**MassHire Workforce Board**

**Fiscal Year 2021**

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

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

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| **Section 1: Eligibility** | | | **Yes** | **No** | **Comments** |
| 1. | | Is the customer 18 or older? |  |  |  |
| 2. | | Was the customer a US Citizen at the time of enrollment?  If no, documentation used to work in the US? |  |  |  |
| 3. | | Selective Service Compliant? |  |  |  |
| 4. | | Enrolled as Adult? |  |  |  |
| 5. | | Enrolled at Dislocated Worker? |  |  |  |
| 6. | | Is WIOA Eligibility Policy being followed? |  |  |  |
| 7. | | How is eligibility being determined remotely? (if applicable) |  |  |  |
| **Section 2: General Services** | | | **Yes** | **No** | **Comments** |
| 1. | | Has EEO been recorded in MOSES at least once for this service period? |  |  |  |
| 2. | | Has the customer received Basic Services? |  |  |  |
| 3. | | Has customer received Individualized Services? |  |  |  |
| 4. | | Has the customer obtained employment? |  |  |  |
| 5. | | Are the follow-up services offered according to local, federal, and state policies? |  |  |  |
| **Section 3: MOSES/Data Entry** | | | **Yes** | **No** | **Comments** |
| 1. | | Is the Career Center following the MOSES data entry requirements in Massachusetts Workforce Issuance 100 DCS 08.112.1? |  |  |  |
| 2. | | Are services being provided every 30 or 60 days?  Please note 30 or 60 in Comments |  |  |  |
| 3. | | Do services entered into MOSES include a corresponding note? |  |  |  |
| 4. | | Are MOSES notes factual, non-judgmental, concise and relevant? |  |  |  |
| 5. | | Do MOSES notes include information cut and pasted from emails? |  |  |  |
| **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 up to date with proper categorization (attained, pending, canceled, etc.) and dates (end dates if completed, etc.)? |  |  |  |
| 2. | | Does the IEP include a comprehensive assessment? |  |  |  |
| 3. | | Are barriers to employment identified in full tab? |  |  |  |
| 4. | | Is labor market information complete? |  |  |  |
| **Section 5: Training** | | | **Yes** | **No** | **Comments** |
| 1. | | Did the customer receive training? |  |  |  |
| 2. | | What type of training and training provider? |  |  |  |
| 3. | | What type of training method? Please describe. |  |  |  |
| 4. | | Is the training justification complete? |  |  |  |
| 5. | | Does documentation show that the customer possesses the necessary skills and qualifications to successfully complete the training? |  |  |  |
| 6. | | Is there documented evidence that the training selected is directly linked to employment? |  |  |  |
| 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 to vendor? |  |  |  |
| 9. | | If the training is complete and credential achieved, is there a copy of the credential on file?  If yes, does the date listed on the credential match the date it was recorded in MOSES? |  |  |  |
| **Section 6: Supportive Services/Needs related Payments (NRP)** | | | **Yes** | **No** | **Comments** |
| 1. | | Is the customer receiving supportive services? If so, what type? |  |  |  |
| 2. | | Have supportive services been properly documented in MOSES? |  |  |  |
| 3. | | Is the local policy for supportive services being followed? |  |  |  |
| 4. | | Is the customer receiving Needs Related Payments (NRP)? |  |  |  |
| 5. | | Is the local Policy for NRP being followed? |  |  |  |
| **Section 7: RESEA** | | | **Yes** | **No** | **Comments** |
| 1. | | Is the customer enrolled in RESEA? |  |  |  |
| 2. | | Did the customer attend a CCS before their CCS deadline date? |  |  |  |
| 3. | | Is the center/region utilizing the MOSES CAP print out, the MDCS CAP or their own individual CAP form? |  |  |  |
| 4. | | If using their own CAP form, does the form include the following? |  |  |  |
|  | | * All mandatory RESEA goals, including Section 30 (TOP) notification, Trade potential eligibility verification, and sign off for both customer and RESEA staff |  |  | Remember due to CoViD, documentation may be self-attestation-NOTES should be clear. |
|  | | * Deadline dates for each CAP goal |  |  |  |
|  | | * RESEA Review appointment date |  |  |  |
| 5. | | Have all the mandatory goals and requirements been attained in MOSES? |  |  |  |
|  | | * CCS (located in Service Tab) |  |  |  |
|  | | * Acknowledge Section 30 |  |  |  |
|  | | * Verification if from TAA certified company and referral or filing of 1666 (TAA eligibility application) |  |  |  |
|  | | * Initial RESEA |  |  |  |
|  | | * JobQuest |  |  |  |
|  | | * Completion of CC service occurring between Initial 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 weeks of job search listed at least from enrollment date |  |  | Work Search RULES as of now:   * If you are unable to work due to the COVID-19 emergency, and intend to return to work with your former employer :  As long as you stay in contact with your employer, and are available to return to work when asked, you satisfy the work search, availability and capability requirements. Please note that this rule is scheduled to expire on November 4, 2020, and might not be extended. * If you are separated from your employer (no expectation of returning to work with that employer) then 3 work searches per week are required. |
|  | | * Future service scheduled for date after RESEA Review (not required to be attained, just scheduled) |  |  |  |
|  | | * RESEA Review CAP goal |  |  |  |
| 6. | | If a potential UI eligibility issue was identified during any point of this process, was PI form completed, sent to DUA, and documented in MOSES (listed in Service Tab & in Notes)? |  |  |  |
| 7. | | How are RESEA services being delivered remotely? (if applicable) |  |  |  |
| **Section 8: Military** | | | **Yes** | **No** | **Comments** |
| 1. | Is this customer a veteran? If Yes, please complete VCDAS form – LIST Attachment number | |  |  |  |
| **Section 9: Trade** | | | **Yes** | **No** | **Comments** |
| 1. | Are the following forms signed and dated by the customer and counselor in the case file? | |  |  |  |
|  | * Eligibility 1666 | |  |  |  |
|  | * If customer enrolled in the Trade Program after 9/21/2020, is the customer co-enrolled with WIOA DW program? (required unless not Selective Service compliant) | |  |  |  |
|  | * Application for ATAA or RTAA company documents and pay stubs | |  |  |  |
|  | * Vendor Selection Request for TAA Benefits form and Criteria for Trade Training Approval form | |  |  |  |
|  | * Break in training form | |  |  |  |
|  | * Application for Deadline Extension 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 | |  |  |  |
| 2. | How are Trade services being delivered remotely? (If applicable) | |  |  |  |
| **Section 10: 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: | |  |  |  |
|  | * Inadequate education/Training Information? * Job Development Contacts Provided? * Supportive Services Provided? * Job Referrals Provided? * Career Guidance Provided? * Follow-up Services Provided? * Limited English Proficient (LEP)? | |  |  |  |