

# DREP Checklist

Participant Name \_\_\_\_\_

- ☐ Verified Wagner-Peyser Enrollment  
☐ Completed NEworks profile, including most recent employment history  
☐ Referral to DREP Job Order

Job Order # \_\_\_\_\_ Position \_\_\_\_\_ Worksite \_\_\_\_\_  
☐ Marked as 'Hired' to DREP Job Order

Verified DREP Eligibility, eligible as:

- ☐ Unemployed individual as a result of the disaster  
☐ Self Employed Individual either Unemployed or Significantly Underemployed as a result of the disaster  
☐ WIOA Dislocated Worker (*Must be co-enrolled in Dislocated Worker program*)  
☐ Long-term unemployed

## Pre-Employment Screenings

Does Worksite require drug testing? Y / N  
 Date Referred for Test: \_\_\_\_\_ Able to Participate? Y / N

Does Worksite require background check? Y / N  
 Date Referred for Completion: \_\_\_\_\_ Able to Participate? Y / N

Does Position require a physical? Y / N  
 Date Referred for Exam: \_\_\_\_\_ Able to Participate? Y / N

Does Position require a tetanus shot? Y / N  
 Date Referred for Service: \_\_\_\_\_ Able to Participate? Y / N

- ☐ Completed Title I WIOA Application  
☐ Completed Title I WIOA Participation  
☐ Created Individual Employment Plan, with a Short-Term Employment goal of "To obtain DREP employment"  
☐ Recorded All Necessary DREP Services (only record those services received)
- |  |   |
|--|---|
| <input type="checkbox"/> ###-DREP Comprehensive Assessment | <input type="checkbox"/> ###-DREP Safety Course (debris positions only) |
| <input type="checkbox"/> ###-DREP Full Development of IEP  | <input type="checkbox"/> ###-DREP Supportive Services                   |
| <input type="checkbox"/> ###-DREP Employment               |   |

\*If eligible as a Dislocated Worker, record at least one service received to the Dislocated Worker program

- ☐ Participant signed/completed all DREP Forms
- |   |  |
|---|--|
| <input type="checkbox"/> Participant Orientation Form | <input type="checkbox"/> Medical Disclaimer Form |
| <input type="checkbox"/> Worksite Orientation Form    | <input type="checkbox"/> W-4 Documentation       |
|   | <input type="checkbox"/> I-9 Documentation       |
- ☐ Mandatory Initial Service Note Completed

For Debris Positions Only: Is Participant in need of fitted clothing to perform work? Y / N

Shoe Size \_\_\_\_\_ Shirt Size \_\_\_\_\_ Pants Size \_\_\_\_\_

1st Evaluation Date Due (every 90 days) \_\_\_\_\_

Participant File Review Form Due (within 30 days of enrollment) \_\_\_\_\_