**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