expenditure/Itemized receipt of purchase <input type="checkbox"/> Gift Card Serial number Identified on receipt <input type="checkbox"/> Participant signature on receipt <input type="checkbox"/> Bus Pass: Itemized receipt of bulk buss pass purchase <input type="checkbox"/> Gas Card: Mileage Tracking Log	
Supportive Service Missing Documentation and Receipts (If applicable) Attached case note (Missing Documentation)				<input type="checkbox"/> No additional supportive service provided w/o receipt <input type="checkbox"/> Proof of contact (letter/email) documentation within five (5) days after receive date <input type="checkbox"/> Stand alone case note attempt(s) to contact	

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Training Services	Yes	No	N/A	Documentation	Comments
Received				<input type="checkbox"/> ITA <input type="checkbox"/> OJT <input type="checkbox"/> CT <input type="checkbox"/> CET <input type="checkbox"/> ATA <input type="checkbox"/> Other: _____	
Training related to subsidized employment				<input type="checkbox"/> Link to employment objective/goal	
Determination of Need of Training Assessment Results (CalJOBS IEP/ISS Plan)				<input type="checkbox"/> Linked to IEP/ISS Plan goals/objectives <input type="checkbox"/> Documented in CalJOBS on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes: <input type="checkbox"/> Date of assessment results <input type="checkbox"/> If applicable, documentation of assessment waiver <input type="checkbox"/> Proof of assessment in file	Justification date: assessment type:
Determination of Need for Training (Assessment Activity Code)				<input type="checkbox"/> Appropriate activity code for assessment in CalJOBS <input type="checkbox"/> Actual Begin Date is prior to training start date OR <input type="checkbox"/> Standalone case note detailing waiver reason <input type="checkbox"/> Contact Date is prior to training start date	
Determination of Need of Training (CalJOBS IEP/ISS Plan)				<input type="checkbox"/> Justification for training prior to received date <input type="checkbox"/> Linked to IEP/ISS Plan goals/objectives <input type="checkbox"/> Documented in CalJOBS on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes date of update	
CalJOBS Development of the IEP Activity Code (Determination of Need Update)				<input type="checkbox"/> Activity code 205 entered <input type="checkbox"/> Comments box includes date of update	
CalJOBS Development of the IEP Activity Code Attached Case Note (Determination of Need Update)				<input type="checkbox"/> Required language included	

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Training Services	Yes	No	N/A	Documentation	Comments
Training Research Documentation				<input type="checkbox"/> 2 training provider research <input type="checkbox"/> 1 physical training site visit <input type="checkbox"/> Justification of waiver for only 1 training research	
Training Research Standalone Case Note				<input type="checkbox"/> Subject line: ITA Research <input type="checkbox"/> Required language include: <input type="checkbox"/> 2 training provider research <input type="checkbox"/> 1 physical training site visit <input type="checkbox"/> Justification of waiver for only 1 training research	
Training Agreement Documentation				<input type="checkbox"/> Training Agreement in file <input type="checkbox"/> Start date matches actual begin date in CalJOBS <input type="checkbox"/> No revisions after 5 working days after training start date If applicable: <input type="checkbox"/> All signatures completed <input type="checkbox"/> All dates included <input type="checkbox"/> All dates prior to training actual begin date	
Training Approval Attached Case Note (If applicable)				<input type="checkbox"/> Attached to the training activity code <input type="checkbox"/> Required Subject Line <input type="checkbox"/> Required language included <input type="checkbox"/> If applicable, case note documenting revisions	
CalJOBS Training Activity Code (Begin date)				<input type="checkbox"/> Appropriate training activity code entered <input type="checkbox"/> Actual Begin Date matches training start date	
CalJOBS Training Activity Code Attached Case Note (Begin date)				<input type="checkbox"/> Required language included	
CalJOBS Training Follow-Up Attached Case Note				<input type="checkbox"/> Monthly attached case notes <input type="checkbox"/> Case note attached to the training activity code providing participant update/progress	
Training Progress Documentation				<input type="checkbox"/> Progress Report documentation <input type="checkbox"/> Documentation obtained on a monthly basis <input type="checkbox"/> Standalone case notes of attempts made	
Degree/Certificate/Diploma Documentation (If applicable)				<input type="checkbox"/> Documentation in file <input type="checkbox"/> Type of document: <input type="checkbox"/> Industry recognized credential (ex. License, certificate) <input type="checkbox"/> National/State Certificate/Degree <input type="checkbox"/> Certificate Date: _____	

