



Adult/Dislocated Worker Monitoring Guide

Part A. Program Eligibility	Documentation Uploaded			Comments: Issues and/or Concerns
	YES	NO	N/A	
Documents Tab				
State ID:				
Birthdate/Age				
Social Security Number/SS Card				
Citizenship Status				
I-9 Form/Proof of Eligibility				
Selective Service				
Veteran Documentation				
Disability				
Educational Status at Participation: <ul style="list-style-type: none"> ○ In School; Post-Secondary ○ Not attending school or Secondary School Dropout ○ Not attending school; Secondary School graduate or has a recognized equivalent ○ Not attending school; within age of compulsory school attendance 				
Employment Status at Participation: <ul style="list-style-type: none"> ○ Employed ○ Unemployed ○ Under Employed ○ Long-term Unemployed (27 consecutive weeks or more) ○ Employed, but received notice of termination of employment or military separation 				
Low Income Individual: Family Size: Annualized Income: \$				
○ SNAP				
○ TANF				
○ SSI/SDI				
○ Homeless				
○ Displaced Homemaker				
○ Other Public Assistance				
Priority of Service: <ul style="list-style-type: none"> ○ Basic Skills Deficient 				
○ Foster Youth				



	YES	NO	N/A	Comments: Issues and/or Concerns
Dislocated Worker:				
○ Date of Dislocation:	Date: _____			
○ Category: (See Attachment A for list of Categories and Descriptions)				
Signed Documents				
○ WIOA VOS Application	Date: _____			
○ IEP/ISS				
○ OAS				
○ Waivers (Grievance and EO along with local waivers)				
IEP/OAS (Plan Tab)				
Goals/Objectives listed IEP				
Part B. Program Activity	Documentation Uploaded/Action Completed			
(Programs Tab)	YES	NO	N/A	Comments: Issues and/or Concerns
Application Date:				
Participation Date:				
Co-enrolled in Partner Program				
Activities in good standing? (I.e. Actual begin date entered, no system closed, etc.)				
Initial Assessment/Test Results				
Occupational Skills Training (ITA) (20 CFR Subpart C)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered:				
Acceptance Letter w/dates Uploaded (meets the LWB time allotment)				
Cost Sheet from ETP Uploaded (meets the LWB cost limitation)				
Activity Dates match contract dates				
Receiving Pell Grant				
Attendance Records Uploaded				
Grades/Case Notes indicating progress of participant				
Activity Exit Status:				
○ Successful Completion				
○ Currently Enrolled				
○ Unsuccessful Completion				
○ Dropped out of Activity				
○ Voided				



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Occupational Skills Training Cont.	YES	NO	N/A	Comments: Issues and/or Concerns
Measurable Skills Gain Entered				
Credential Uploaded				
Credential Entered				
On-the-Job Training (OJT) (20 CFR §680.700 – §680.730)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered: _____				
OJT Contract Present				
Training Outline Present				
Attendance Records Uploaded				
Number of Employees To Be Trained/Trained Documented				
Number of Hours Worked Documented				
Activity Exit Status <ul style="list-style-type: none"> <input type="radio"/> Successful Completion <input type="radio"/> Currently Enrolled <input type="radio"/> Unsuccessful Completion <input type="radio"/> Dropped Out of Activity <input type="radio"/> Voided 				
Participant Retained Beyond End of OJT				
Incumbent Worker Training (IWT)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered: _____				
IWT Application Completed and Uploaded				
Employer provided required WIOA documentation				
IWT Application Scored and Approved/Not Approved for Training (Case Notes detailing approval or non-approval status)				
IWT Contract Signed and Uploaded				
Training Outline/Info Present				
Signed Invoice Uploaded at the End of Training				
Invoice Shows Adequate Employer Contribution				
Proof of Training Completion Uploaded and Documented				
Dates of Training Occurred Within Contract Period				



