

Participant Name _____

- Verified Wagner-Peyser Enrollment
- Completed jobs.mo.gov profile, including most recent employment history
- Referral to DRJP Job Order
 - Job Order # _____ Position _____ Worksite _____
- Marked as 'Hired' to DRJP Job Order
- Verified DRJP Eligibility, eligible as:
 - Unemployed individual as a result of the disaster
 - Self Employed Individual either Unemployed or Significantly Underemployed as a result of the disaster
 - WIOA Dislocated Worker (*Must be co-enrolled in Dislocated Worker program*)
 - Long-term unemployed

Pre-Employment Screenings

- Does Worksite require drug testing: Y / N
 - Date Referred for Test: _____
 - Able to Participate Y / N
- Does Worksite require background check: Y / N
 - Date Referred for Completion: _____
 - Able to Participate Y / N
- Does Position require a physical? Y / N
 - Date Referred for Exam: _____
 - Able to Participate Y / N
- Does Position require a tetanus shot? Y / N
 - Date Referred for Service: _____
 - Able to Participate Y / N

- Completed WIOA Application
- Completed WIOA Participation
- Created Individual Employment Plan, with a Short-Term Employment goal of "To obtain DRJP employment"
- Recorded All Necessary DRJP Services (only record those services received)
 - 225-DRJP Comprehensive Assessment
 - 226-DRJP Full Development of IEP
 - 316-DRJP Employment
 - 238-DRJP Safety Course (debris positions only)
 - 240-DRJP Supportive Services
- If eligible as a Dislocated Worker, record at least one service received to the Dislocated Worker program
- Participant signed/completed all DRJP Forms
 - Participant Orientation Form (Form 5)
 - Worksite Orientation Form (Form 6)
 - Media Consent Form (Form 11)
 - Emergency Contact Form (Form 12)
 - Medical Disclaimer Form (Form 13)
 - W-4 Documentation
 - I-9 Documentation
- Mandatory Initial Service Note Completed
- For Debris Positions Only: Is Participant in need of fitted clothing to perform work? Y / N
 - Shoe Size _____
 - Shirt Size _____
 - Pants Size _____
- 1st Evaluation Date Due (every 90 days) _____
- Participant File Review Form Due (within 30 days of enrollment) _____

For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at [jobs.mo.gov](#) or 1-888-728-JOBS (5627). The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.