



**Maricopa County Human Services Department  
Workforce Development Division**

Quality Assurance Review - Youth Program

<b>Last Name</b>	<b>First Name</b>	<b>SSN</b>	<b>Reviewed By</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Provider</b>		<b>Case Manager</b>	<b>Review Date</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Is participant co-enrolled?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Program Name (co-enrolled)</b>	<b>Case Manager (co-enrolled)</b>	
	<input type="text"/>	<input type="text"/>	
<b>School Status:</b> <input type="radio"/> In-School <input type="radio"/> Out Of School		<b>Category:</b> <input type="radio"/> Younger(Y) <input type="radio"/> Older(OY)	

<b>A. Eligibility</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does the Virtual One Stop (VOS) application possess the applicant's and provider staff's signatures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is the parent's signature on the Application/Pre-Application? (Only YY under 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Right to Work Documentation: <input type="radio"/> State or Federal ID <input type="radio"/> Driver License <input type="radio"/> School ID <input type="radio"/> Passport <input type="radio"/> Resident Alien(F/B) Exp Date: <input type="text"/> <input type="radio"/> Other: <input type="text"/>	<input type="checkbox"/> <b>Verified in VOS</b>	<input type="radio"/>	<input type="radio"/>
4. Does complaint procedure form contain one or more of the following signatures? <input type="checkbox"/> Applicant <input type="checkbox"/> Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Documentation of Selective Services Registration in File: (Males OY 18+ Only) <input type="radio"/> Copy of Online Confirmation <input type="radio"/> Other	<input type="checkbox"/> <b>Verified in VOS</b>	<input type="radio"/>	<input type="radio"/>
6. Social Security Documentation: <input type="radio"/> Social Security Card <input type="radio"/> Social Security Benefits Letter <input type="radio"/> Letter from Social Service Agency <input type="radio"/> Other Letter Awaiting SS Card: <input type="text"/>	<input type="checkbox"/> <b>Verified in VOS</b>	<input type="radio"/>	<input type="radio"/>
7. Family Size Documentation: <input type="radio"/> Self Declaration Document - Date: <input type="text"/> <input type="radio"/> Other ID: <input type="text"/>	<input type="checkbox"/> <b>Verified in VOS</b>	<input type="radio"/>	<input type="radio"/>
8. Household Income Documentation: <input type="checkbox"/> Public Assistance Records - Date <input type="text"/> <input type="checkbox"/> Employment Paystubs <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> <b>Verified in VOS</b>	<input type="radio"/>	<input type="radio"/>
9. Is the work around income statement included in the VOS application and in case notes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Youth Barriers to Employment: (select one or more) <input type="checkbox"/> Dropped Out <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Pregnant <input type="checkbox"/> Offender <input type="checkbox"/> Disabled <input type="checkbox"/> Basic Skill Deficiency <input type="checkbox"/> Local Barrier (Poor Work History) <i>Type of Documentation:</i> <input type="text"/>	<input type="checkbox"/> <b>Verified in VOS</b>	<input type="radio"/>	<input type="radio"/>
<b>Total Points</b>	0	0	0
<b>Total Actual Points (Yes + N/A)</b>	0 of 10		
<b>Percentage Points</b>	0 %		

