

# Participant File

## WIOA Youth Program – Participant File Checklist

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

Registration Date: \_\_\_\_\_

Exit Date: \_\_\_\_\_

### Registration/Assessment Information

- Program Application w/signatures
- Eligibility/DV/Exit Checklist
- Individual Service Strategy printed from ICM w/signatures
- Assessment Information

### Training Related Documents

- Training plan/School research
- Course schedule/Reports/Grades
- Copy of Credential
- Related correspondence

### Support Service Related Documents

- Financial Assessment if not low income and support services will be paid

### Work Experience Related Documents

- W-9 Form
- W-4 Form
- Invoices
- Worksite agreement
- Work permit

Notes:

# Eligibility & Registration

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE 1 – YOUTH PROGRAM ELIGIBILITY DETERMINATION FORM		
SSN #	Last Name	First Name
<b>ELIGIBILITY</b>		
<p>An eligible youth is defined as an individual who is age 14 through 24 and qualifies as an In School or Out of School Youth.</p> <p>WIOA Title 1 allows a low-income exception where five percent of all WIOA youth participants may be participants who ordinarily would be required to be low-income for eligibility purposes and who meet all other eligibility criteria for WIOA youth except the low-income criteria. A program must calculate the five percent based on the percent of all youth served statewide. A request to register a Youth Participant using the five percent exception must be approved by the WIOA Title 1 Youth Program Coordinator.</p>		
<p><b>Out of School Youth - OSY</b></p> <p><input type="checkbox"/> Not attending any school (as defined by state law);</p> <p><input type="checkbox"/> Is between the age of 16 and 24 at the time of enrollment;</p> <p>AND is one or more of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A school dropout;</li> <li><input type="checkbox"/> A youth who is within the age of compulsory school attendance but has not attended school for at least the most recent complete school year calendar quarter;</li> <li><input type="checkbox"/> An individual who is subject to the juvenile or adult justice system;</li> <li><input type="checkbox"/> A homeless individual, runaway or in foster care;</li> <li><input type="checkbox"/> An individual who is pregnant or parenting;</li> <li><input type="checkbox"/> An individual with a disability;</li> <li><input type="checkbox"/> A recipient of a secondary school diploma or its recognized equivalent who is a low income individual and is either basic skills deficient or an English language learner;</li> <li><input type="checkbox"/> A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.</li> </ul> <p>AND</p> <p><input type="checkbox"/> Is registered with Selective Service if age 18 or older</p>	<p><b>In School Youth - ISY</b></p> <p><input type="checkbox"/> Attending school (as defined by State law), including secondary and post-secondary school;</p> <p><input type="checkbox"/> Is between the age of 14 and 21 at time of enrollment, (unless an individual with a disability who is attending school under State law);</p> <p><input type="checkbox"/> A low-income individual</p> <p>AND is one or more of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic skills deficient;</li> <li><input type="checkbox"/> An English language learner;</li> <li><input type="checkbox"/> An offender;</li> <li><input type="checkbox"/> A homeless individual, runaway or in foster care;</li> <li><input type="checkbox"/> An individual who is pregnant or parenting;</li> <li><input type="checkbox"/> An individual with a disability;</li> <li><input type="checkbox"/> An individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.</li> </ul> <p>AND</p> <p><input type="checkbox"/> Is registered with Selective Service if age 18 or older</p>	
<p><b>Low Income:</b> all ISY must meet low income criteria, some OSY requirements have low income criteria attached as well.</p>		
Career Planner Signature:		Date:

WIOA Title 1 - Youth Eligibility Determination 7.1.15

Workforce Innovation and Opportunity Act, Title 1B Youth Program Application		
<b>APPLICANT INFORMATION</b>		
First Name	M.I.	Last Name
Date of Birth	Gender	SSN
Main Phone	Mailing Address	
Cell Phone		
Email	Physical Address (if different from Mailing Address)	
Name, address, phone and email of someone who does not live with you but knows how to contact you if you move		
<p>Please mark all that apply for your Race/Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic/Latino</p>		
Are you a Veteran?	If Yes - (Veteran) please check all that apply <input type="checkbox"/> Campaign Veteran	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran who served less than 180 days <input type="checkbox"/> Other Eligible Person	
If male, are you registered with Selective Service?	<input type="checkbox"/> Eligible Veteran (served more than 180 days) <input type="checkbox"/> Veteran with a disability	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran with a Special Disability as defined by the Veterans Administration	
<input type="checkbox"/> Exempt	<input type="checkbox"/> I separated from the service within the past 48 months	
Are you an Alaska Resident and have resided in Alaska for the past 30 days?	What is the date of your active duty Military Separation? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on active military duty status and within 24 months of retirement or 12 months of separation from the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have difficulty reading, writing, or speaking English?	Have you attended a TAP Workshop in the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your Citizen Status? <input type="checkbox"/> United States Citizen	
	<input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Temporary Work Permit	
	<input type="checkbox"/> Refugee or Parolee <input type="checkbox"/> Other, Please explain: _____	
Equal Opportunity Employer/Program		
4/11/2017 Auxiliary aids and services are available upon request to individuals with disabilities Page 1 of 5		

