**MassHire Workforce Board**

**Fiscal Year 2025**

**WIOA Title I/Title III Customer File Review**

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| **Customer Name:** | **MOSES ID:** | **MassHire Career Center:** |

**Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Section 1: Eligibility** | | **Yes** | **No** | **Comments** |
| 1. | Is the customer 18 or older? |  |  |  |
| 2. | Is all required customer eligibility documentation available in accordance with 100 DCS 18.101.6? |  |  |  |
| 3. | Selective Service Compliant? |  |  |  |
| 4. | Enrolled as Adult? |  |  |  |
| 5. | Enrolled at Dislocated Worker? |  |  |  |
| 6. | Co-enrolled in any other program(s)? If yes, list the program(s) |  |  |  |
| 7. | If customer is co-enrolled in another program, is the required documentation available? |  |  |  |
| 8. | Is the customer part of a priority population? |  |  |  |
| **Section 2: General Services** | | **Yes** | **No** | **Comments** |
| 1. | Has EEO been recorded in MOSES at least once during this service period? |  |  |  |
| 2. | Has the customer received Basic Services? |  |  |  |
| 3. | Has the customer received Individualized Services? |  |  |  |
| 4. | Has the customer obtained employment? |  |  |  |
| 5. | Are follow-up services being offered according to local, state, and federal policies? |  |  |  |