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Work Experience/Apprenticeship (20 CFR §680.180)	YES	NO	N/A	Comments: Issues and/or concerns
Activity Code Entered: _____	Actual Begin Date:			
Contract Signed and Uploaded				
Training Outline/Info Present				
Dates of Training Occurred Within Contract Period				
Timesheets Obtained				
Attendance Records Uploaded				
Payment Requests/Invoices/Vouchers				
Supportive Service Activities (20 CFR §680.900 – §680.920)	YES	NO	N/A	Comments: Issues and/or concerns
Activity Codes Entered: _____				
Justification for Supportive Services (i.e. participating in training/employment activity; in an activity above)				
Distribution of Supp. Services Uploaded (supportive service with participant signature and date)				
Payment Request/Invoices/Vouchers				
Attendance Records				
Supportive Services in Accordance with Local Policy				
Exit/Follow-Up Info (TEGL 10-16)	YES	NO	N/A	Comments: Issues and/or Concerns
Closure Date (last day of service)	Date:			
Educational Status at Exit: <ul style="list-style-type: none"> ○ In School; Post-Secondary ○ Not Attending School or Secondary School Dropout ○ Not Attending School; Secondary School Graduate or has a Recognized Equivalent 				
Entered Employment <ul style="list-style-type: none"> ○ Verification Present (Case Noted/Uploaded) 				
Entered Post-Secondary <ul style="list-style-type: none"> ○ Verification Present (Case Noted/Uploaded) 				
Follow-Up Services Provided				
Follow-Up Activity Entered				



Exit/Follow-Up Info Cont. (TEGL 10-16)	YES	NO	N/A	Comments: Issues and/or Concerns
Follow-Up Quarters Completed to Date				
Case Notes Adequate to Follow Participant's Progress Throughout Services				
Recommendations/Findings or Area of Concern:				



Youth Monitoring Guide

Part A. Program Eligibility	Documentation Uploaded			Comments: Issues and/or Concerns
	YES	NO	N/A	
Documents Tab				
State ID:				
Birthdate/Age				
Social Security Number				
Citizenship Status				
Selective Service				
Veteran Documentation				
Disability				
Educational Status at Participation: <ul style="list-style-type: none"> <input type="radio"/> In School; Post-Secondary <input type="radio"/> Not attending school or Secondary School Dropout <input type="radio"/> Not attending school; Secondary School graduate or has a recognized equivalent <input type="radio"/> Not attending school; within age of compulsory school attendance 				
Employment Status at Participation <ul style="list-style-type: none"> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Under Employed <input type="radio"/> Long-term Unemployed (27 consecutive weeks or more) 				
Low Income Individual Family Size: _____ Annualized Income: \$ _____ <ul style="list-style-type: none"> <input type="radio"/> SNAP <input type="radio"/> TANF <input type="radio"/> Other Public Assistance <input type="radio"/> SSI/SSDI <input type="radio"/> High Poverty Area <input type="radio"/> Free or Reduced Lunch 				
Barrier(s) Identified				
<input type="radio"/> Basic Skills Deficient				
<input type="radio"/> Homeless				
<input type="radio"/> English Language Learner				
<input type="radio"/> Foster Care				
<input type="radio"/> An Offender				
<input type="radio"/> Pregnant/Parenting				



Barrier(s) Identified Cont.	YES	NO	N/A	Comments: Issues and/or Concerns
○ Individual with a Disability				
○ School Dropout				
○ Within Compulsory School Attendance but has not Attended for Most Recent Calendar Year				
○ Requires Additional Assistance (in accordance with local policy)				
Signed Documents <ul style="list-style-type: none"> ○ WIOA VOS Application ○ IEP/ISS ○ OAS ○ Waivers (Grievance and EO along with local waivers) 	Date: _____			
IEP/OAS (PLAN TAB)				
Youth Goals/Objectives Listed IEP				
Part B. Program Activity	Documentation Uploaded/Action Completed			
(Programs Tab)	YES	NO	N/A	Comments: Issues and/or Concerns
Application Date:				
Participation Date:				
Co-enrolled in Partner Program				
Assigned to a Case Manager				
Activities in Good Standing? (i.e. actual begin date entered, no system closed, etc.)				
Participating in a 14 Element Activity				
	Documentation Uploaded/Action Completed			
Occupational Skills Training (ITA) (20 CFR §681.540)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered:				
Acceptance Letter w/ Dates Uploaded				
Cost Sheet from ETP Uploaded				
Activity Dates Match Contract Dates				
Attendance Records Uploaded				
Grades/Case Notes Indicating Progress of Participant				