Workforce Innovation and Opportunity Act, Title 1 Youth Program Eligibility and Data Validation Documentation/ Exit Checklist		
Participant Name: _____ Last four of SSN: _____		
A copy of at least ONE document in each category (if applicable) is required to be in the participant file or scanned into ICM for both program & eligibility purposes (green area's) and data validation purposes (pink area's)		
<b>Eligible to work in the U.S.</b>		
<input type="checkbox"/> Social Security Card (Work Eligible)	<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> I-9 Doc INS for Aliens
<input type="checkbox"/> U.S. Birth Certificate	<input type="checkbox"/> Foreign Passport (unexpired)	<input type="checkbox"/> Alien Registration Card Indicating Right to Work such as I-94, I-688A, I-197 or I-179
<input type="checkbox"/> Hospital Record of Birth	<input type="checkbox"/> Stamped Eligible to Work	
<input type="checkbox"/> DD-214	<input type="checkbox"/> Other INS Alien Registration Cards	<input type="checkbox"/> Alaska Native or Native American Tribal Document/Enrollment Card
<input type="checkbox"/> Military Report of Transfer or Discharge	<input type="checkbox"/> Indicating Right to Work such as INS Form I-151 (Green Card) or DNS Form I-551 (White Card)	
	<input type="checkbox"/> Employment Authorization Card	
<b>Selective Service</b>		
<input type="checkbox"/> Selective Service Card	<input type="checkbox"/> Exempt from Selective Service	<input type="checkbox"/> DD-214
<input type="checkbox"/> Status Information Letter and determination case note	<input type="checkbox"/> Interest (Selective Service Confirmation-www.sss.gov)	<input type="checkbox"/> N/A
<b>Date of Birth</b>		
<input type="checkbox"/> Drivers License	<input type="checkbox"/> Hospital Record of Birth	<input type="checkbox"/> Cross Match with Vital Statistics
<input type="checkbox"/> Government Issued I.D.	<input type="checkbox"/> Baptismal Record	<input type="checkbox"/> Work Permit
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Public Asst./ Social Service Record
<input type="checkbox"/> I.D.	<input type="checkbox"/> Report of Transfer or Discharge Papers	<input type="checkbox"/> School Records or I.D. Card
<input type="checkbox"/> DD-214	<input type="checkbox"/> Tribal Records	
<b>Veteran Status</b>		
<input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 (Veteran Status)	<input type="checkbox"/> Letter from the Veterans Administration
<b>Low Income</b>		
<input type="checkbox"/> Award Letter from VA	<input type="checkbox"/> Public Assistance Records	<input type="checkbox"/> Pension Statement
<input type="checkbox"/> Applicant Statement	<input type="checkbox"/> Social Security Benefits Letter	<input type="checkbox"/> Family or Business Financial Records
<input type="checkbox"/> Compensation Award Letter	<input type="checkbox"/> UI Documents	<input type="checkbox"/> Housing Authority Verification
<input type="checkbox"/> Court Award Letter	<input type="checkbox"/> Quarterly Estimated Tax for Self Employed Persons	<input type="checkbox"/> Bank Statements
<input type="checkbox"/> Employee/Contract Statement	<input type="checkbox"/> Affidavit Agreement	<input type="checkbox"/> Pay Stubs
		<input type="checkbox"/> N/A
<b>TANF</b>		
<input type="checkbox"/> N/A	<input type="checkbox"/> Copy of TANF Public Assistance Records	
<b>Other Public Assistance Recipient</b>		
<input type="checkbox"/> N/A	<input type="checkbox"/> Medical Card Showing Cash Grant Status	<input type="checkbox"/> Cross-Match with Public Assistance Database
<input type="checkbox"/> Copy of Authorization to Receive Cash Public Asst	<input type="checkbox"/> Public Assistance Records	<input type="checkbox"/> Copy of Public Assistance Check
<input type="checkbox"/> Refugee Assistance Record	<input type="checkbox"/> SSI	

