

State Id: _____

Participant's Name: _____

☐ Younger Youth ☐ Older Youth CC: _____

Eligibility Determination Documentation

Eligibility Determination Documentation

Adult/Youth Dislocated Worker/Trade

- ☐ Youth Work Readiness Pretest
- ☐ School Record Verification
- ☐ Selective Service Verified
- ☐ Citizenship Verification
- ☐ Family Size Verification
- ☐ Income Verification
- ☐ Residency Verification
- ☐ DOB Verification
- ☐ Right's Handout
- ☐ Orientation Handout
- ☐ Release of Information Form
- ☐ UI Printout (Where Applicable)
- ☐ Signed and Dated SCWOS Application
- ☐ Application with Guardian Signature

Proof of Income Documentation

- ☐ DSS Printout
- ☐ Social Security Printout
- ☐ Pay Stubs
- ☐ Applicant Statement

- ☐ Ineligibles Filed (must be signed)
- ☐ Partial Applications Filed

Barriers

- ☐ School Dropout
- ☐ Basic Skills Deficient
- ☐ Are one or more grade levels below the grade level appropriate to the individual's age
- ☐ Pregnant or parenting
- ☐ Possess one or more disabilities
- ☐ Homeless or runaway
- ☐ Offender
- ☐ Not work ready

Notes

Case Management

- ☐ Referral Form ☐ Receipt of Information Form ☐ Objective Assessment Documentation
☐ Job Service Referrals ☐ Incentives Documents
☐ SCOIS
☐ Individual Employment Plan is in SCWOS ☐ TABE Scores in SCWOS ☐ Publicity/Release Form
Goals and Objective Date Established: _____
Status of Goals & Objectives: ☐ Open ☐ Closed
Is the Plan up to date? ☐ Yes ☐ No

PRE - TABE SCORE	READING:	MATHEMATICS:
Date of TABE Score		

Basic Skills Deficient: ☐ Reading ☐ Mathematics

	Pre Test		Post Test Year 1		Post Test Year 2	
	Date	Level	Date	Level	Date	Level
Reading						
Mathematics						

POST - TABE SCORE	READING:	MATHEMATICS:
Date of TABE Score		

If Basic Skills Deficient is the Participant in a 414/433 Activity: ☐ Yes ☐ No

Objective Assessment Summary Youth

- ☐ Assessment in SCWOS ☐ Assessment Notes in Folder

Date of Assessment: _____

Date of Assessment Case Note: _____

Assessment Recommendations: ☐ Basic Skills Upgrade ☐ GED ☐ Work Experience
☐ On-the-Job Training ☐ Supportive Services ☐ Tutoring, Study Skills
☐ Workforce Readiness ☐ Occupational Skills Training ☐ Resume ☐ Career Exploration
☐ Computer Skills ☐ Interviewing Skills ☐ Communication Skills ☐ Guidance & Counseling
☐ Follow-up ☐ Leadership Dev. ☐ Summer Emp. ☐ Adult Mentoring
Other: _____

Training Application

Date Application was received: _____

Has WIN been taken? ☐ Yes ☐ No WIN Scores: RI ____ LI ____ AM ____

Name of School: _____ Training Program: _____

Drug Screen Required? ☐ Yes ☐ No **Date Taken:** _____

Supportive Services

☐ Supportive Services Ledger ☐ Supportive Services Vouchers/Requests

☐ Search for Other Resources Form ☐ Correspondence ☐ Resume

☐ Employment Opportunities

Notes

Work Experience

Worksite: _____

☐ Work Experience Contract ☐ Time Sheets ☐ Worksite Monitoring report

☐ Participant's Work Evaluation

On the Job Training

Worksite: _____

☐ OJT Agreement ☐ Pre-Award Criteria ☐ Worksite Monitoring Report

☐ Time Sheets ☐ Attendance Invoice ☐ Participant's Work Evaluation

Notes

Case Notes – Every 30 Days

Frequency of Notes:

Types of Notes: (Telephone Conversations I Office Visits)

Are case notes supportive of Activities

Case Note Observations

Activities

Current Activity ☐ Open ☐ Closed

If Closed, Date of Last Activity: _____
Activity

System Closures

Are Activities consistent with the Assessment Recommendations and the ISS?

All Documents uploaded in SCWOS: Yes or No