	Documentation Uploaded/Action Completed			
On-the-Job Training (OJT) (20 CFR §680.700 – §680.730)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered: _____				
OJT Contract Present				
Training Outline Present				
Attendance Records Uploaded				
Number of Employees To Be Trained/Trained Documented				
Number of Hours Worked Documented				
Activity Exit Status <ul style="list-style-type: none"> ○ Successful Completion ○ Currently Enrolled ○ Unsuccessful Completion ○ Dropped Out of Activity ○ Voided 				
Participant Retained Beyond End of OJT				
	Documentation Uploaded/Action Completed			
Incumbent Worker Training (IWT)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered: _____				
IWT Application Completed and Uploaded				
Employer provided required WIOA documentation				
IWT Application Scored and Approved/Not Approved for Training (Case Notes detailing approval or non-approval status)				
IWT Contract Signed and Uploaded				
Training Outline/Info Present				
Signed Invoice Uploaded at the End of Training				
Invoice Shows Adequate Employer Contribution				
Proof of Training Completion Uploaded and Documented				



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	Documentation Uploaded/Action Completed			
Work Experience/Pre-Apprenticeship/Apprenticeship (20 CFR §681.480; §681.600; §681.620)	YES	NO	N/A	Comments: Issues and/or concerns
Activity Code Entered: _____	Actual Begin Date:			
Contract Signed and Uploaded				
Training Outline/Info Present				
Dates of Training Occurred Within Contract Period				
Timesheets Obtained				
Attendance Records Uploaded				
Proof of Training Completed Uploaded/Case Noted				
Payment Requests/Invoices/Vouchers				
Supportive Service Activities (20 CFR §680.900 – §680.920)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Codes Entered: _____				
Justification for Supportive Services (i.e. participating in training/employment activity; in an activity above)				
Distribution of Supp. Services Uploaded (supportive service with participant signature and date)				
Payment Request/Invoices/Vouchers				
Attendance Records				
Supportive Services in Accordance with Local Policy				
Incentive/Bonus Activities (20 CFR §681.640)	YES	NO	N/A	Comments: Issues and/or Concerns
Activity Code Entered: _____				
Case Note Detailing What Incentive is Awarded for				
Justification for Incentive (i.e. tied to established goals, training/employment activity)				
Distribution of Incentive Uploaded (supportive service with participant signature and date)				



Incentive Bonus (cont.)	YES	NO	N/A	Comments: Issues and/or Concerns
Payment Request/Invoices				
Attendance Records				
Incentive Services in Accordance with Local policy				
	Documentation Uploaded/Action Completed			
Exit/Follow-Up Information (20 CFR §681.640)	YES	NO	N/A	Comments: Issues and/or Concerns
Closure Date (Last Day of Service)	Date:			
Educational Status at Exit: <ul style="list-style-type: none"> ○ In School; Secondary or Less ○ In School; Alternative School ○ In School; Post-Secondary ○ Not Attending School or Secondary School Dropout ○ Not Attending School; Secondary School Graduate or has a Recognized Equivalent 				
Entered Employment				
<ul style="list-style-type: none"> ○ Verification Present (Case Noted/Uploaded) 				
Entered Post-Secondary				
<ul style="list-style-type: none"> ○ Verification Present (Case Noted/Uploaded) 				
Follow-Up Services Provided				
Follow-Up Activity Entered				
Follow-Up Quarters Completed to Date				
Case Notes Adequate to Follow Participant's Progress Throughout Services				
Recommendations/Findings or Area of Concern:				



