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| **7. LIABLE & AGENT STATE** |
| **7-A. LIABLE & AGENT STATE** | **WA - AGENT STATE FORMS/DOCUMENTATION****Evidence located in the MIS record:**[ ]  **Communication with interstate case manager**[ ]  **TAA Enrollment** [ ]  **Individual Employment Plan** [ ]  **Assessments** [ ]  **Case Notes**[ ]  **Waiver TP / Waiver Approval** [ ]  **ETO Data Entry conforms to the TAA Program’s Agent/Liable State procedures** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **8. ENROLLMENT** |
| **8-A. REQUIRED TAA ORIENTATION** | **The record contained documentation of the participants attendance at a:** [ ]  **TAA Orientation**[ ]  **Could not locate documentation that supported the**  **participant attended an Orientation.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **8-B. TAA PROGRAM ENROLLMENT – INTAKE APPOINTMENT** | **A completed Program Enrollment TouchPoint (TP) in ETO includes:**[ ]  **An opened and saved Program Enrollment TP** [ ]  **The enrollment date occurs on or after the date of the participant’s Entitlement Determination** [ ]  **The Program Enrollment is attached to a valid Associated TAA Determination**[ ]  **All required fields and radio buttons are complete**[ ]  **Signature/Date**  | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **8-C. TAA ENROLLMENT FORMS PACKET**  | **Enrollment Forms Packet includes:** [ ]  **An opened and saved TAA Enrollment Packet TouchPoint (TP) in ETO.** [ ]  **Records contain evidence the WOWI was assigned at Enrollment**[ ]  **All required forms were uploaded into the TAA Enrollment Packet TP.** [ ]  **Initial Assessment Form**[ ]  **Comprehensive Assessment form**[ ]  **Authorization for Release of Information Form**[ ]  **Signature/Date** [ ]  **Program Enrollment Cover Sheet-Verification of “Right to Work” and/or employment authorization** [ ]  **Signature/Date** [ ]  **Individual Employment Plan (IEP) form**[ ]  **Signature/Date** **Reverification of a worker’s authorization to work in the United States (USA), if applicable:** [ ]  **N/A** [ ]  **Authorized to work in the United States**[ ]  **Immigration status if the documentation provided during initial verification will expire during the period in which that worker is potentially eligible to receive benefits.**  | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **8-d. 1ST BASIC SERVICE AT ENROLLMENT** | **Cross matched ETO records:** [ ]  **Data entry of a 1st Basic Service matches the date of program enrollment.**[ ]  **Case/Service notes describes the customer engagement activity at enrollment.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **9. ASSESSMENT & REQUIRED SERVICES** |
| **9-A. REQUIRED SERVICES** | **The following documented seven required services were in the record:** [ ]  **Comprehensive and specialized assessments** [ ]  **Development of an Individual Employment Plan (IEP) to identify employment goals and objectives, and appropriate training to achieve those goals and objectives.** [ ]  **Information on how to apply for financial aid** [ ]  **Short-term prevocational services**[ ]  **Individual and group career counseling** [ ]  **Provision of employment statistics and other labor market information** [ ]  **Information about supportive services available through partner programs** [ ]  **ETO case notes related any services that were not offered and the reason why the services were not offered in case notes.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **9-B. REFERRAL TO WIOA DW FROM TAA FOR COENROLLMENT** | **Trade referral was documented in the record, indicating:**[ ]  **The participant was already enrolled in WIOA**[ ]  **The record contained an ISD enrollment in WIOA**[ ]  **A Trade referral was made to WIOA**[ ]  **A Trade referral to WIOA was declined** [ ]  **Case/Service notes describe when a Trade referral was made to WIOA and/or if the participant declined the offer of the referral.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **9-C. initial ASSESSMENT** | **Case/Service notes describe:** [ ]  **Customer engagement activity at enrollment and review of the initial assessment.**[ ]  **Labor Market Information of primary occupation demand/decline, level of education, review of job skills and resume were documented in case notes.****Record contains the uploaded:** [ ]  **Initial Assessment Form**[ ]  **Decline/Demand information of affected employer occupation.****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **9-D. WAIVER ASSESSMENT** | **Case/Service notes describe:** [ ]  **A Waiver Assessment occurred at initial assessment, related the participant was informed of their Waiver from Training enrollment deadline and what steps were to be taken to protect future rights to TRA prior to the deadline.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **9-E. COMPREHENSIVE ASSESSMENT** | **Case/Service notes describe:** [ ]  **The context of a review of the Comprehensive Assessment Form with the participant.****Record contains the uploaded:** [ ]  **Comprehensive Assessment Form** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **9-F. WOWI ASSESSMENT RESULTS** | **Case/Service notes describe:** [ ]  **The context of a review of the WOWI results with the participant.****Record contains the uploaded:** [ ]  **Copy of the participants WOWI Results** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **10. WAIVER OF TRAINING ENROLLMENT REQUIREMENT** |
