

## CASE FILE CHECKLIST

### Section 1. Eligibility

- Eligibility checklist completed
- Copies of Eligibility documentation in file
- Consent forms with original signatures. If youth is a minor, consent form from parent or legal guardian is necessary to receive services.

### Section 2. Assessment

- Individual Interview assessment completed
- Participant self -assessment completed
- Wish list
- Copies of written assessment tests (either from other agencies/organizations or administered by case manager)

### Section 3. Individual Service Strategy (ISS)

- Participant signed copy of WIA ten elements.
- Completed ISS including goals and steps to achieve goals. This should be the participants plan based on assessments, needs and wants.

### Section 4. Case Notes

- [REDACTED] case notes kept in this file. [REDACTED]  
[REDACTED]
- Chart of minimum monthly contact with participant or agency/organization where the participant is receiving services.

### Section 5. Miscellaneous certificates, diplomas, or correspondences.

### ELIGIBILITY CHECKLIST

Please circle which of the eligibility documentation has been used to make a determination. Copies of the documentation should be located in this section.

ELIGIBILITY CRITERIA	Type of acceptable documentation
Age 14-21	Birth certificate Hospital Record of Birth Baptismal Record Passport Drivers License or MVA card
Is low income individual	Parents tax return if minor Tax return if over 18 or emancipated Public Assistance/Social Service Agency records Documentation from Social Security Medical card Public Housing Authority Refugee Assistance records Current Food Stamp Receipt/Food Stamp Card with current date/Letter from Food Stamp Disbursing Agency
<b>AND IS ONE OR MORE OF THE FOLLOWING CRITERIA</b>	
Deficient in Basic skills	Criterion test that demonstrates reading, writing problem solving and or computing ability at or below an 8 <sup>th</sup> grade level School records Self-attestation
School Dropout	Drop-out letter from the school Self-attestation Attendance record
Homeless, runaway, or foster child	Letter from Social Service Agency Written statement from shelter Self-attestation Written statement from an individual providing temporary residence Court Contact Court Documentation Verification of payment made in behalf of child
Pregnant or parenting	Self-attestation Birth certificate of child Hospital record of birth Physician's note School program for parenting teens

	<p>Child support documentation  Correspondence from social service agencies such as WIC, Planned parenthood etc.</p>
Offender	<p>Police records  Letter from Probation Officer  Letter of Parole  Self-attestation  Court documents  Halfway house residence</p>
An individual (including a youth with a disability) who requires additional assistance to complete an educational program or to secure and hold employment	<p>Definitions and eligibility documentation requirements regarding the “requires additional assistance to complete an educational program, or to secure and hold employment” criterion may be established at the State or local level. In cases where the State Board establishes State policy on this criterion, the policy must be included in the State Plan. Define State policy here.</p> <p>Vocational Rehabilitation Letter  Social Security Administration Disability records  Letter from a Drug or Alcohol Rehabilitation Agency  Medical records  Observable condition (Applicant statement needed)  Physician’s statement  Psychiatrist’s/Psychologist’s diagnosis  School Records</p>

**INDIVIDUAL INTERVIEW ASSESSMENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. #': home \_\_\_\_\_  
Work \_\_\_\_\_  
Close friend/family \_\_\_\_\_

Date: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
DOB: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell/pager \_\_\_\_\_

Youth Practitioner (eg. Case manager): \_\_\_\_\_

**ASSESSMENT**

Documented assessments:

Has the youth been given assessment tests at school or through another agency?  yes  no

If yes, when was the last time they remember being given a test? \_\_\_\_\_

Would the youth like you to have access to these records?  yes  no

What school/agencies would have these records? \_\_\_\_\_

(Consent form necessary from youth or parent/guardian to access records)

Is it necessary to re-assess the youth with a written or computerized test?  yes  no

Interview assessment:

Education (last grade completed) \_\_\_\_\_ Last school attended: \_\_\_\_\_

Best or favorite subject: \_\_\_\_\_

General feelings for school: \_\_\_\_\_

Additional training experiences (military, trade school, etc.) \_\_\_\_\_

Work History:

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Job title and Duties: \_\_\_\_\_

General feelings towards job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Job title and Duties: \_\_\_\_\_

General feelings towards job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Job title and Duties: \_\_\_\_\_

General feelings towards job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## PARTICIPANT SELF- ASSESSMENT

Listed Below are many common problems that can stop you from getting or keeping a job. Place a check (√) in the box provided for you if you feel the statement applies to you. Ask your youth practitioner to explain any words or phrases that you do not understand.