SCSEP Monitoring Guide

Part A. Program Eligibility	Documentation Uploaded			
Documents Tab 20 CFR Part §641.100	YES	NO	N/A	Comments: Issues and/or Concerns
State ID:				
Birth Date/Age				
Social Security Number				
Citizenship Status				
Selective Service				
Veteran Documentation				
Disability				
Proof of TN Residency				
Participant Registered at AJC Prior to Enrollment				
Income Status <ul style="list-style-type: none"> ○ Not More than 125% of Federal Poverty Guidelines ○ Income Eligibility Recertified at Least Every 12 Months 				
Employment Status and Job Search <ul style="list-style-type: none"> ○ Statement of Non-Employment ○ Job Search Assistance Provided ○ Use of AJC System and Referrals ○ Documentation of Job Searches 				
Required Documentation: §614.302 (c)				
<ul style="list-style-type: none"> ○ Initial Assessment 				
<ul style="list-style-type: none"> ○ Annual Assessment 				
<ul style="list-style-type: none"> ○ Family Size Certification Form 				
<ul style="list-style-type: none"> ○ Participant Training Description 				
<ul style="list-style-type: none"> ○ Progress Agreements 				
<ul style="list-style-type: none"> ○ Documentation of Training Hours 				
<ul style="list-style-type: none"> ○ Return to Work Documentation 				
<ul style="list-style-type: none"> ○ Request for Leave of Absence 				
<ul style="list-style-type: none"> ○ Evidence that the Assessment Results Were used to Determine the Most Suitable Assignment 				



Required Documentation Cont.	YES	NO	N/A	Comments: Issues and/or Concerns
<ul style="list-style-type: none"> Alternative Assignments were Considered if it Was Determined that Alternate Host Agency Would Provide Greater Opportunity 				
Signed Documents:				
<ul style="list-style-type: none"> WIOA VOS Application 				
<ul style="list-style-type: none"> Progress Agreements Between Participant and Project Present 				
<ul style="list-style-type: none"> Progress of Participant Evaluated and Commented Every 6 Months 				
<ul style="list-style-type: none"> Signatures of Both Participant and Host Agency Area on Each Timesheet 				
<ul style="list-style-type: none"> Documented Copies of Agenda and Sign-In Sheets for Required Quarterly Meetings are Present 				
<ul style="list-style-type: none"> Confidential Statement of Income 				
<ul style="list-style-type: none"> SCSEP Participant Form 				
<ul style="list-style-type: none"> IEP 				
<ul style="list-style-type: none"> Orientation Training Checklist 				
<ul style="list-style-type: none"> SCSEP Privacy Act Statement 				
<ul style="list-style-type: none"> Participant Rights and Responsibilities 				
<ul style="list-style-type: none"> Record for Offer of Physical Examination 				
<ul style="list-style-type: none"> Participant Task Form 				
<ul style="list-style-type: none"> Participant and Project Agreement 				
IEP (Plan Tab)				
Goals/Objectives Listed IEP				
Part B. Program Activity	Documentation Uploaded/Action Completed			
(Programs Tab)	YES	NO	N/A	Comments: Issues and/or Concerns
Application Date:				
Participation Date:				
Assigned to a Case Manager?				
Activities in Good Standing? (i.e. Actual Begin Date Entered, No System Closed, Etc.)				



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	Documentation Uploaded/Action Completed			Comments: Issues and/or Concerns
	YES	NO	N/A	
Assessments/Individual Employment Plan 20 CFR §641.535				
Skills/Attributes/Work History Assessment				
Change in Occupational Goal Assessment				
Transitional Assessment				
Two Assessments per 12 Month Period				
Computer Literacy Assessment				
Waiver Activity Entered				
IEP Documenting Assessment and Job Related Goal Completed within the First Month of Enrollment Date – Initial Goal is Unsubsidized Employment				
IEP is Updated at Least as Frequently as Assessments Occur				
IEP is Modified as Necessary to Reflect other Approaches to Self-Sufficiency if it Became Clear that Unsubsidized Employment is Not Feasible				
IEP Contains Specific Goals and Completion Dates				
IEP Follow-Up/Review is Present				
Provision in IEP to Transition to Other Services if Participant has Reached Individual Durational Limit or Will Not Otherwise Achieve Subsidized Employment				
Progress Review Dates are Noted in IEP				
Is the Sub-Grantee Using the IEP to Determine When it is Appropriate to Rotate Participant Through Assignments, with the Goal of Achieving Unsubsidized Employment?				



