

MWA Case File Review & Monitoring Form

Case Name:	Case DCN:	Contractor:	Review Period:
Reviewed By:	Type of Review: <input type="checkbox"/> Targeted <input type="checkbox"/> Random <input checked="" type="checkbox"/> Monitoring	Participant Status: <input type="checkbox"/> Mandatory <input type="checkbox"/> Volunteer <input type="checkbox"/> Sanctioned <input type="checkbox"/> 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

MWA Case File Review & Monitoring Form

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: