**JVSG Program Overview Case Management Criteria**

**Veterans Caseload Data Analysis Sheet (VCDAS)**

**FY21**

**Purpose:** The Veterans Data Analysis Sheet (VCDAS) is used to review WIOA, and the JVSG Veteran Program specific case plans for accuracy and completeness. VCDAS’ should be completed with the enrollment of each Significant Barrier to Employment (SBE) Veteran. DVOP’s direct supervisor periodically reviews to ensure that the customer case plan is in accordance with Workforce Issuance 100 DCS 08.112.1 for Career Planning and the program requirements for WIOA, the Jobs for Veterans State Grant (JVSG), and DOL TEGL’s/VPL’s. **This form will be subject to change when new guidance is issued under the Workforce Innovation and Opportunities Act (WIOA) or DOL specific regulations.**

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| GENERAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOSES ID: |  | | **Name:** | | | | | |  | | | | | | | | | **Case Mgr**: | | | |  | | | | **Reviewer:** | |  | | **Date:** |  |
| **JVSG / SBE CRITERIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Meets JVSG (Veteran or Eligible Spouse) Definition?** | | | | | | | | | | | **Yes No** | | | | | | | | **Yes No (DD-214 or VA Forms for Eligible Spouse)** | | | | | | | | | | | | |
| SBE (Check all that apply)  NOTE: If Eligible Spouse, he/she must have the SBE, not the qualifying service member. MUST be documented. | | | | | **Service Connected Disability  Homeless (or At Risk)  Current or Ex-Offender  Lacks HS Diploma / Hi-Set  18-24 Years Old**  **Left Service within 12 Months & 27+ weeks unemployed  Low Income (MOSES)  Low Income (Chapter 115)**  **Transitioning service member in need of Intensive Services  Wounded Warrior in MTF (or Family Care-giver)  Vietnam ERA Veteran** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MOSES DATA – BASIC TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Reportable Service Date (LRSD):** | | | | | | | | | |  | | | | **LRSD w/in 30 Days of VCDAS review?** | | | | | | | | | | **Yes No** | | | **Comment:** | |  | | |
| Is Veteran identified with a GOLD star? | | | | **Yes No** | | | | | | | | | | **\*IF GOLD star-would appear on the SBE report – DVOP follows up** | | | | | | | | | | | | | | | | | |
| Check birthdate: is Veteran a targeted Veterans between the age of 18-24? | | | | **Yes No** | | | | | | | | | | **Birthdate:** | | | | | | | | | | | | | | | | | |
| Is data complete on Basic tab? | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Enrolled in Career Planning/Case Management?** | | | | **Yes No N/A** | | | | | | | | | | **Date:** |  | | | | | | | **Comment:** |  | | | | | | | | |
| **Enrolled in Veterans Program?** | | | | **Yes No N/A** | | | | | | | | | | **Date:** |  | | | | | | | **Comment:** |  | | | | | | | | |
| **Enrolled in Job Match?** | | | | **Yes No N/A** | | | | | | | | | | **Date:** |  | | | | | | | **Comment:** |  | | | | | | | | |
| **Enrolled in Career Center Specific (if applicable)?** | | | | **Yes No N/A** | | | | | | | | | | **Date:** |  | | | | | | | **Program Name:** | | |  | | | | | | |
| **MOSES DATA – FULL TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Career Objective? Professionally written – especially if checked off *viewed by Employer* | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Disability?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **MILITARY TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service Connected Disability?** | | | | **Yes No N/A** | | | | | | | | | **Percent:** | | | **Click to select** | | | | | | | | | | | | | | | |
| **DD-214 Verified PRIOR to enrollment in the Veterans Program?** | | | | **Yes No N/A** | | | | | | | | | **Date:**  **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Homeless Veteran checked?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Campaign badge?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Recently released offender?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **BARRIERS TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Barriers Checked?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Barriers notes are dated and initialed?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Barriers notes include a method to resolve?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Barriers notes include resolution (if resolved)?** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **Other: Full Tab info is complete (i.e. Additional Languages, Education, Economically Disadvantaged)** | | | | **Yes No N/A** | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | | |
| **MOSES DATA – EDUCATION TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All entries are complete?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **MOSES DATA – WORK HISTORY TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All entries are complete?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **At least 5 yrs Work History?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **MOSES DATA – CASE PLAN TAB/Goals, Assessment, & Training tabs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Case Plan complete?** | | | | **Yes No N/A** | | | | | | | | | | **Date Enrolled in CM:** | | | | | |  | | | | | | | | | | | |
| **Employment Goal in Case Plan?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Other Goal(s) in Case Plan?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Goal Related Task(s) present?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Assessment Tab Complete?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **LMI Data (Current Skills)?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **LMI includes source?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **LOCAL LMI as per area. LMI includes wage/outlook?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **LMI on proposed skills (Training referral only)?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Training Tab complete (Training referral only)?** | | | | **Yes No N/A** | | | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **MOSES DATA – GENERAL SERVICES TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EEO is Current (within 1 year)?** | | | | | | **Yes No N/A** | | | | | | | | **Last EEO Service Date:** | | | | | |  | | | | | | | | | | | |
| **Initial Assessment by Non-Veteran Staff?** | | | | | | **Yes No N/A** | | | | | | | | **IA Service Date:** | | | | | |  | | | | | | | | | | | |
| **Comprehensive Assessment by DVOP?** | | | | | | **Yes No N/A** | | | | | | | | **CA Service Date:** | | | | | |  | | | | | | | | | | | |
| **Service every 30 days with corresponding MOSES note OR a note stating why no service occurred** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | | | | |  | | | | | | | | | | | |
| **All Reportable Services have a MOSES Note?** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **MOSES DATA – EMPLOYMENT SERVICES TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Referrals / Job Developments present?** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **All staff referrals have a service result** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **All Reportable Services have a MOSES Note?** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **MOSES DATA – ADMINISTRATIVE SERVICES TAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Administrative Services are recorded (when applicable) with corresponding MOSES note** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **If SBE Veteran declines services; MUST be documented under this tab: DVOP/LVER services to Veterans were offered and declined** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **MOSES DATA – MOSES NOTES SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTES include reference to SBE** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Notes tell a continuous story of services and next steps?** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **ADDITIONAL ITEMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Membership is current per CC policy?** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **ALERTS are cleared?** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **Veteran has been serviced at no less than 30 day intervals?\*\*** | | | | | | **Yes No N/A** | | | | | | | | **Comment:** | | |  | | | | | | | | | | | | | | |
| **\*\* NOTE: WIOA Communication 100 DCS 08.112.1 states “no less than 60 days”, however, the JVSG Program has been identified as 30 Days. 30 Day interval includes outreach attempts with no contact but these services must be recorded in the Administrative Tab.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CASE CLOSURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Case Management Status:** | | | | | | | | **OPEN  CLOSED  PENDING CLOSURE** | | | | | | | | | | | | | **Date Closed:** | | |  | | | | | | | |
| **NOTE: Per WIOA Communication 100 DCS 08.112.1 Case Closure should be requested by DVOP when one of the following conditions listed below occur (MOSES Notes are required to document the reason why the case is being closed):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case Closed due to: | | **Customer met all Case Management Goals and appropriate follow up period is completed (90 days)**  **Customer has moved from SDA and can/will no longer be able to participate in Case Management**  **Customer has self-elected to no longer participate in Case Management**  **90 days with no contact or services – customer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other:** | | | | | **List reason case closed:** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **CASE REVIEWER – ADDITIONAL NOTES / RECOMMENDATIONS / COMMENTS SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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