**JVSG Program Overview Case Management Criteria**

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

**FY22**

**Purpose:** The Veterans Caseload 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 Manager**: |  | **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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Additional details furnished upon request.

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