

Participant File Review—Disaster NEG

NEG Project Name: IL-13 NEG 2011 Severe Storms and Flooding

Participant Name: _____

File Review Date:

Project Operator: _____

Employer of Record: _____

I. Eligibility

| | |
|---|---|
| Employer of dislocation | |
| Job title & wage at dislocation | |
| Dislocation date & documentation | |
| Does documentation indicate an involuntary separation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Registration date | |
| Date of Worksite Assignment | |
| Employment status at time of registration | <input type="checkbox"/> Dislocated by disaster event <input type="checkbox"/> Long-term unemployed (<i>Disaster NEG only</i>) <input type="checkbox"/> Other eligible dislocated worker (WIA 101(9)) |
| | Documentation used to verify participant's eligibility: |
| Selective Service <i>(for males born on 1-1-1960 or after)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Documentation: |
| U.S. Citizen/Legal right to work in U.S. | <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation: |
| Veteran Status | <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation: |

| | |
|---|---|
| Disaster Unemployment Assistance (DUA) Eligible | <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation: UI informed of temporary employment on NEG project? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation: UI informed of temporary employment on NEG project? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| File contains I9 and W4 forms | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note any eligibility issues or concerns:

Participant File Content

- Location of worksite assignment
- Rate of pay/Job Title/Documentation supports the rate of pay (e.g., timesheets and/or payroll stubs)
- Duration of the work assignment/documentation supports the number of hours worked (e.g., timesheets and/or payroll stubs)
- Employer of record for the participant (employer is a public or private, non-profit agency)
- Participant's title/job description and type of work individual will be performing on the worksite
- Case file document the type of worksite training the participant received (include training on worksite equipment and safety training if applicable)
- File contains documentation showing the individual agreed with the job requirements (e.g., signed a worksite agreement)

- File contains documentation showing that the participant was informed about his/her rights regarding Equal Opportunity Employment, Worker's Compensation, and grievance procedures
- File indicates supportive services/personal equipment for participant is receiving (e.g., boots, clothing, safety equipment, transportation to and from the worksite)
- If completed temporary employment, has the participant been referred to workforce development services? If yes, services the participant is receiving are identified. If no, contains supporting documentation for why the participant was not referred for such services.
- File contains documentation about the individual's performance at the worksite

Note any temporary employment issues or concerns:

Workforce Development Services

- Participant received skills or educational assessment
- Assessments result in training by the project or from partner programs.
- Participant received career counseling or vocational exploration activities
- Participant was adequately assessed for skills and qualifications necessary to successfully participate on the project
- Training is directly linked to the temporary employment and recovery efforts (e.g., basic skills training may be necessary in order to understand verbal commands about work assignments and written equipment instructions)
- Cost and provision of training is consistent with the policies described in the grant application
- If in training, participant applied for a Pell Grant. If a Pell Grant was awarded, appropriate budgeting and coordination arrangements were made
- File contains grades, case notes, or other information regarding the participant's training progress. If so, they demonstrate adequate progress is being made

Note any assessment or service planning issues or concerns:

Support Services and Needs-Related Payments

- File indicates eligibility for unemployment insurance (UI) or Disaster Unemployment Assistance (DUA) with weekly benefit amount and duration

- File indicates interim employment (i.e., employment that does not provide for self-sufficiency, as defined by the state or local board policy) If so, employer, wage level, and number of hours worked per week are noted.

- File contains planned support services and estimated costs.

- Need for support services is adequately documented through a financial needs analysis

- Supportive services provided are consistent with the policies proposed in the grant application, including eligibility, amounts, duration, etc.

- If needs-related payments (NRPs) are provided, participant meets the eligibility criteria

- NRPs are provided according to the approved policies in the grant application

List any issues or concerns about the provision of supportive services:

Case Management

- File indicate the participant is receiving regular contact and assistance from the counselor/case manager or worksite supervisor

- No more than three months elapsed since the last documented service

List any issues or concerns about case management:

Outcomes

If the participant has exited from the program, list any known information about the following items:

| | |
|--------------------------------------|--|
| 1) Exit Date | |
| 2) Employment Status | |
| 3) If Employed... | |
| a) Employer | |
| b) Job Title | |
| c) Placement Wage | |
| d) Wage Replacement Rate | |
| e) Full-time or Part-time Status | |
| f) Number of hours | |
| 4) Referred for additional services: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If referred for additional services, list agency or organization referred to and date of referral

