

Attachment B

GLOW

WIOA Adult/Dislocated Worker (DW) Case File Maintenance Checklist
For _____

Form/Evidence	Staff Initial here when completed
All forms must be completed in pen. Cross out errors with a single line and initial	
ISS <ul style="list-style-type: none"> ○ Occupational goal ○ Labor market outlook ○ Existing skills ○ Skills gap ○ Training details (skills to be learned, approximate start and completion dates, training provider, other sources of financial aid. Cost to WIOA) ○ Justification for training ○ Supportive service needs ○ Signed by customer prior to training starts 	
Eligibility Documentation	
Skills Assessment Form	
GLOW Grievance	
EOE Documentation	
Customer Code of Conduct (OPTIONAL)	
Release Forms <ul style="list-style-type: none"> ○ General Release ○ Training Provider Release ○ Publicity Release 	
Payroll information (work Experience)	
Federal W-4	
State IT2104 or IT2104E	
Work Permit (if necessary)	
I-9 form	
Participant Training Outline	
Time Cards	
Social Security Card	
DEV Documentation	
BIRTH CERTIFICATE or other allowable DOB verification (TA 11-12.2)	
Income verification if low income is used for eligibility	
Selective Service (male 18+ only; set reminder to register or end services on 18 th birthday)	
Outcomes	
Employment Outcomes require a complete work history in OSOS or pay stubs or other verification (TA 11-12.2)	
Training Outcomes- require a copy of credential, transcript or other verification (TA 11-12.2)	
Measureable Skills Gain (MSG) evidence	