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| **Case Name:** | **Case DCN/User ID:** | **Contractor:** | **Staff Name/ID:** |
| **Reviewed By:** | **Review Date/Type:*** Monitoring
* Targeted ☐ Other
 | **Participant Status:**□ ABAWD ☐ Volunteer | **Review Period:** |
| **SNAP Application & Activities**SNAP application enrolled correctly (participation type, DCN present, correct provider selected, exited app process followed correctly)Five required SNAP activities present (funding/101/107/205/213) Activities closed correctlyCorrect activity codes enteredNotes: |
| **Objective Assessment:**Current to the SNAP applicationCareer pathway and desired wage noted Services sought are identifiedEducation and/or work history completed All skills and barriers sections completedAdditional assessments completed if need was indicatedNotes: |
| **Individual Employment Plan:**Objectives present for each goal, outline steps to achieve the goal and not the same as the goalMinimum of one short term and one long term goal and goals are not the sameGoals align with activities on SNAP applicationGoals/objectives reflect the desired career pathway/wage stated in Objective Assessment Timeframe for completionAssessment/skills/barriers reflected in objectives and/or goals Employment is the final goalUpdated with changesNotes: |
| **Case Notes:**Mandatory Initial case note entered and contains required information DWD Statewide Service Notes policy followed (see handbook for guidance)Present for any activity or service provided, including actions outside of MoJobs systemPresent for any supportive service,with details of justification/need/exploration of other resources Entered at time of contactNotes: |
| **Intensive Case Management/Supportive Services:**TRE/WRE issuances follow policy (justified, open activity, verified attendance) TRE/WRE issued in accordance with provider policy (timeframes, amounts, etc) Barriers addressed and/or referred to Community Based OrganizationsJob Retention Services follow policy (see handbook for guidance)Notes: |
| **Documentation – Required Forms**FS-5 (DWD-PO-608) in case file and/or submitted for gained employment or ABAWD use Eligibility & DCN verification form if SNAP application was created by staff in MoJobsABAWD only:Job Center WIOA Services form (DWD-PO-609) for regaining eligibility Agreement to Volunteer completed and submitted to FSDJob description form for WE activity Hours reported log Job Search Contract (DWD-PO-604A) and logs (DWD-PO-604B) for self-directed job search |

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|  Notes: |
| **ABAWD Requirements:**Exclusions Checklist present or discussion case noted Wagner-Peyser applicationResumeVerification of hours entered within 48 hrs and submitted to FSD Participant was assigned a component for each month of the review LWDB funded training/educationJS/JST hrs of no more than 39 hrs/month & open with another activityNotes: |
| **Outcomes:**Employment added to SNAP application Credentials/certificates added to SNAP applicationAssessment scores added if known or administered if need was indicatedNotes: |
| **Reviewer Comments/Recommendations:** |