Health	<input type="checkbox"/> 1. I have health problems that may prevent me from doing certain things on the job. <input type="checkbox"/> 2. I have a disability that may make it necessary for special accommodations on the job. <input type="checkbox"/> 3. I have received special education services. <input type="checkbox"/> 4. I need glasses or a hearing aid or other medical help in order to be able to do a good job.
Transp.	<input type="checkbox"/> 1. I have to travel a long distance to go to work. <input type="checkbox"/> 2. I do not have a valid driver's license. <input type="checkbox"/> 3. I do not have a reliable way of getting back and forth to work. <input type="checkbox"/> 4. I do not have an automobile.
Family	<input type="checkbox"/> 1. I have family concerns that might cause problems for me at work. <input type="checkbox"/> 2. I have a family member with a disability that may cause me to miss work from time to time. <input type="checkbox"/> 3. I will need a babysitter or day care in order to go to work. <input type="checkbox"/> 4. I am in SRS custody. Caseworker's name: _____
Financial	<input type="checkbox"/> 1. I am homeless. <input type="checkbox"/> 2. I need appropriate clothing for work. <input type="checkbox"/> 3. I do not have the right tools or equipment for the job I want. <input type="checkbox"/> 4. Paying rent or other bills is causing me money problems; I must resolve these before I work. <input type="checkbox"/> 5. I do not have the funds necessary to pay for a license or certification in an occupation for which I am trained. <input type="checkbox"/> 6. My chosen occupation is one where people are normally self-employed; I do not have the money to start a business. <input type="checkbox"/> 7. I do not have time to prepare for a good job. I need to find anything that will help me support my family. <input type="checkbox"/> 8. I or my family receive TANF, GA, SSI, and/or Food Stamps.
Personal	<input type="checkbox"/> 1. I do not feel ready to work right now. <input type="checkbox"/> 2. I do not feel very good about myself right now. <input type="checkbox"/> 3. I am not sure I could adjust to a job right now. <input type="checkbox"/> 4. I prefer to work alone. <input type="checkbox"/> 5. I do not like to look for work because I am shy or nervous when contacting employers. <input type="checkbox"/> 6. Drinking or drug use or past use may cause me difficulty in getting or keeping a job. <input type="checkbox"/> 7. My hair color, choice of clothing, tattoos or piercings may cause me difficulty in getting a job.
Prejudice	<input type="checkbox"/> 1. I have a criminal record or have problems with the law, which may prevent an employer from hiring me. <input type="checkbox"/> 2. Employers think I am too young. <input type="checkbox"/> 3. I and/or a family member has a poor reputation in our community. <input type="checkbox"/> 4. I feel that I may be discriminated against because of my race, age, gender, sexual preference, etc. <input type="checkbox"/> 5. Other _____
Education	<input type="checkbox"/> 1. I have difficulty with reading, writing and arithmetic. <input type="checkbox"/> 2. I have difficulty understanding directions. <input type="checkbox"/> 3. I feel I need more schooling to get the job I want.
Career	<input type="checkbox"/> 1. I have no work experience. <input type="checkbox"/> 2. I don't think I would get a good reference from my last job. <input type="checkbox"/> 3. I don't know what kind of career I want. <input type="checkbox"/> 4. I feel I need more skills and training for the job I want. <input type="checkbox"/> 5. I don't know how to look for a job, or what opportunities are out there.

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **PARTICIPANT WISH LIST**

Please fill out this wish list. Your list can include items such as a certain kind of job/career, a better place to live, more education, more training, or anything else that you wish. This list will be used along with other assessments to create a plan of action that you will follow to help you achieve these wishes through goals you set for yourself. Your youth practitioner will help you set realistic goals and discuss the steps you need to take. This is your life plan and you need to want to work toward your future.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

## INDIVIDUAL SERVICE STRATEGY (ISS)

**This form should be completed as a joint effort on the part of the Youth Practitioner and the Youth. This is a plan for the Youth, by the Youth, with guidance from the Youth Practitioner.**

Name of youth \_\_\_\_\_

ID # \_\_\_\_\_

Youth Practitioner \_\_\_\_\_

Service Plan date \_\_\_\_\_

Strengths: (Ask youth what things he/she is good at or what things he/she enjoys)