Participant: ,

<b>B. Case Management</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does the participant's file contain a completed ISS, reflecting interest, aptitudes, barriers and goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the ISS reflect the participant's current involvement in the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Was the ISS completed prior to providing program services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does the ISS contain participant and staff signatures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does the ISS revision(s) contain the participant's signature or initials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does the ISS clearly state the training strategy and/or plan to help the participant overcome barriers to meet their goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Were there any outstanding barriers identified, if so, were referrals initiated? <input type="checkbox"/> ISS <input type="checkbox"/> Case Notes <input type="checkbox"/> Referral Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have the case notes been updated in the past 30 days? What was the last date of contact (phone, face-to-face, or email reply from participant)?: <input type="text"/> Date of last case note entry: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Has the participant received services in the last 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Does the initial participant case note contain a detailed objective assessment statement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Is the participant's progress effectively documented in the case notes for the last two months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Are the case notes unbiased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Does the last case note entry reflect a follow-up date or plan of action?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is the job verification/release of information signed by the participant and contained in the file?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Is the participant's resume contained in the file? (A resume is required for all youth upon completion of Work Readiness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C. Training</b>			
1. Is an Occupational Skills Training Activity entered into VOS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is there documentation in the file that reflects the participant's eligibility status for Federal Financial Aide Assistance and/or Pell Grants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is there verification of training enrollment within the file?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If there a copy of the credential/certificate of completion within the file?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D. Virtual One Stop (VOS)</b>			
1. Are all participant activities and/or goals current and up-to-date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do all ARRA funded activities reflect the appropriate ARRA partner code?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are support services accurately reflected in the file? <input type="checkbox"/> VOS <input type="checkbox"/> Case Notes <input type="checkbox"/> ISS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are the pre and post assessments (if applicable) entered into VOS? Name of Assessment(s): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Is Literacy and Numeracy information entered in VOS for out-of-school participants and are post test scores entered within a one year time timeframe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Is case closure screen completed (if applicable) in VOS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Points</b>	0	0	0
<b>Total Actual Points (Yes + N/A)</b>	0 of 25		
<b>Percentage Points</b>	0 %		

Participant: ,

<b>E. Skill Attainment</b>	<b>Is this section applicable?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Work Readiness</b>				
1. Is there documentation in the file to support that the participant is Work Readiness deficient? <input type="checkbox"/> Pre Assessment <input type="checkbox"/> JT-036 <input type="checkbox"/> ISS <input type="checkbox"/> Case Notes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is there a corresponding activity in VOS? <input type="checkbox"/> 400 <input type="checkbox"/> 407 <input type="checkbox"/> 410		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If on-site training provided; is there a work training agreement/contract?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are the time/attendance records complete and attached in descending order?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Is there documentation in the file to support Work Readiness skill attainment? <input type="checkbox"/> JT-036 <input type="checkbox"/> Case Notes <input type="checkbox"/> Work Readiness Certificate		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Basic Skill</b>				
6. Is there documentation in the file to support that the participant is Basic Skill deficient? <input type="checkbox"/> JT-036 <input type="checkbox"/> Case Notes <input type="checkbox"/> TABE/IEP <input type="checkbox"/> ISS (states grade level scores)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Is one of the goals a Basic Skills Goal?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is there a corresponding activity in VOS? <input type="checkbox"/> 400 <input type="checkbox"/> 406 <input type="checkbox"/> 414 <input type="checkbox"/> 415		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is there documentation in the file to support Basic Skill attainment?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Occupational Skills</b>				
10. Is there documentation in the file to support that the participant is Occupational Skills Deficient? <input type="checkbox"/> JT-036 (minimum of six employer job specific skills listed) <input type="checkbox"/> ISS <input type="checkbox"/> Case Notes <input type="checkbox"/> Occupational Skills Assessment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Is there a corresponding activity in VOS? <input type="checkbox"/> 400 <input type="checkbox"/> 406 <input type="checkbox"/> 414 <input type="checkbox"/> 415		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If on-site training provided; is there is there a work training agreement/contract?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Is classroom training provided; is there documentation in the file?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Do time/attendance records reflect hours of training provided? (complete and attached in descending order)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Is there documentation in the file to support Occupational Skill attainment?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Total Points</b>		0	0	0
<b>Total Actual Points (Yes + N/A)</b>		0 of 15		
<b>Percentage Points</b>		0 %		

<b>Score Summary</b>	<b>Percentage</b>
<b>A. Eligibility</b>	: 0 %
<b>B. Case Management, C. Training, D. Virtual One Stop</b>	: 0 %
<b>E. Skill Attainment</b>	: 0 %
<b>Average Percentage</b>	: 0 %

Participant: ,

**Comments/Recommendations**

Item	Comment