

DREP Participant File Review (EMPLOYED)

NEBRASKA

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DEPARTMENT OF LABOR

NDWG _____

Region _____

Participant Name _____

State ID _____

Reviewer _____

Date _____

Participation Start Date (mm/dd/yy) _____

End Date (mm/dd/yy) _____

A. Title III - Wagner-Peyser (WP)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the record have an active WP application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the WP application marked as complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the participant's profile information complete and updated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Title I – Workforce Development (WIOA)

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| 1. Does the record have an active WIOA application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| 2. Is the WIOA application marked as complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| 3. Has the participation form been completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Does the WIOA application have a Dislocated Worker Eligibility date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| 5. Is verification of the SNN in the participant's record? What was used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Is verification of the DOB in the participant's record? What was used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Was the participant male and born on or after Jan 1, 1960? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. If yes, is there a Selective Service Registration Number listed on the record? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Exempt |
| 9. If exempt, is there documentation supporting the exemption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10. Is verification for authorization to work in the US in the participant's record? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 11. If other than a US citizen, is there documentation supporting an alien/refugee or US permanent resident status available in the record? What document was used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A
_____ |
| 12. If the participant is considered to have a disability, is supporting documentation in the participant's confidential file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 13. If Veteran status is recorded, is supporting documentation in the participant's record? What document was used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 14. What is the participant's Dislocated Worker Category? | Category # _____ | | |

15. Does the participant's record have supporting documentation for the DW category? ☐ Yes ☐ No
16. If Category 12, is the Dislocated Worker Grant Eligibility section completed accurately? ☐ Yes ☐ No
17. Is the WIOA Grant Eligibility section marked 'Yes' for the NDWG? ☐ Yes ☐ No
18. Has the correct NDWG been added to the WIOA Application? ☐ Yes ☐ No

C. DREP Services

1. Were the following services/activities for DRJP recorded under the activities bar? ☐ Yes ☐ No

Service	Activity Recorded? Y / N / NA	Attached to the correct NDWG? Y / N	Actual Begin Date	Actual End Date	Outcome Listed	Are the Dates Correct?	Is the Outcome Correct?
DREP Full Dev of IEP							
DREP Assessment							
DREP Safety Course							
DREP Employment							
DREP Supp. Services							

2. Do all services fall on or after the date of DREP Employment Service? ☐ Yes ☐ No
3. Does the DRJP Safety Course match the DREP Employment Start Date? ☐ Yes ☐ No

D. DREP Paperwork

1. Are the following forms completed and available in the participant's record?

- | | |
|--|--|
| <input type="checkbox"/> Participant Orientation | <input type="checkbox"/> Complaint and Grievance |
| <input type="checkbox"/> Worksite Orientation | <input type="checkbox"/> Worksite Supervisor Orientation |
| <input type="checkbox"/> DREP Checklist | <input type="checkbox"/> I-9 |
| <input type="checkbox"/> Self Attestation | <input type="checkbox"/> W-4 |
| <input type="checkbox"/> Medical Disclaimer | |

2. Does the record/file contain eligibility documentation? ☐ Yes ☐ No
3. Was the self-attestation form used for eligibility documentation? ☐ Yes ☐ No
4. Is additional information/follow-up needed based off the Self-Attestation form? ☐ Yes ☐ No
5. Is there documentation/proof of safety training? ☐ Yes ☐ No Date _____
6. Is there documentation/proof and case notes for the following pre-employment steps:
- Background Check ☐ Yes ☐ No ☐ N/A Date _____
 - Drug Test ☐ Yes ☐ No ☐ N/A Date _____
 - Physical (debris positions only) ☐ Yes ☐ No ☐ N/A Date _____
 - Tetanus Shot (debris positions only) ☐ Yes ☐ No ☐ N/A Date _____

7. Was the participant referred to a DREP job order in NWorks? ☐ Yes ☐ No JO# _____
8. Was the participant's status updated to reflect 'hired' on the job order? ☐ Yes ☐ No
9. Is there an initial-case note regarding participation in this grant? ☐ Yes ☐ No

