



Participant File Review EMPLOYED



NEG: _____

Region: _____

Name: _____ App ID: _____

Review Complete?

Reviewer: _____ Date: _____

Y / N

DWG Enrollment Date: ____/____/____ End Date: ____/____/____

Veteran Status / Selective Service

1. Was the participant Male AND born on or after January 1, 1960? YES NO
If NO, skip questions #2, #3, and #4

2. Is there a Selective Service Registration Number/grayed box OR DD-214/applicant statement in the paper file?
YES N/A NO
If YES, skip question #3 & #4

3. Is there a Selective Service Registration Number on the Seeker Entry screen, Other Tab?
YES N/A NO
If YES, skip question #4

4. Is there a Selective Service Registration Number listed on www.sss.gov? YES N/A NO
If YES, enter the number in the Seeker Entry screen, Other Tab

US Citizen / Legal Right to Work in US

5. Is the US Citizen box checked YES on the Eligibility Tab? YES NO
If YES, skip questions #6 & #7

6. Is the Alien Registration number entered? YES N/A NO
If YES, skip question #7

7. Is the Alien Documentation in the paper file? YES N/A NO

Eligibility

8. On the Eligibility tab, is the "... unable to achieve self-sufficiency after Career services ..." box checked YES?
- Ensure that you are looking at the correct Eligibility YES NO
If NO, do the service notes or paper file indicate that the individual was "... unable to achieve self-sufficiency...?"

9. Date of Eligibility: ____/____/____
Was the eligibility completed within the 30 days before the Enrollment date? YES NO

10. Is the WIOA DW box green and checked? YES NO

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Missouri TTY Users can call (800) 735-2966 or dial 7-1-1.

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DRJP Participant File Review – EMPLOYED (Continued)

1. Is the DWG box green and checked? The correct Employer selected? The correct grant number selected? YES NO
2. WIOA DW Enrollment Date: ___/___/___
Was the DW Enrollment on or before the NEG Enrollment date? OR a note explaining that the participant was Long-Term unemployed? YES NO
- Is Dislocated Worker eligibility documented in the paper file? OR is the Self-Attestation signed and in the paper file?
List documents used: _____ YES NO

15. On the Core Info tab, is there a Missouri Driver’s License or Missouri Non-Driver’s License used to Verify Birth Date?
-- If Driver’s License is from a different state, then “NO” YES NO
If NO, is there documentation from the “Checklist A” in the paper file?
16. Is Self Attested used for: Verify Current Employment, Verify Low Income, Verify Received TANF, and Verify Received GA/RAC/FA/SSI? YES NO

DRJP Employment

17. In the paper file, is the Equal Opportunity paperwork completed? YES NO
-- This includes both DWD-120 and DWD-121 forms
18. In the paper file, are the following forms signed and dated? YES NO
__ Participant Orientation __ Worksite Orientation
__ Medical Disclaimer __ Emergency Contact
__ I-9 __ W-4
__ E-Verify __ Media Release
__ Safety Training sign-in sheet or certification Date of Training: ___/___/___
-- For above, if participant is no longer enrolled in DRJP, all efforts (phone, letter, etc) must be made and documented to collect the I-9, W4, and E-Verify. If these forms cannot be collected, consult DWD fiscal and QA.
19. Was a tetanus shot noted with date administered? AND documentation in medical file?
Date: ___/___/___ YES NO
20. Was the physical noted with the date administered? AND documentation in medical file?
Date: ___/___/___ YES NO
21. If a background check is required, was it noted with date administered? AND documentation?
Date: ___/___/___ YES N/A NO
22. If a drug test is required, was in noted with date administered? AND documentation in medical file?
Date: ___/___/___ YES N/A NO

DRJP Participant File Review – EMPLOYED (Continued)

Employment Plan

23. Date of Employment Plan: ___/___/___

Was the Employment Plan completed on or before the date of the DWG enrollment? YES NO
 - Ensure that you are looking at the correct Plan If NO, is it explained in case notes?

24. Is the O*Net Code and description correct? YES NO
 If NO, is it explained in case notes?

25. Is the Goal updated with current information? YES NO
 -- Do not write over old goals; but, just add to them If NO, is it explained in case notes?

26. Is the Justification complete? YES NO
 If NO, is it explained in case notes?

Services

27. Date of DRJP Safety Training: ___/___/___

Was the service opened on or after the date of the DWG enrollment and match service notes? YES NO

28. Is the Safety Training service 'ended' with a correct outcome? YES NO
 End Date: ___/___/___

29. Date of DRJP Employment: ___/___/___

Does the date match the Safety Training, the DWG enrollment date, and service notes? YES NO

30. Is a DRJP Supportive Service posted? YES NO
 If NO, skip question #31 - #46

31. Is the DRJP Supportive Service start date on or after the NEG Enrollment start date? YES N/A NO

32. Are all Supportive Services open for the appropriate length of time? AND open date on or after DWG enrollment start date? YES N/A NO

Open: ___/___/___	End: ___/___/___	Open: ___/___/___	End: ___/___/___
Open: ___/___/___	End: ___/___/___	Open: ___/___/___	End: ___/___/___
Open: ___/___/___	End: ___/___/___	Open: ___/___/___	End: ___/___/___
Open: ___/___/___	End: ___/___/___	Open: ___/___/___	End: ___/___/___

33. Has the participant completed the Supportive Services? YES N/A NO
 If NO, skip question #33 until the participation is complete

34. Does the service have the appropriate end date and outcome? YES N/A NO

DRJP Participant File Review – EMPLOYED (Continued)

37. Are there any transportation reimbursement payments? (Listed above) YES N/A NO
 If NO, skip questions #38 & #39

38. Are all transportation reimbursement payments at the correct rate? Rate of: 35 cents a mile. YES N/A NO

39. Is there a MapQuest printout for the first transportation payment? YES N/A NO

40. Are there any Child Care payments? (Listed above) YES N/A NO
 If NO, skip questions #41 & #42

41. Is there proof of Child Care payment denial or co-payment authorization from FSD? YES N/A NO

42. Are the payments equal to FSD co-payment OR equal to need (which must be equal to or less than allowable WIA payment amount)? YES N/A NO

43. Are there any rent, utilities, car repairs, and/or car insurance payments? (Listed above) YES N/A NO
 If NO, skip questions #44 - #46

44. Is there documentation indicating: development of a budget, credit counseling, or debt management?
 Type of documentation: _____ YES N/A NO
 _____ If NO, is there a case note with this information?

45. If a car insurance payment or car repair was made, is the vehicle title/registered to participant and current insurance on file? Type of documentation: _____ YES N/A NO

46. If rent or utilities was paid, is proof of residency and/or proof of landlord ownership on file?
 Type of documentation: _____ YES N/A NO

Payroll/Timesheets

47. Are all hours worked recorded and paid correctly? YES NO

Date	Hours	Pay	Payroll Tab	Check Stub	Timesheet Signed/Dated
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____
___/___/___	_____	\$ _____	_____	_____	_____