WIOA Title 1, Youth Program 7.1.2015

WIOA Youth Program – Individual Service Strategy Participant/Program Agreement		
This serves as an agreement between _____ (Youth Program Participant) and _____ (Youth Program Provider) and _____ (Youth Program Provider) Each party agrees to comply with the following to ensure successful completion of the services and goals outlined in the Individual Service Strategy (ISS). The ISS detail is housed in the Alaska Department of Labor and Workforce Development, Individual Case Management System (ICM).		
<b>Youth Program Provider agrees to:</b>		
<ol style="list-style-type: none"> <li>1. Provide a comprehensive assessment to help determine the appropriate training, support and employment needs;</li> <li>2. Co-create an Individual Service Strategy with the Youth Participant that identifies the services to be delivered to meet the participants training, support service, and employment needs and goals;</li> <li>3. Ensure the participant is aware of the services and goals that have been identified in the ICM;</li> <li>4. Aid the participant in resolving problems and barriers that may interfere with obtaining educational and employment goals including referrals to organizations which can provide additional resources if needed;</li> <li>5. Guarantee that all participant personal information is kept confidential; and</li> <li>6. Make payment of authorized costs, contingent upon availability of funds and adherence to program guidelines.</li> </ol>		
<b>Youth Program Participant agrees to:</b>		
<ol style="list-style-type: none"> <li>1. Co-create an Individual Service Strategy with the Youth Program Provider that identifies the services to be delivered to meet training, support service, and employment needs and goals;</li> <li>2. Notify the Youth Program Provider of any requests to change the Individual Service Strategy;</li> <li>3. If in training, provide progress reports and copies of grades for each term. Funding for subsequent terms is contingent on successful completion of the current term;</li> <li>4. Actively participate in program activities until the goals outlined in the Individual Service Strategy are achieved;</li> <li>5. Maintain contact with the Youth Program Provider either in person, by telephone, text or e-mail at least _____ Weekly _____ Monthly _____ Other _____ throughout the enrollment period and up to one year after exiting the program. Provide any changes to contact numbers, mailing address, physical address, and permanent contact when changes occur;</li> <li>6. Maintain respectful and non-threatening conduct when working with the Youth Program Provider, training facility staff, vendors and potential employers. Failure to maintain respectful behavior may result in removal from the program;</li> <li>7. Provide a copy of any certificate, license, diploma, or credential obtained within 7 days after receipt of document;</li> <li>8. Complete the on-line customer survey after exiting the program which will be emailed. The survey will gather feedback on the services and support received while participating in the Youth program. Feedback received is appreciated as funding is contingent upon successful program performance.</li> </ol>		
I certify that I have read and understand the above program responsibilities. I also understand that if I do not comply with the above responsibilities, this agreement is no longer valid.		
Youth Program Participant	Date	Phone number
Parent Signature (if participant is under 18)	Date	Phone number
Youth Program Provider	Date	Phone number
Equal Opportunity Employer/Program		
Auxiliary aids and services are available upon request to individuals with disabilities 3/10/17		

**Workforce Innovation and Opportunity Act (WIOA) Title 1  
Youth Program**

**Objective Assessment**

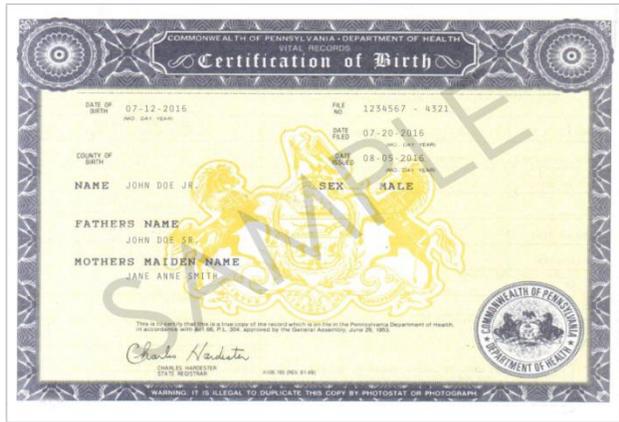
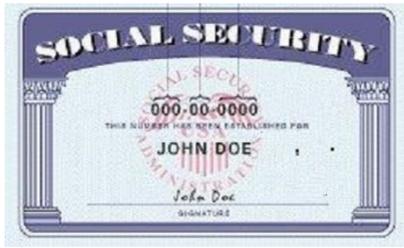
**Assessment  
Information**

