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| **Case Name:**      | **Case DCN:**      | **Contractor:**      | **Review Period:**      |
| **Reviewed By:**       |  **Type of Review:** [ ]  Targeted [ ]  Random  [x]  Monitoring  | **Participant Status:** [ ]  Mandatory [ ]  Volunteer [ ]  Sanctioned [ ]  Excluded | **Staff Name/User ID:**       |
| **Initial Meeting**  MWA.001 was mailed within 3 business days of the referral  Appointment scheduled within 10 business days of the appointment letter  Other      Notes:        |
| **Assessment**  Assessment was completed within 30 days of initial meeting  Assessments used measured the participant’s literacy, math, and workplace/soft skills Test results were shared and discussed with participant Assessment information was entered into the MWA System  Assessment screens were updated as changes occurred Other      Notes:       |
| **Individual Employment Plan**  Career Pathway was selected in a leading industry or “Best Interest” of the participant case noted  IEP was tailored to meet the needs of the participant and their family  IEP contains current educational, career development, and employment goals IEP outlined steps necessary to secure employment, achieve self-sufficiency, and to remove barriers  Participant is engaged in activity that aligns with their IEP Back up plans were discussed and documented  Other      Notes:       |
| **Work Activity Requirements** Hours entered into the MWA system matches verification or logs  Correct policy was applied (FSLA, holiday, excused absences, etc.)  Sufficient verification was present to support activity type (paystubs, class schedule, agreements, etc.) Hours entered in the MWA system supports data submitted for Federal TANF Data Report purposes Hours or verification was entered into the MWA system timely and correctly for FSD benefit adjustments  Other      Notes:       |
| **Service Coordination**.  Participant was referred to community agencies for barrier removal if need was stated  Supportive Services (TRE/WRE) needs identified, offered, and provided  TRE/WRE was in align with Provider’s local policy  Staff followed-up with participant and partners to coordinate services, monitor progress, and outcomes  Other      Notes:        |
| **Monthly Contact** (A face to face meeting, phone call, email, text, home visits, or social media are considered a contact)  Case Manager maintained required minimum number of monthly contacts with participant Until the participant began meeting weekly hours, one (1) of three required contacts were attempted in-person  Detailed case notes were entered for each contact with participant and actions taken Other      Notes:       |
| **Conciliation/Sanction** Conciliation was initiated immediately following missed appointment and fails to reschedule the appointment, does  not provide required verification, or is not fully participate in assigned work activities  Conciliation was ended with verification of one week of full participation in allowable work activity Participant was engaged or a sanction alert was sent within 90 days of the referral Sanction alert was sent timely for FSD benefit reduction Sanction was ended with verification of four (4) weeks of 30 hour participation in allowable work activity Sanctioned applicant verification of 30 hours worked was entered and “lift sanction” alert sent timely Verification the participant meets an exemption was submitted to FSD along with alert to lift sanction timely Other      Notes:        |
| **Outcomes and Performance Measures** Obtained HiSet or a program skills gain.  Entered into unsubsidized employment at 30 or more hours per week.  Participant is no longer eligible for TANF due to earned income and has a defined Career Pathway.  Participated in an official apprenticeship or on-the-job/short–term training for a specific job for 30 hours a week or more during the review period.If Employed, enter Rate of Pay $      Number of Weekly Hours Worked       Pay Cycle      Notes:       |
| **Reviewer Comments**:                 |