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Comprehensive Needs Assessment (Youth needs or has inadequate supply of the following):

- |  |   |                                   |   |                                 |                                      |
|--|---|-----------------------------------|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Housing                   | <input type="checkbox"/> Clothing                               | <input type="checkbox"/> Food     | <input type="checkbox"/> Medical          | <input type="checkbox"/> Income | <input type="checkbox"/> Childcare   |
| <input type="checkbox"/> Emotional/                | <input type="checkbox"/> Education                              | <input type="checkbox"/> Vocation | <input type="checkbox"/> Legal            | <input type="checkbox"/> Family | <input type="checkbox"/> Life Skills |
| Mental Health                                      | <input type="checkbox"/> Substance Abuse Counseling             |                                   | <input type="checkbox"/> Parenting Skills |                                 |                                      |
| <input type="checkbox"/> Self Concept/ Self Esteem | <input type="checkbox"/> Recreation/ Culture/Leisure Activities |                                   |   | <input type="checkbox"/> Other  |                                      |

Checklist for Success (Needed Services)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Short-term Housing    | <input type="checkbox"/> Medical Exam (Physical/Prenatal) | <input type="checkbox"/> Identification Documents |
| <input type="checkbox"/> Long-term Housing     | <input type="checkbox"/> Public Assistance                | <input type="checkbox"/> SAT Prep                 |
| <input type="checkbox"/> Child Care            | <input type="checkbox"/> Individual Counseling            | <input type="checkbox"/> Tutoring                 |
| <input type="checkbox"/> Life Skills           | <input type="checkbox"/> Family Re-unification            | <input type="checkbox"/> Educational Enhancement  |
| <input type="checkbox"/> Parenting Classes     | <input type="checkbox"/> Mental Health Intervention       | <input type="checkbox"/> High School Diploma      |
| <input type="checkbox"/> Occupational Training | <input type="checkbox"/> Substance Abuse Prevention       | <input type="checkbox"/> Cultural Enrichment      |
| <input type="checkbox"/> Community Service     | <input type="checkbox"/> Employment                       | <input type="checkbox"/> Career Exploration       |
| <input type="checkbox"/> Legal Assistance      | <input type="checkbox"/> Other: _____                     |   |

### “To Do List” (Goals and Action Steps)

This is a list of goals that the youth wants to achieve. These shall be goals that the youth has set for themselves with guidance from their youth practitioner. A youth can have up to three skill goals in the categories of basic academic, occupational and work readiness skills. If reading or math levels are below the 9<sup>th</sup> grade, one skill goal must be in this area. These goals should be specific, ex. A years gain in reading level or portion thereof, with interim steps to achieving the goal. These goals should be based on the cumulative findings from the assessments of the youth's ability, needs and wants. These goals should be reviewed with the youth no less than quarterly, or as needed as they may change or need to be modified.

**Goal #1:** \_\_\_\_\_

Action Steps	Person Responsible	Projected Completion Date	Actual Completion Date

**Goal #2:** \_\_\_\_\_

Action Steps	Person Responsible	Projected Completion Date	Actual Completion Date

**Goal #3:** \_\_\_\_\_

Action Steps	Person Responsible	Projected Completion Date	Actual Completion Date





## WIA PROGRAM ELEMENTS

The following youth program elements must be available to participants in each local area. You should be aware that you could receive all or some of these services depending on your needs and desires. Your Youth practitioner will be able to refer you or provide the following services:

1. Tutoring, study skills training and instruction leading to completion of high school, including drop-out prevention strategies
2. Alternative secondary school services, as appropriate
3. Summer employment opportunities that are directly linked to academic and occupational learning
4. Paid and unpaid work experiences, including internships and job shadowing
5. Occupational skill training, as appropriate
6. Leadership development opportunities, which may include community service projects and peer centered activities encouraging responsibility and other positive social activities during non-school hours, as appropriate
7. Support services
8. Adult mentoring for the period of participation and a subsequent period, for not less than 12 months
9. Follow up services for not less than 12 months after completion of participation
10. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate

I understand that these 10 Program Elements are offered under WIA and I can be referred to the appropriate service provider.

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Participant signature

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Date

**LOG OF PARTICIPANT CONTACT** Monthly minimum contact with participant or service provider for update on participant

Date	Number called	Person contacted
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
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19.		
20.		
21.		
22.		
23.		
24.		

**Section 5. Miscellaneous certificates, diplomas, or correspondences.**