HIGH COUNTRY LA - NEG PARTICIPANT FILE CHECKLIST

Participant Name: _____ ***Social Security #:*** _____

SECTION 1

_____ Case Notes/Activity Notes
_____ Counseling/Post Employment Follow-up Notes

Workforce Plus Forms:
_____ Case Profile at Exit
_____ Signed & Dated WF+ Intake Form
_____1st Intensive (Case Man.)Activity Screen
_____ First Training Activity Screen
_____ Job Referral Activity Screen
_____ Leave Program Form
_____ Exit WIA Screen
_____ Employment Plan at Exit
_____ 1st Quarter Supplemental Data Screen
_____ 3rd Quarter Supplemental Data Screen
_____ LA approved Sources of Supplemental Data for 1st and 3rd Qtrs after exit

SECTION 2

Eligibility Verification Items:
_____ Social Security Number (signed card)
_____ Date of Birth
_____ Citizenship/Eligibility to Work
_____ Proof of Residence
_____ Selective Service Compliance
_____ Core Services Received /WIA Eligibility Sheet
_____ UI Records
_____ Lay-off Notice/Letter/Announcement

Most in Needs/OtherVerification
_____ Most in Needs Form(when funding is limited)
_____ Veteran Status
_____ Public Assistance (TANF, GA, RCA SSI)
_____ Food Stamps
_____ Low Income (for six-month period prior to application and does not exceed federal Poverty Level Income Guidelines)
_____ Family SizeVerification
_____ Other Needs/Qualifications
_____ Disability Verification

SECTION 3

WIA Orientation/Employment Plans
_____ Employment Plan Updates
_____ Individual Employment Plan
_____ WIA Orientation/Customer Rights Form
_____ Applicant Responsibilities Form
_____ Consent for Release of Information Form

SECTION 4

Assessment/Core Services Documents:
____ Interest Inventory ___ Basic Skills Test
____ CLW/Careerscope ___ TABE
____ Interview _____
____ Other Assessments _____
____ Assessment & Recommendations Summary

SECTION 5

Participant Expenditures:

_____ Mileage/Travel Reimbursement Forms
_____ Day Care Attendance/Reimbursement Forms
_____ Unusual Expense Pre-Approval Form
_____ Other Supportive Service
_____ Cost Authorizations
_____ Purchase Orders

SECTION 6

Participant Training/ITA Services:
_____ Attendance Sheets
_____ Grades/Transcripts
_____ Training Schedules
_____ ITAs/FAAs/Budgets/Purchase Orders
(Staple each semester together with PO on top)
_____ Voucher Control Log
_____ Financial Award Analysis
_____ Signed/Dated Scholarship Award Policy
_____ Copy of Credential

SECTION 7

Work Experience:
_____ Signed and Completed Time Sheets
_____ Worker Evaluations
_____ Job Description
_____ Tax Forms (W-4 and I-9)
_____ Work Experience Contract
_____ Signed and Completed Worksite agreement

SECTION 8

On-the Job Training
____ Timesheets
____ Worker Evaluations
____ OJT Invoices
____ Training Plan
____ Job Description
____ Contract
____ Pre-Awards Check List
___ Completed and Signed OJT Certificate

January 14, 2005 with Revisions