| **10-A. WAIVER** | **Crossmatch in UTAB/ETO:**

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| --- | --- |
| **WAIVER** [ ] **N/A** | **YEAR RULES: 20XX** |
| **TRA Entitlement Determination** | [ ]  **YES** [ ]  **NO** |
| **Associated Determination Attached** | [ ]  **YES** [ ]  **NO** |
| **Deadline to Issue a Waiver** | **XX/XX/XX** |
| **Waiver Effective Date**  | **XX/XX/XX**  |
| **Waiver Expiration Date (26 weeks)** | **XX/XX/XX** |
| **Waiver Conditions****2002 and 2009 Regulations:**[ ]  **Marketable Skills**[ ]  **Recall**[ ]  **Retirement** | **2011 and 2015, Regulations and 2021 Reversion** [ ]  **Health**[ ]  **Enrollment unavailable**[ ]  **Training not available** |
| **Work Search Directive Issued and Uploaded into ETO** | [ ]  **YES** [ ]  **NO** [ ]  **N/A** |
| **Participant Signature/Date** | [ ]  **YES** [ ]  **NO** |
| **Case Manager Signature/Date** | [ ]  **YES** [ ]  **NO** |
| **Worker digitally signed and received a copy of their waiver** | [ ]  **YES** [ ]  **NO** [ ]  **N/A** |
| **Waiver Reviews** [ ]  **N/A** | [ ]  **90** [ ]  **30** [ ]  **30** [ ]  **30**  |
| **Allowed under all rules** | [ ]  **Equitable Tolling**  |
| **Exceptions – 2015**  | [ ]  **N/A** [ ]  **45 days** [ ]  **60 days** [ ]  **Good Cause** |
| **Exceptions – Reversion 2021 (8/16) \*no military service/justifiable cause**  | [ ]  **N/A** [ ]  **45 days**  |

**.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **10-B. WAIVER EXTENSION** | **Crossmatch in UTAB/ETO:**

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| --- | --- |
| **WAIVER EXTENSION** [ ] **N/A** | **YEAR RULES: 20XX** |
| **TRA Eligibility Period (2 year)** |  **XX/XX/XX – XX/XX/XX** |
| **Extension Request submitted to TRA** | [ ]  **YES** [ ]  **NO** |
| **TRA Extension Response** | [ ]  **Approved** [ ]  **Denied** |
| **Waiver Expiration Date Extended** | **XX/XX/XX** |
| **Waiver Extension Case Noted in ETO/UTAB** | [ ]  **YES** [ ]  **NO** |

 | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **10-C. WAIVER REVOCATION** | **Crossmatch in UTAB/ETO:**

|  |  |
| --- | --- |
| **WAIVER REVOCATION** [ ] **N/A** | **YEAR RULES: 20XX** |
| **Waiver Start Date** | **XX/XX/XX** |
| **Waiver Expiration Date**  | **XX/XX/XX**  |
| **Wavier has been Revoked** | [ ]  **YES** [ ]  **NO** |
| **Waiver Revocation Date**  | **XX/XX/XX** |
| **Reason for Revocation of Waiver**  | [ ]  **Starts TAA Training**[ ]  **Waiver Expired**[ ]  **Wavier reason no longer exists**[ ]  **Participant reached the end of BASIC TRA Eligibility** |
| **Participant was notified of their waiver revocation in writing** | [ ]  **YES** [ ]  **NO** |
| **Participant Signature/Date** | [ ]  **YES** [ ]  **NO** |
| **Case Manager Signature/Date** | [ ]  **YES** [ ]  **NO** |

**.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **11. EMPLOYMENT AND CASE MANAGEMENT FOR TAA PARTICIPANTS IN TRAINING** |
| **11-A. TRAINING & REVERSION 2021 APPLICATION FOR TAA TRAINING** | **Evidence in the Participant Record supports:**[ ]  **TAA Approval on the Participant’s Entitlement Determination**[ ]  **N/A** [ ]  **YES** [ ]  **NO**[ ]  **Training Justification and intent to participate – LMI**[ ]  **N/A** [ ]  **YES** [ ]  **NO**[ ]  **Application for TAA Training Form (Reversion 2021)**[ ]  **N/A** [ ]  **YES** [ ]  **NO**[ ]  **Case notes specifically call out Work Based Training was first consideration****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **11-B. OCCUPATIONAL SKILLS TRAINING-CLASSROOM OR ONLINE (OST)** | **Evidence located in the Participant Record supports:**[ ]  **Pre-Separation (2009, 2011, and 2015 for Trade-affected incumbent workers)**[ ]  **N/A** [ ]  **YES** [ ]  **NO**[ ]  **Training Plan Cost Form indicates OST is:**[ ]  **Part Time (2009, 2011, 2015, and 2021)**[ ]  **Full Time****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **11-C. WORK BASED TRAINING** | **The following Work-based Training forms, documents, and evidence of compliance with program procedure were located within the participant records:**[ ]  **Checklist**[ ]  **Training Plan** [ ]  **Master Contract**[ ]  **Task Analysis**[ ]  **Invoice/Progress Report**[ ]  **Employer Billing Overview Letter**[ ]  **Contract Modification Form**[ ]  **Participant Responsibilities**[ ]  **Tools and Equipment Agreement** [ ]  **Case Manager Monthly Monitoring at the Participant’s Worksite** **.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12. TAA TRAINING PLAN FORMS AND DOCUMENTS** |