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Program Closure Services	Yes	No	N/A	Documentation	Comments
CalJOBS Closure Form Created By Staff				<input type="checkbox"/> Created by GSISOFTTEXT	
Employed at Exit Employment Information (Closure Form)				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
CalJOBS Closure Form Attached Case Note (Follow-Up Service Plan)				<input type="checkbox"/> Detail of program outcomes <input type="checkbox"/> Summary of IEP/ISS outcomes <input type="checkbox"/> Summary of continuation of services in follow-up	
CalJOBS Outcome Form Global Exclusion (If applicable)				<input type="checkbox"/> Health/Medical <input type="checkbox"/> Incarcerated <input type="checkbox"/> Deceased <input type="checkbox"/> Reservist called to Active Duty Youth Only: <input type="checkbox"/> Relocated to a Mandated Program (Foster Youth)	
Follow-Up Services	Yes	No	N/A	Documentation	Comments
Follow-Up Services Quarter 1				<input type="checkbox"/> Employed during quarterly follow up <input type="checkbox"/> Provision of appropriate services <input type="checkbox"/> Appropriate documentation provided <input type="checkbox"/> Incentive Log completed <input type="checkbox"/> Supportive log completed <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 2				<input type="checkbox"/> Employed during quarterly follow up <input type="checkbox"/> Provision of appropriate services <input type="checkbox"/> Appropriate documentation provided <input type="checkbox"/> Incentive Log completed <input type="checkbox"/> Supportive log completed <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 4				<input type="checkbox"/> Employed during quarterly follow up <input type="checkbox"/> Provision of appropriate services <input type="checkbox"/> Appropriate documentation provided <input type="checkbox"/> Incentive Log completed <input type="checkbox"/> Supportive log completed <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	

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Performance Outcomes	Yes	No	N/A	Documentation	Comments
CalJOBS Quarterly Follow-Up Forms				Complete: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Incomplete: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Not Due: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
CalJOBS Quarterly Follow-Up Forms Attached Case Notes				Complete: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Case note includes individualized details OR <input type="checkbox"/> Case note documenting attempts to contact participant	
CalJOBS Follow-Up Form Quarter 1 Employment Information				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
CalJOBS Follow-Up Form Quarter 2 Employment Information				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
CalJOBS Follow-Up Form Quarter 4 Employment Information				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Measurable Skill Gains (MSG) Documentation				<input type="checkbox"/> Progress Report Form (SDWP or Training provider) <input type="checkbox"/> Telephone verification	form date:
CalJOBS Measurable Skill Gains (MSG)				<input type="checkbox"/> Documentation is in file <input type="checkbox"/> Date Skill Attained: _____ <input type="checkbox"/> MSG section in CalJOBS completed <input type="checkbox"/> Attached case note <input type="checkbox"/> Documentation date matches CalJOBS Date Skill Attained	
Educational Functioning Level (EFL) MSG Documentation				<input type="checkbox"/> Assessment Post Test Result	form date:
CalJOBS Educational Functioning Level (EFL)				<input type="checkbox"/> Documentation is in file <input type="checkbox"/> Date of Post Test: _____ <input type="checkbox"/> EFL section in CalJOBS completed <input type="checkbox"/> Attached case note <input type="checkbox"/> Documentation date matches CalJOBS Date Post Test	form date:
CalJOBS Credential Attainment				<input type="checkbox"/> Documentation is in file <input type="checkbox"/> Date Credential Attainment Received: <input type="checkbox"/> Credential section in CalJOBS completed <input type="checkbox"/> Activity code attached to credential in CalJOBS <input type="checkbox"/> Documentation date matches CalJOBS Date Credential Received	form date: