

WIOA Title I Adult and Dislocated Worker Attribute Sheet		Yes	No	N/A	Comments:
<b>Part A. Program Eligibility</b>					
State ID:					
Participant Name:					
Participant Birth Date:					
Participant Age:					
Social Security Number: (a d uploaded)					
Citizenship Status:					
Selective Service: (o males bo n afte Decembe 31, 1959)					
Veteran Documentation:					
Disability:					
Educational Status at Participation:					
<ul style="list-style-type: none"> <li>In school; post-secondary</li> <li>Not attending school or secondary school dropout</li> <li>Not attending school; secondary school graduate or has a recognized equivalent</li> <li>Not attending school; within age of compulsory school attendance</li> </ul>					
Employment Status at Participation:					
<ul style="list-style-type: none"> <li>Employed:</li> <li>Unemployed:</li> <li>Under-employed:</li> <li>Long-term unemployed (27 consecutive weeks or more)</li> <li>Employed but received notice of termination of employment or military separation</li> </ul>					
Low-income Individual:					
Family Size: <b>[insert number here]</b> Individuals					
Annualized Income: <b>\$(insert sum here)</b>					
<ul style="list-style-type: none"> <li>Supplemental Nutrition Assistance Program (SNAP):</li> <li>Temporary Assistance for Needy Families (TANF):</li> <li>Other Public Assistance:</li> <li>Social Security Income (SSI) /</li> <li>Social Security Disability Income (SSDI):</li> <li>Homeless:</li> <li>Displaced homemaker:</li> </ul>					
Priority of Service:					
<ul style="list-style-type: none"> <li>Basic-skills deficient:</li> <li>Foster youth:</li> </ul>					
Dislocated Worker:					
<ul style="list-style-type: none"> <li>Date of dislocation: <b>mm/dd/yyyy</b></li> <li>Category: <b>[insert category here]</b></li> </ul>					
Signed Documents:					
<ul style="list-style-type: none"> <li>WIOA VOS application: <b>mm/dd/yyyy</b></li> <li>IEP:</li> <li>Waivers: (g. evance and EO alon w th local wa ve s)</li> </ul>					
IEP/OAS:					
Goals/Objectives listed in the IEP:					
<b>Part B. Program Activity</b>					
Application Date: <b>mm/dd/yyyy</b>					
Participation Date: <b>mm/dd/yyyy</b>					
Co-enrolled in partner program:					
Activities in good standing? (. e. actual beg n date ente ed, no system closed, etc.)					
Initial Assessment/Test results:					
Occupational Skills Training (ITA) (20 CFR Part 681 Subpart C):					
Activity code entered: <b>[insert activity code here]</b>					
Acceptance letter with dates uploaded: (meets the LWDB-app oved pol cy fo t me a lotment)					
Cost sheet from ETP uploaded: (meets the LWDB-app oved pol cy fo cost l m tat on)					
Activity dates match contract dates:					
Receiving Pell Grant:					
Attendance records uploaded:					
Grades/Case notes indicating progress of participant:					
Activity exit status:					
<ul style="list-style-type: none"> <li>Successful completion:</li> <li>Currently enrolled:</li> <li>Unsuccessful completion:</li> <li>Dropped out of activity:</li> <li>Voided:</li> </ul>					
Measurable skills gain entered:					
Credentialed uploaded:					
Credentialed entered:					
<b>On-the-Job Training (OJT) (20 CFR 680.700 - 680.730)</b>					
Activity code entered: <b>[insert activity code here]</b>					
OJT contract present:					
Training outline present:					
Attendance records uploaded:					
Number of hours worked documented:					
Activity exit status:					
<ul style="list-style-type: none"> <li>Successful completion:</li> <li>Currently enrolled:</li> <li>Unsuccessful completion:</li> <li>Dropped out of activity:</li> <li>Voided</li> </ul>					
Participant retained beyond end of OJT:					
<b>Work Experience / Apprenticeship (20 CFR 680.180)</b>					
Activity code entered: <b>[insert activity code here]</b>					
Actual Begin Date: <b>mm/dd/yyyy</b>					
Time sheets:					
Attendance records uploaded:					
<b>Supportive Service Activities (20 CFR 680.900 - 680.920)</b>					
Activity code entered: <b>[insert activity code here]</b>					
Justification for supportive services: (. e. pa t pat ng n t a n ng/employment act v ty n an act v ty above)					
Distribution of supportive services uploaded: (suppo t ve se v ce w th pa t c part s gnat e and date)					
Reference to payment request / Invoices / Vouchers:					
Attendance records:					
Supportive services in accordance with local policy:					
<b>Exit / Follow-Up Information (TEGL 10-16)</b>					
Closure date (last day of service): <b>mm/dd/yyyy</b>					
Educational status at exit:					
<ul style="list-style-type: none"> <li>In school; post-secondary</li> <li>Not attending school or secondary school dropout</li> <li>Not attending school; secondary school graduate or has a recognized equivalent</li> </ul>					
Activity Exit Status:					
<ul style="list-style-type: none"> <li>Verification present (case noted/uploaded):</li> </ul>					
Entered post-secondary:					
<ul style="list-style-type: none"> <li>Verification present (case noted/uploaded):</li> </ul>					
Follow-up services provided:					
Follow-up activity entered:					
Follow-up quarters completed to date:					
Case notes adequate to follow participant's progress throughout services:					