| **12-A. TRAINING RESEARCH PACKET** | **Research Packet and Supporting Documentation were uploaded into the TAA Training Forms TouchPoint in ETO:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****A Training Research Packet was submitted by the participant and contained the following completed sections:** [ ]  **Cover Sheet**[ ]  **Training Provider and Program Information**[ ]  **Employer Informational Interviews**[ ]  **Proposed Vocational Plan**[ ]  **Labor Market Information**[ ]  **Financial Resources**[ ]  **Participant Signature and Date****The following Supporting Documentation from the Training Research was located within the participant’s record:**[ ]  **Proposed Training Program Description**[ ]  **Up to 3 Training Occupation Job Postings**[ ]  **Training Occupation Demand/Decline**[ ]  **Academic Plan**[ ]  **School Admission (if applicable)**[ ]  **Basic Skills Assessment (if applicable)****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-B. FUNDING RESOURCE MAP** | **The Funding Resource Map and any Supporting Documents were uploaded into the TAA Training Forms TouchPoint in ETO:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****A Funding Resource Map was submitted by the participant and contained the following completed sections:** [ ]  **Participant Name, Signature, and Date**[ ]  **Training Provider and Program Information**[ ]  **Dates of Training**[ ]  **TAA Case Manager Name, Signature and Date**[ ]  **Total Cost of Training**[ ]  **Funding Amounts for each applicable source**[ ]  **Start and End Dates for each applicable source** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-C. NON-ELIGIBLE TRAINING PROVIDER LIST (NON-ETPL) FORM** | **The Non-Eligible Training Provider List (non-ETPL) Form and any Supporting Documents were uploaded into the TAA Training Forms TouchPoint in ETO:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-D. TRAINING WEEKS CALCULATOR**  | **The Training Weeks Calculator Worksheet was uploaded into the TAA Training Forms TouchPoint in ETO:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****The forecasted Training Weeks are within the allowable instructional weeks under the Petition the participant is funded:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-E. SIX CRITERIA FOR APPROVAL OF TRAINING**  | **The following “**[x] **” indicates client specific statements were provided in support of each of the following Six Criteria:** [ ]  **1. No Suitable Employment Available: statement relates job search results for work of equal or higher skill level at wages not less than 80 percent of weekly wage at time of separation is not available.**[ ]  **2. Benefit from Training: statement describes the direct relationship between what skills the training program will provide, and the client needs for skills training or remedial education (refresh or earn new credentials to compete in labor market)**[ ]  **3. Reasonable Expectation of Employment Following Completion of Training: Statement support that as a result completion of the proposed training the client is expected will find employment.**[ ]  **4. Training is reasonably available and Accessible: statement relates training is available from either government agencies or private sources, as is or is not located within the client’s commute area (25 miles)**[ ]  **5. Qualified to undertake and complete training: statement relates if the client has adequate basic skills, educational background, work experience and financial resources to undertake and complete the specific training program considered.** [ ]  **6. Training is suitable and available at a reasonable cost: statement relates the training selected per assessment results and first consideration must be given to the lowest cost training available within the commuting area before considering training outside the commuting area (including training plus any transportation costs).****The following “**[x] **” indicates documentation was uploaded into the client’s ETO record in support of each of the following Six Criteria:** [ ]  **1. Case notes that describe job seeking activities; Demand/decline print out of primary occupation and work search contacts.**[ ]  **2. Initial, Comprehensive, WOWI Assessments, and school information (ex. Ed plan, training program outline, and training cost plan from the school). When applicable, College Placement test results.**[ ]  **3.** **Demand/decline print out of the training occupation and training job postings.**[ ]  **4. Training Research Packet (completed and approved) and ETPL school information.**[ ]  **5. Initial, Comprehensive, and WOWI Assessments (budget/financial section supports the participants has adequate income to meet expenses while in training) Assessments, and the participants IEP. When applicable, College Placement test results.**[ ]  **6. Training cost information from the school and documentation from the research must support the training is available and at a reasonable cost.****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-F. TRANSPORTATION & SUBSISTENCE** | **Transportation and/or Subsistence Forms with Supporting Documentation were uploaded into the TAA Training Forms TouchPoint in ETO:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****The following completed forms and supporting documentation for TRANSPORTATION was located within the participant’s record:** [ ]  **N/A**[ ]  **Training Responsibilities Packet**[ ]  **MapQuest or Google maps - Statewide Commuting Area (Anything over 25 miles one way can be reimbursed)**[ ]  **Transportation Allowance Request Form**[ ]  **Transportation Mileage Calculation**[ ]  **Field Trip Calculation**[ ]  **Transportation Denial**[ ]  **Transportation Amendment from Original Request**[ ]  **Transportation Claim Forms****The following completed forms and supporting documentation for SUBSISTENCE was located within the participant’s record:** [ ]  **N/A**[ ]  **Training Responsibilities Packet**[ ]  **MapQuest or Google maps - Statewide Commuting Area (Anything over 25 miles one way can be reimbursed)**[ ]  **Subsistence Allowance Request Form**[ ]  **Subsistence Calculation**[ ]  **One Round Trip Mileage Calculation**[ ]  **Daily Living Expenses**[ ]  **Subsistence Denial**[ ]  **Subsistence Amendment from Original Request** [ ]  **Subsistence Claim Forms****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **12-G. TOOLS & EQUIPMENT** | **Tools & Equipment Supporting Documentation was uploaded into the TAA Training Forms TouchPoint in ETO:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****The following completed forms and supporting documentation for Tools & Equipment were located within the participant’s TAA Training Forms TP:** [ ]  **N/A**[ ]  **Tools & Equipment Agreement Responsibilities Packet**[ ]  **Training Responsibilities Packet Coversheet**[ ]  **Training Cost Form (identified cost)**[ ]  **TOOL LIST/SYLLABUS**[ ]  **Required of all students**[ ]  **Listed on the participants related School Syllabus**[ ]  **TAA Purchase Forms and completed documentation:**[ ]  **Completed TAA Procurement Request**[ ]  **Estimate selected for purchase, includes required** **quotes, in support of the purchase decision**[ ]  **Document used to inventory tools includes the** **participant and TAA case manager signatures**[ ]  **Case notes “tell the story” by documenting tools** **ordered, inventory results, serial number, and detail** **regarding the tool & Equipment purchase decision.****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-H. TRAINING PLAN COST FORM** | **Training Plan Cost (TPC) and justification of training were documented and uploaded into the TAA Training Forms TouchPoint in ETO:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****The TPC contained the following completed sections on the form:** [ ]  **N/A** [ ]  **Section A: Program Information**[ ]  **Section B: Training Cost**[ ]  **Section C: Participant Signature**[ ]  **Section D: Training Provider Signature**[ ]  **Section E: Employment Security Signature**[ ]  **TPC was signed and dated by all parties BEFORE the participant begins training**[ ]  **Supervisor signature is within 30 days prior to the start date of training**[ ]  **Training Cost Form matches the detail on the Training Plan Cost form:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-I. APPROVAL OF TRAINING REQUEST FORM** | **Approval of Training Request form and justification of training were documented and uploaded into the TAA Training Forms TouchPoint in ETO:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****The TPC contained the following completed sections on the form:** [ ]  **N/A** [ ]  **Section A: Participant Request** [ ]  **Section B: Agency Approval of Training Request**[ ]  **Section C: Agency Denial of Training Request**[ ]  **Approval of Training was signed and dated by the Participant and TAA Case**  **Manager BEFORE the participant began training:** [ ]  **N/A** [ ]  **YES** [ ]  **NO**[ ]  **Approval of Training Request matches the training detail on the Training Plan Cost form:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **12-J. TRAINING RESPONSIBLITIES PACKET** | **The signed and dated Training Responsibilities Packet Cover Sheet was uploaded into the TAA Training Forms TouchPoint in ETO:** [ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-K. TRAINING PLAN AMENDMENTS** | **Only ONE training plan per certification was approved, as allowable, for this participant’s certification:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****The Training Amendment form(s) were:**[ ]  **Uploaded into the TAA Training Forms TouchPoint** [ ]  **TAA Amendment form was signed** [ ]  **N/A** [ ]  **YES** [ ]  **NO****If the participant voluntarily withdrew from training, or their training plan was terminated:** **The record contained evidence that the TAA Case Managers notified the participant that their right to TRA benefits may be jeopardized and may result in the participant being liable for an overpayment:** [ ]  **YES** [ ]  **NO****The content in the participants record indicated the TAA Case Manager notified the TRA Unit if the participants training plan changed:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****Case notes “tell the story” by documenting any training plan change(s):** [ ]  **N/A** [ ]  **YES** [ ]  **NO****If a request to change the participant training plan cannot be approved, the TAA Program Operator was consulted, and a formal written denial was issued to the participant:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **12-L. BENCHMARKS** | **Case notes “tell the story” by documenting a review of the participant’s benchmarks and provided support of the participants progress in TAA Approved Training:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****Record contains evidence of a substandard review\* of the participants established benchmarks:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****\*Failure to make satisfactory Training Progress was identified in this record:** [ ]  **N/A** [ ]  **YES** [ ]  **NO**[ ]  **Participant has not maintained satisfactory contact with the TAA Case Manager and/or does not make satisfactory progress in the TAA Approved Training.**[ ]  **The record contains evidence that the participant is unwilling to meet training plan requirements including responding to the TAA Case Manager’s request for benchmarks/required school documents.**[ ]  **The record relates the participant’s progress in training will result in a training plan that is unable to completed within the allowable weeks and there are no remaining options to amend the training plan.**[ ]  **The record contains evidence the participant’s has poor attendance of TAA Approved Training.****In support of COMPLETION TRA eligibility, a completed TAA Benchmarks Form was uploaded into the TAA Training Forms TP:** [ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **12-M. MEASURABLE SKILLS GAINS (MSG)** | **The following benchmarks (Measurable Skills Gains) were uploaded into the Tests & Results TouchPoint in ETO:** [ ]  **Training Progress forms** [ ]  **Grades**[ ]  **Credential(s) earned)****Case notes “tell the story” and documented a review of the participant’s MSG benchmarks in support of the data entry of the participants MSGs earned and training progress:** [ ]  **YES** [ ]  **NO** **.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **13. TRADE ACT PROGRAM ALLOWANCES** |
| **13-A. JOB SEARCH ALLOWANCE** | **Evidence in the record supports the participant met the conditions and requirements to receive reimbursement for an out-of-area job search allowance: (3010)**[ ]  **The participant met one of the following deadline dates:**[ ]  **365 days after the date of the certification** [ ]  **365 days from their last total separation**[ ]  **182 days after the completion of an approved training program.**[ ]  **No Suitable Employment was determined to be available within the participants commuting area in which the worker resides, as defined as 50 miles roundtrip.**[ ]  **Participant assessments and Individual Employment Plan supported the approval to conduct an out of area job search.****Reimbursement of Out of Area Job Search Allowances did not exceed:**[ ]  **90% of costs** [ ]  **Cumulative reimbursements of $1,250****Evidence in the record indicates the participants job search allowances:** [ ]  **Were requested for approval of Job Search Allowance prior to conducting an out-of-area job search.**[ ]  **Due to the participant having a scheduled employment interview for the case manager to approve the request.**[ ]  **The case manager verified the job search interview and advised the participant of the allowable expenditures and duration of the out-of-area job search.**[ ]  **The job search expenses paid were not covered by the prospective employer or partner programs.**[ ]  **Job search and relocation allowance were not allowed at the same time, but the participant may receive a relocation allowance after receiving job search.**[ ]  **Job search allowances were paid and supported by original receipts; reimbursed costs were only for the participants expenses.**[ ]  **The case manager verified and documented the outcome of the out-of-area job search.**[ ]  **Job search payments were promptly completed when documentation is received from the participant.****The following Job Search Allowance forms were uploaded into the TAA Training Forms TP in ETO:** [ ]  **N/A** [ ]  **Transportation/Subsistence Supplemental Assistance Request**[ ]  **Calculation Worksheet**[ ]  **Any related amendments to the Job Search Allowance forms****Case notes “tell the story” and supported the request for Job Search Allowance(s) in the participants IEP:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** **If a request Job Search Allowance cannot be approved, the TAA Program Operator was consulted, and a formal written denial was issued to the participant:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **13-B. RELOCATION ALLOWANCE**  | **Evidence in the record supports the participant met the conditions and requirements to receive reimbursement for relocation allowance: (3005)**[ ]  **The participant met one of the following deadline dates:**[ ]  **425 days after the date of the certification** [ ]  **425 days from their last total separation**[ ]  **182 days after the completion of an approved training program.**[ ]  **Record reflects a determination and documentation that there is no reasonable expectation of securing suitable employment within the commuting area.**[ ]  **Participant assessments and Individual Employment Plan were completed prior to the approval of the relocation allowance request.**[ ]  **Local commute distance for relocation is 25 miles.**[ ]  **The participant was totally separated from the trade affected employer.****Evidence in the record indicates the participants relocation allowances:** [ ]  **Were requested in writing prior to their relocation.** [ ]  **Relocation expenses were not covered by the prospective employer or partner programs.**[ ]  **The participant began the relocation within 182 days from the date on the request form.**[ ]  **Only one relocation allowance was allowed per certification.**[ ]  **Relocation and job search allowance were not allowed at the same time, but the participant may receive a relocation allowance after receiving job search.**[ ]  **The case manager verified and documented the participant had obtained a bona fide offer of suitable employment.**[ ]  **If enrolled in training, the participant completed their training prior to requesting and beginning relocation no later than 182 days after the conclusion of an approved training program, due to having obtained suitable employment.**[ ]  **Use of a commercial carrier requires at least three competitive bids or adequate justification for the cost. Except for extenuating circumstances, participants must accept reimbursement at the lowest bid on a move by a commercial carrier.**[ ]  **Participants are required to submit a completed Relocation Final Statement of Cost Form with all original itemized receipts to their TAA case manager within 30 days of completing their relocation.** [ ]  **Relocation payments were made within 15 days after the relocation has been completed, and final statement of cost and documentation from the participant has been received.** **The following Relocation Allowance forms were uploaded into the TAA Training Forms TouchPoint in ETO:** [ ]  **N/A** [ ]  **Relocation Allowance Request Form**[ ]  **Relocation Authorization Memo to Vendor**[ ]  **Relocation Final Statement Form**[ ] **Relocation Lodging and Meals Plus Advance Calculation**  **Form**[ ]  **Relocation Moving Allowance Calculation Form**[ ]  **Relocation Travel Allowance and Lump Sum Calculation Form**[ ]  **Documentation of Suitable employment**[ ]  **Any related amendments to the original Relocation Allowance forms****Case notes “tell the story” and supported the request for Relocation Allowance(s) in the participants IEP:** [ ]  **N/A** [ ]  **YES** [ ]  **NO** **If a request Relocation Allowance cannot be approved, the TAA Program Operator was consulted, and a formal written denial was issued to the participant:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****.** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:**  |
| **14. A/RTAA TRADE ADJUSTMENT ASSISTANCE (TAA)** |
| **14-A. ALTERNATIVE TRADE ADJUSTMENT ASSISTANCE (ATAA)**  | **Case Notes documented ATAA planned services:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****Outcomes, Program Completion TP (employment information was completed for the corresponding A/RTAA job):** [ ]  **N/A** [ ]  **YES** [ ]  **NO****Individualized Training and Supportive Services TP’s were completed for A/RTAA service:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **14-B. REEMPLOYMENT TRADE ADJUSTMENT ASSISTANCE (RTAA)** | **Case Notes documented RTAA planned services:** [ ]  **N/A** [ ]  **YES** [ ]  **NO****Outcomes, Program Completion TP (employment information was completed for the corresponding A/RTAA job):** [ ]  **N/A** [ ]  **YES** [ ]  **NO****Individualized Training and Supportive Services TP’s were completed for A/RTAA service:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **15. INFORMATION MANAGEMENT SYSTEM – ETO – DATA INTEGRITY (TAA)** |
| **15-A. PROGRAM SERVICE ENTRY- BASIC SERVICE TP**  | **BASIC SERVICES**[ ]  **YES, Record contained a Rapid Response Service**[ ]  **YES, Record contained the 1st Basic service at enrollment**[ ]  **YES, were consistently entered in the CMS and included activities that supported and documented customer engagement?** [ ]  **NO, One or Two Issues Identified**[ ]  **NO, could not locate services that identified the delivery of any on-going BASIC services****RECORDED TAA QUALIFYING SERVICES** **Services were attached to the appropriate programs:**[ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified****Services were recorded within the allotted timeframes?**[ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified****Services were recorded correctly as defined by TAA procedures?**[ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **15-B. PROGRAM SERVICE ENTRY-ITSS TP**  | **RECORDED TAA QUALIFYING SERVICES** **Services were attached to the appropriate programs:**[ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified****Services were recorded within the allotted timeframes?**[ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified****Services were recorded correctly as defined by TAA procedures?**[ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified****Appropriate services outcomes were recorded?** [ ]  **YES, No Issues Identified**[ ]  **NO, One or Two Issues Identified**[ ]  **NO, Several or More Issues Identified** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **15-C. PROGRAM EXIT** | **PROGRAM EXIT:** [ ]  **N/A****Case Notes supported the date and reason for program exit?**[ ]  **YES**[ ]  **NO, could not locate****All open ITSS TPs were closed in ETO?**[ ]  **YES**[ ]  **NO, could not locate****An Outcomes TP was complete in ETO?** [ ]  **YES**[ ]  **NO, could not locate** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **16. OBLIGATIONS** |
| **16. OBLIGATIONS** | **Data entry for TAA Obligations was recorded in ETO:** [ ]  **N/A** **An Obligation TP was completed and linked in ETO to the following ITSS TP services:** [ ]  **N/A** [ ]  **YES** [ ]  **NO-On the Job Training** [ ]  **N/A** [ ]  **YES** [ ]  **NO-Occupational Skills Training (OST)** [ ]  **N/A** [ ]  **YES** [ ]  **NO-Transportation** [ ]  **N/A** [ ]  **YES** [ ]  **NO-Subsistence** [ ]  **N/A** [ ]  **YES** [ ]  **NO-Out of Area Job Search** [ ]  **N/A** [ ]  **YES** [ ]  **NO-Relocation** **All TAA Qualified Services recorded in ETO matched the Obligation TP data entry:** [ ]  **YES** [ ]  **NO** **Once a service activity was completed, the ITSS TP was closed by entered the Actual End Date and Outcome:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****Funds were deobligated from the corresponding Obligation TP when the ITSS TP service was closed:**[ ]  **N/A** [ ]  **YES** [ ]  **NO****.****Review of participants Co-Enrolled in WIOA were provided WIOA funded supportive services, that did not conflict with TAA paid training or transportation/subsistence services:**[ ]  **N/A** [ ]  **YES** [ ]  **NO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **17. INFORMATION MANAGEMENT SYSTEM – ETO – CASE NOTES (TAA)** |
| **17. CASE NOTES** | **COMMUNICATION BETWEEN TAA/TRA DESCRIBING THE PROVISION OF PARTICIPANT SERVICES**[ ]  **YES, very detailed**[ ]  **YES, some detail**[ ]  **NO, could not locate case notes in ETO describing the communication between TAA/TRA staff for the participant’s provision of services** **ENROLLMENT, EMPLOYMENT & CASE MANAGEMENT SERVICES**[ ]  **YES, very detailed**[ ]  **YES, some detail**[ ]  **NO, could not locate case notes describing the participant’s seven (7) required services, related the justification for enrollment or on-going provision of case management** **ASSESSMENT**[ ]  **YES, very detailed**[ ]  **YES, some detail**[ ]  **NO, could not locate case notes describing assessment instruments utilized or if a review of the tools had occurred****INDIVIDUAL EMPLOYMENT PLAN**[ ]  **YES, very detailed**[ ]  **YES, some detail**[ ]  **NO, could not locate case notes supporting the development of the participant’s individual employment plan****PROGRESS AND COMPLETION OF SERVICES** [ ]  **YES, very detailed**[ ]  **YES, some detail**[ ]  **NO, on one or more occasions, could not locate case notes describing the participant’s progress in Basic or Individualized services**[ ]  **NO, could not locate case notes describing the outcome of one or more services** **BENCHMARK TRACKING**[ ]  **YES, very detailed**[ ]  **YES, some detail**[ ]  **NO, on one or more occasions, could not locate case notes describing the items collected, review of the benchmarks or tracking of the participant’s training progress**  | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **18. TAA DENIALS & APPEALS** |