E. Employment Plan

1. Is there an EP with a DREP-related goal? ☐ Yes ☐ No Date _____
2. Is the goal attached to the WIOA program? ☐ Yes ☐ No
3. Was the EP completed on or after the date the grant was added to the record? ☐ Yes ☐ No
4. Does the goal support the DREP activity (an acceptable goal could be an employment goal stating 'to obtain temporary employment through the DREP' at minimum)? ☐ Yes ☐ No

F. DREP Supportive Services

1. Did this participant receive any DREP Supportive Services? ☐ Yes ☐ No

For each DREP Supportive Service received, ensure the following details have been recorded in NWorks:

Expendable DREP Supportive Services

Date	Activity Recorded to the Application? Y / N	Service/activity closed in a timely manner? Y / N	Case Note Entered? Y / N	Does Case Note Reflect the following:	Each item purchased? Y / N	Total amount of each item? Y / N	Date participant received the item? Y / N	Statement item(s) is an expendable item? Y / N

Non-Expendable DREP Supportive Services

Date	Activity Recorded to the Application? Y / N	Service/activity closed in a timely manner? Y / N	Case Note Entered? Y / N	Does Case Note Reflect the following:	Each item purchased? Y / N	Total amount of each item? Y / N	Date participant received the item? Y / N	Statement item(s) is an expendable item? Y / N

2. Does the record/file reflect that a needs-based analysis was completed for each non-expendable supportive service? ☐ Yes ☐ No
3. Does the record/file indicate this participant needs to attend/receive budget-related services? ☐ Yes ☐ No

4. If yes, have these services been received by the participant? ☐ Yes ☐ No

G. Transportation Payments

1. Are there any transportation reimbursement payments? ☐ Yes ☐ No

2. If yes, is there a MapQuest or other map printout in the record to show the distance of the home domicile to the worksite location? ☐ Yes ☐ No

3. Are all transportation reimbursement payments at the correct rate and distance? ☐ Yes ☐ No

H. Child Care Payments

1. Are there any dependent care payments? ☐ Yes ☐ No

2. Is there proof of dependent care payment denial or co-payment authorization from DHHS? ☐ Yes ☐ No ☐ N/A

3. Are the payments equal to DHHS co-payment OR equal to need (which must be equal to or less than allowable WIOA payment amount)? ☐ Yes ☐ No ☐ N/A

I. Emergency Aid for Rent, Utilities, Car Repairs, and/or Car Insurance Payments

1. Are there payments for rent, utilities, care repairs, etc? ☐ Yes ☐ No

2. If rent or utilities, is proof of residency and/or proof of landlord ownership on file? ☐ Yes ☐ No ☐ N/A

a. Type of documentation _____

3. If car repair or car insurance, is the vehicle title/registered to participant and is current insurance on file? ☐ Yes ☐ No ☐ N/A

a. Type of documentation _____

J. Hours/Payroll/Timesheets

1. Are timesheets being completed correctly? ☐ Yes ☐ No

2. Do hours match hours paid on each paycheck? ☐ Yes ☐ No

3. Is the correct wage per hour being paid to the participant? ☐ Yes ☐ No

4. Are case notes being entered for each paycheck issued? ☐ Yes ☐ No

5. Do case notes reflect the total hours remaining in the DREP? ☐ Yes ☐ No

6. At the time of review, has the participant worked less than 2,080 hours? ☐ Yes ☐ No

K. Evaluation(s)

1. Has an evaluation been completed every 90 days?

L. Ending Participation ☐ Yes ☐ No

1. Has participant completed all services provided under the NDWG? ☐ Yes ☐ No

2. Are all services closed? ☐ Yes ☐ No ☐ N/A

3. Are the outcomes recorded for each closure correct? ☐ Yes ☐ No ☐ N/A

4. Has a Grant Outcome been completed to close participation in the grant? ☐ Yes ☐ No ☐ N/A

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 5. Was the participant employed at the end of grant participation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Has employment information been provided on the Grant Outcome? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Are there any medical or inappropriate case notes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Miscellaneous Notes:

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper used for writing. There are no margins, text, or other markings on the page.