Assessments/Individual Employment Plan Cont.	YES	NO	N/A	Comments: Issues and/or Concerns
Participant is Receiving Training on Job-Seeking Skills – Indicate the Date the Training was Provided in the Comments Section				
Training is Part of the IEP and Case Notes				
Training Records Kept in Accordance with TDLWD/SCSEP Policy				
Can the Sub-Grantee Produce Documentation of Training Hours?				
Supportive Services 20 CFR §641.540	YES	NO	N/A	Comments: Issues and/or Concerns
Receiving Supportive Services				
Services are at No Cost or Reduce Cost				
Job Search Activity Verification				
Receipts for Travel, Lodging, Meals				
Referrals Made to Formal Assessments and Partner Agencies if Needed				
Follow-Up Being Conducted with the Participant within the First 6 Months to Determine if Supportive Services are Needed to Maintain Training				
Orientation/Training 20 CFR §641.535	YES	NO	N/A	Comments: Issues and/or Concerns
Documentation of Participant Attendance at One Workshop Training Per Quarter				
Evidence that SCSEP Orientation was Provided at the Time of Enrollment or Prior to the First Day at a Host Agency and Compensated				
	Documentation Uploaded/Action Completed			
Exit/Follow-Up Information	YES	NO	N/A	Comments: Issues and/or Concerns
Exit Date:				
Active No Longer than 48 Months				
Exit Form				
○ Verification Present (Case Note)				
Documentation that Follow-Up is Being Conducted on Participant if Obtained Unsubsidized Employment				



Exit/Follow-Up Information Cont.	YES	NO	N/A	Comments: Issues and/or Concerns
Proper Documentation when Termination for Cause Present				
Participant was Provided a 30-Day Written Notice that Includes the Reason for Any Ineligibility Determination				
Follow-Up Services Provided				
Follow-Up Activity Entered				
Follow-Up Quarters Completed to Date				
Case Notes Adequate to Follow Participant's Progress Throughout Services				
Recommendations/Findings or Area of Concern:				



RESEA Monitoring Guide

Part A. Program Eligibility	Documentation Uploaded			Comments: Issues and/or Concerns
	YES	NO	N/A	
State ID:				
Name:				
Activities:				
<ul style="list-style-type: none"> ○ Either 592 or 593 Activity is Present Dated Same as the Orientation Date 				
<ul style="list-style-type: none"> ○ 211 Activity is Present if Referred to Title 1 Per Case Notes (19R Should be Present if After April 2018) 				
<ul style="list-style-type: none"> ○ 210 Activity is Present if Participant Does Not Have a High School Diploma 				
<ul style="list-style-type: none"> ○ 194 Activity Present if Claimant is Exempt 				
<ul style="list-style-type: none"> ○ 193 Activity Present if Claimant Gained Employment 				
<ul style="list-style-type: none"> ○ 192 Activity is Present if Claimant Missed a Meeting 				
<ul style="list-style-type: none"> ○ 19B Activity is Present if Claimant Refused Services 				
<ul style="list-style-type: none"> ○ 19A Activity is Present is Claimant Attended a Meeting after they were Assigned a 192 Activity 				
<ul style="list-style-type: none"> ○ 198 Activity is Present if RESEA Program has been Completed 				
<ul style="list-style-type: none"> ○ Activities Associated with RESEA Have Not Been Duplicated by Staff at the AJC 				
Documentation:				
<ul style="list-style-type: none"> ○ Resume is Present if Claimant Completed the Program 				
<ul style="list-style-type: none"> ○ If Exempt, Proper Documentation Present 				
<ul style="list-style-type: none"> ○ All Documentation is Uploaded for Orientation Visit 				
<ul style="list-style-type: none"> ○ All Documentation is Uploaded for Subsequent Return 				



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Attachment A: Dislocated Worker Categories and Descriptions:

Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation.

Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, or the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.

Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the Permanent closure of or substantial layoff at a plant, facility or enterprise.

Category 4: Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below.

Category 5: Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date.

Category 6: Displaced Homemaker: An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Category 7: The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.

Category 8: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Category 12: Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.