| **18-A. TAA DENIAL**  | **Case notes, cross match of MIS – ETO, UTAB, and ILINX:**[ ]  **An initial written determination or redetermination has located in the record**[ ]  **An Appeal with support documentation was filed within 30 days after the date of notification or mailing of a determination or redetermination** [ ]  **The Appeal and support documentation was in the programs MIS records.**[ ]  **TAA, TRA, or A/RTAA appeals with support documentation were uploaded within 5 days of the participant filing their appeal into the state OAH system** [ ]  **Written determinations or redeterminations when allowing or denying TAA, TRA or A/RTAA entitlements were issued by the TRA Unit.****\*TAA Activity - written decisions allowing or denying are prepared by the Case Manager, confirmed by the TAA Supervisor, and verified by the TAA Program Operator (see corresponding Element 18. TAA Denial & Appeals)** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **18-B. TAA APPEALS** | **Case notes, cross match of MIS – ETO, UTAB, and ILINX:**[ ]  **An initial written determination or redetermination has located in the record**[ ]  **An Appeal with support documentation was filed within 30 days after the date of notification or mailing of a determination or redetermination** [ ]  **The Appeal and support documentation was in the programs MIS records.**[ ]  **TAA, TRA, or A/RTAA appeals with support documentation were uploaded within 5 days of the participant filing their appeal into the state OAH system** [ ]  **Written determinations or redeterminations when allowing or denying TAA, TRA or A/RTAA entitlements were issued by the TRA Unit.****\*TAA Activity written decisions allowing or denying or prepared by the Case Manager, confirmed by the TAA Supervisor, and verified by the TAA Program Operator (see Element TAA Denial & Appeals)** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |

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| **19. OVERPAYMENTS & PENALITIES FOR FRAUD (TAA) –STATE MAY OR CAN WAIVE REPAYMENT ONLY APPLIES TO 2002** |
| **19.TRADE ADJUSTMENT ASSISTANCE (TAA) OVERPAYMENT** | **Cross match support documentation in ILINX, UTAB, and ETO. Review MIS for case notes and documents to determine if an overpayment occurred and if so, whether an overpayment waiver was approved or denied.**[ ]  **Evidence in the record indicates fraud may have occurred**[ ]  **The record contains a timely appeal that is under review at the time of program monitoring.**[ ]  **An Overpayment Waiver has been offered**[ ]  **A Written request for an overpayment waiver was documented when received from the claimant**[ ]  **Documentation in the record supports a review of Trade Act Financial Hardship was completed**[ ]  **Documentation in the record supports a Trade Act Necessary Expense Test was conducted, utilizing National and Local Standards**[ ]  **N/A****When an Overpayment Waiver was Approved:**[ ]  **Support documentation is in the record indicates the Claimant and TAA Case Manager were notified of the Waiver approval decision.**[ ]  **Could not locate notification documentation for the Claimant**[ ]  **Could not locate notification documentation for the Case Manager****When an Overpayment Waiver is Denied ESD MUST recover the overpayment.** [ ]  **An Overpayment Waiver was denied**[ ]  **The Overpayment has been recovered**[ ]  **Recovery of the Overpayment is in process** [ ]  **N/A** **When an Overpayment was the result of Fraud, ESD MUST recover the overpayment. ESD must recover the payment(s) for which the person or individual was not entitled. Evidence in the record indicates:**[ ]  **The individual is ineligible for any further payments under TAA**[ ]  **Evidence in the record indicates a referral of conduct was made to the US Department of Labor Office of the Inspector General.**[ ]  **The payment(s) has been recovered**[ ]  **Recovery of the payment(s) is in process** [ ]  **N/A** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **20. COVID – TAA VIRTUAL SERVICES AND PROGRAM GUIDANCE** |
| **20. COVID – TAA VIRTUAL SERVICES** | **The following Virtual Touchpoint or TAA Program Use Forms were uploaded into ETO:** [ ]  **N/A** [ ]  **DocuSign Forms containing validated signatures**[ ]  **TAA Program Use Electronic Forms** [ ]  **Virtual Program Enrollment Touchpoint signatures**[ ]  **Virtual Waiver Touchpoint signatures** [ ]  **Virtual Revocation Waiver Touchpoint signatures**[ ]  **When applicable, any required documentation for verification of the participants electronic signature and date that was obtained virtually are uploaded into ETO** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:** |
| **21. MISCELLANEOUS OBSERVATIONS** |
| **21.Miscellaneous observations**This element covers all other observations not accounted for on this tool. Examples of “miscellaneous observations” may include, but are not limited to:* Loose, unattached documents located in a hard file
* Medical references in the file
* Names of other program participants located in the file
 | [ ]  **N/A****WIN’s** [**WIN0023 (Rev 2) Management of Medical and Disability-related Information; 11/22/2022**](https://storemultisites.blob.core.windows.net/media/WPC/adm/policy/0023-2.pdf)**OBSERVATIONS & COMMENTS****NOTED PRACTICE** | [ ]  **Met**[ ]  **Not Met**[ ]  **N/A** | [ ]  **No Action Required**[ ]  **The Following Action is Required:**[ ]  **Recommendation:** |