

PARTICIPANT FILE REVIEW CHECKLIST

Participant Name:

Enrollment Date (on SPARQ print-out; match w/file copy):

- Intake complete and signed/dated: ___ Yes ___ No

- Most-in-Need characteristics accurately noted and documented: ___ Yes ___ No
 - Homeless _____
 - At Risk of Homelessness _____
 - Rural _____
 - Limited English Proficiency _____
 - Low Literacy _____
 - Disability _____
 - Failed to find employment after WIA Title 1 _____
 - Low Employment Prospects _____
 - Veteran/Qualified Spouse _____

- Eligibility factors documented: ___ Yes ___ No
(age, income, residence, not working)

- Family size documented; if notarized, signed/dated/seal: ___ Yes ___ No

- Income worksheet completed, signed/dated by all parties: ___ Yes ___ No

- Income correctly calculated and documented: ___ Yes ___ No
(no gaps in documentation of look-back period)

- Recertification on time; accurate; eligibility documentation and family size correct:
 ___ Yes ___ No

- I-9 complete, signed/dated: ___ Yes ___ No

- Orientation Checklist signed/dated: ___ Yes ___ No

- Participant Agreement signed/dated: ___ Yes ___ No

- Physical waiver form or notice of physical: ___ Yes ___ No

- Proof of One-Stop Registration: ___ Yes ___ No

- Acknowledgement of Employment Status (applicant/participant not employed):
__ Yes __ No
- Assessment (with twice per year updates): __ Yes __ No
Quality:
- IEP (with updated action steps): __ Yes __ No
Quality:
- Community service assignment(s) with position descriptions: __ Yes __ No
Quality/directly related to assessment:
- Host agency supervisor evaluations (2 per year): __ Yes __ No
- Any personnel actions as appropriate (IEP warnings, grievances): __ Yes __ No
- Case notes:

EXITED PARTICIPANTS

Name:

Exit date (in SPARQ; match to form):

Reason for exit:

- Exclusion Exits: check that documentation supports definitions
- Employment Exits Documented
Exit form signed/dated (date in SPARQ and on form agree) _____
Participant unsubsidized employment form signed _____
Exclusions Documented _____
Follow-ups documented appropriately and for correct time periods _____

FISCAL — COMMUNITY SERVICE HOURS

- W-4
- Timesheets:
Work is part-time (18-23 hours per week) _____

Signed by participant & host agency supervisor _____
[matches authorized signature form]

Weekly / bi-weekly hours total correctly _____

Totals match hours on payroll register _____