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| **Section 3: MOSES/Data Entry** | | | **Yes** | **No** | **Comments** |
| 1. | | Are services being provided every 30 or 60 days?  Please note 30 or 60 in Comments |  |  |  |
| 2. | | Do services entered in MOSES include a corresponding note? |  |  |  |
| 3. | | Are MOSES notes factual, non-judgmental, concise, and relevant? |  |  |  |
| **Section 4: Individual Employment Plan (IEP)** | | | **Yes** | **No** | **Comments** |
| 1. | | Does the IEP include planned goals, tasks, and deadline dates? |  |  |  |
|  | | 1. If yes, are the goal and tasks current with proper categorization (pending, attained, or canceled) and dates (end dates if completed)? |  |  |  |
| 2. | | Does the IEP include a Comprehensive Assessment? |  |  |  |
| 3. | | Are barriers to employment identified in full tab? |  |  |  |
| 4. | | If barriers are resolved is this noted and dated in barrier notes according to Mass Workforce Issuance 08.112.3? |  |  |  |
| 5. | | Is Labor Market Information (including local) complete? |  |  |  |
| **Section 5: Training** | | | **Yes** | **No** | **Comments** |
| 1. | | Did the customer receive training? |  |  |  |
| 2. | | What type of training? Please list the training provider |  |  |  |
| 3. | | Is the training justification complete? |  |  |  |
| 4. | | Is there documented evidence that the training selected is directly linked to employment? |  |  |  |
| 5. | | Has a measurable skills gain (MSG) goal been set? |  |  |  |
| 6. | | Is WIOA Program Training Determination (18-101-60) being provided to customers and documented in MOSES according to policy? |  |  |  |
| 7. | | Is the local policy for training costs being followed? |  |  |  |
| 8. | | If training cost is greater than ITA funds provided by WB for the training, is there documentation that the customer has resources to pay the remainder of training costs? |  |  |  |
| 9. | | If the training is complete and credential achieved, is there a copy of the credential available? |  |  |  |
| 10 | | Is the credential attainment service documented in MOSES? |  |  |  |
| 11 | | If yes, does the date listed on the credential match the date of the service recorded in MOSES? |  |  |  |
| **Section 6: Supportive Services/Needs Related Payments (NRP)** | | | **Yes** | **No** | **Comments** |
| 1. | | Has the customer received supportive services? |  |  |  |
| 2. | | Are supportive services properly documented in MOSES? |  |  |  |
| 3. | | Is the local policy for supportive services being followed? |  |  |  |
| 4. | | Has the customer received Needs Related Payments (NRP)? |  |  |  |
| 5. | | Is the local Policy for NRP being followed? |  |  |  |
| **Section 7: Partner Referrals** | | | **Yes** | **No** | **Comments** |
| 1. | | Is the state and local policy on partner referrals being followed? |  |  |  |
| **Section 8: RESEA** | | | **Yes** | **No** | **Comments** |
| 1. | | Is the customer enrolled in RESEA? |  |  |  |
| 2. | | Did the customer attend a CCS before their CCS deadline date? |  |  |  |
| 3. | | Did the customer attend the initial RESEA after their enrollment in RESEA? |  |  |  |
| 4. | | Have all the mandatory goals and requirements been attained in MOSES? |  |  |  |
|  | | * CCS (located in Service Tab) |  |  |  |
|  | | * Acknowledge Section 30 |  |  |  |
|  | | * Initial RESEA |  |  |  |
|  | | * JobQuest Registration (MOSES icon) |  |  |  |
|  | | * Completion of an appropriate reemployment service occurring between initial RESEA and RESEA Review (confirmation may be in number of locations in MOSES, including Events, Services, Notes, etc.) |  |  |  |
|  | | * LMI Research (including the *Reason Description* box (located inside the goal) completed with research results from customer |  |  |  |
|  | | * Resume and Cover Letter Development |  |  |  |
|  | | * Work Search Activity/UI Eligibility including the *Reason Description* box (located inside the goal) completed with the weeks of job search listed (at least from enrollment date) |  |  |  |
|  | | * Future service scheduled for date after RESEA Review (not required to be attained, just scheduled) * Was follow up done to ensure attainment of future goal/service? * If the future event was not attained, is there documentation (i.e., MOSES notes) to explain why? |  |  |  |
|  | | * RESEA Review CAP goal |  |  |  |
|  | | * If a potential UI issue was identified, was it documented in MOSES (listed in service tab and in Notes)? * If potential UI issue was identified was PI form completed and reported to DUA? |  |  |  |
| **Section 9: Military** | | | **Yes** | **No** | **Comments** |
| 1. | Is customer a Veteran? If yes, please complete VCDAS form (Attachment G) | |  |  |  |
| **Section 10: Trade** | | | **Yes** | **No** | **Comments** |
| 1. | Is customer co-enrolled in DW? | |  |  |  |
| 2. | Are the following forms (if applicable) signed and dated by the customer and counselor in the case file? | |  |  |  |
|  | * TAA Eligibility Application (Form 1666) | |  |  |  |
|  | * Application for R/ATAA company documents and pay stubs | |  |  |  |
|  | * Vendor Selection Request for TAA Benefits form and Criteria for Trade Training Approval form | |  |  |  |
|  | * Break in training form | |  |  |  |
|  | * Training Contract preapproval form (2 forms) | |  |  |  |
|  | * Training Benchmarks for TRA Completion | |  |  |  |
|  | * Job Search Allowances Interview Verification Form | |  |  |  |
|  | * Relocation Allowances Employment Verification Form | |  |  |  |
|  | * Waiver from Training Request Form | |  |  |  |
|  | * Reemployment/Alternative Adjustment Assistance Monthly Request for Allowances | |  |  |  |
|  | * Notification of Rights and Promise Compliance Form | |  |  |  |
| **Section 11: Migrant Seasonal Farm Worker** | | | **Yes** | **No** | **Comments** |
| 1. | Is the customer a MSFW? | |  |  |  |
|  | * Incorrectly coded (use MSFW Desk Aid)? * Inadequate Work History to determine MSFW status? | |  |  |  |
| 2. | If MSFW, are the following being provided: | |  |  |  |
|  | * Adequate Education/Training Information? * Job Development Contacts Provided? * Supportive Services Provided? * Job Referrals Provided? * Career Guidance Provided? * Follow-up Services Provided? * Limited English Proficient (LEP)? | |  |  |  |

MassHire Programs & Services are funded in full by US Department of Labor (USDOL) Employment and Training Administration grants. Additional details furnished upon request.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

11/2024