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

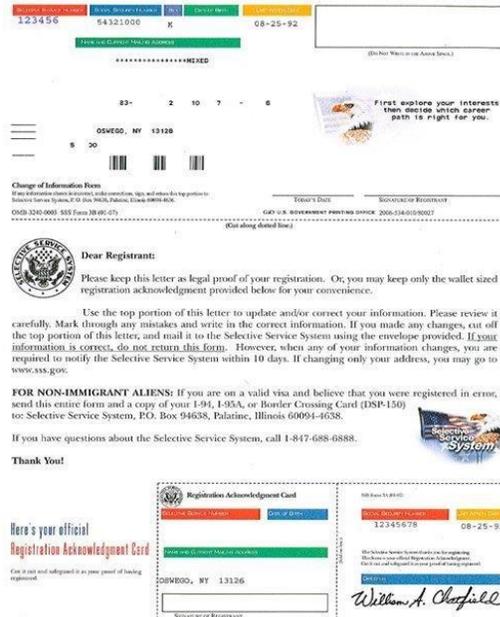
**Employability**

1. Has picture identification-  yes  no \_\_\_\_\_
2. Has Social Security card-  yes  no \_\_\_\_\_
3. Has other identifying documents (specify) \_\_\_\_\_  
\_\_\_\_\_
4. Has employment experience- yes  no \_\_\_\_\_
5. Has volunteer experience- yes  no \_\_\_\_\_
6. Has a resume-  yes  no \_\_\_\_\_
7. Has filled out applications-  yes  no \_\_\_\_\_
8. Has registered in ALEXsys- yes  no \_\_\_\_\_
9. Knows what ALEXsys is-  yes  no \_\_\_\_\_
10. Has applied for jobs online-  yes  no \_\_\_\_\_
11. Has used the internet for job search-  yes  no \_\_\_\_\_
12. Has used the newspaper for job search-  yes  no \_\_\_\_\_
13. Has been interviewed for a job-  yes  no \_\_\_\_\_
14. Has an appropriate e-mail address-  yes  no \_\_\_\_\_
15. Has made follow up calls-  yes  no \_\_\_\_\_

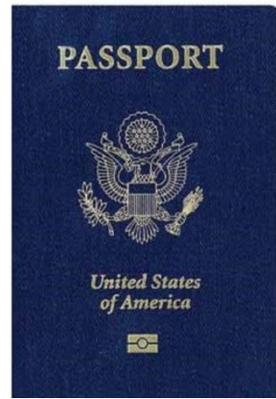
## Sample documents for Eligible to work in the U.S



## Sample documents of Selective Service



# Sample documents of Date of Birth



# Sample of Veteran Status document

DD FORM 214 (8 Part) REPLACES EDITION OF 1 JUL 53 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES  
 REPORT OF TRANSFER OR DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE NAME  
 2. SERVICE NUMBER  
 3. GRADE, RATE OR RANK  
 4. DATE OF BIRTH (Day, Month, Year)

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS  
 5. PLACE OF BIRTH (City and State or County)  
 6. DATE OF BIRTH (Day, Month, Year)

7A. RACE  
 8. SEX  
 9. COLOR HAIR  
 10. COLOR EYES  
 11. HEIGHT  
 12. WEIGHT  
 13. U.S. CITIZEN  
 14. MARRIAGE STATUS

15A. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED  
 16. MAJOR COURSE OR FIELD

17A. TYPE OF TRANSFER OR DISCHARGE  
 18. STATION OR INSTALLATION AT WHICH EFFECTED

19. REASON AND AUTHORITY  
 20. EFFECTIVE DATE

21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND  
 22. CHARACTER OF SERVICE  
 23. TYPE OF CERTIFICATE ISSUED

24. SELECTIVE SERVICE NUMBER  
 25. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE  
 26. DATE INDUCTED

27. DISTRICT OR AREA COMMAND TO WHICH REASSIGNED

28. TERMINAL DATE OF RESERVE  
 29. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION  
 30. TERM OF SERVICE  
 31. DATE OF ENTRY

32. PRIOR REGULAR ASSIGNMENTS  
 33. HOME OF PARENTS AT TIME OF ENTRY INTO ACTIVE SERVICE  
 34. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)

35. SPECIAL NUMBER AND TITLE  
 36. RELATED OCCUPATION AND DUTY  
 37. STATUS  
 38. GRADE, RATE OR RANK  
 39. SERVICE THIS PERIOD  
 40. CHARACTER OF SERVICE  
 41. ACTIVE SERVICE

42. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

43. SERVICE SCHOOLS OR COLLEGES, COLLATERAL TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED  
 44. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

45. GOVERNMENT LIFE INSURANCE IN FORCE  
 46. AMOUNT OF ALLOTMENT  
 47. MONTH ALLOTMENT DISCONTINUED

48. VA BENEFIT IS PREVIOUSLY APPLIED FOR (Specify type)  
 49. CLAIM NUMBER

50. REMARKS

51. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE  
 52. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED

53. TYPE, NAME, GRADE AND TITLE OF AUTHORIZING OFFICER  
 54. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

# Sample of Low Income

**SOCIAL SECURITY VERIFICATION LETTERS**

**EFFECTIVE AUGUST 1, 2014 SOCIAL SECURITY WILL STOP PROVIDING BENEFIT VERIFICATION LETTERS IN THEIR OFFICES. APPLICANTS WILL STILL BE ABLE TO GET BENEFIT VERIFICATION LETTER USING THE FOLLOWING METHODS:**

1) **BY SETTING UP A MY SOCIAL SECURITY ACCOUNT AT <http://ssa.gov/>. APPLICANTS MUST HAVE THEIR OWN PERSONAL EMAIL ACCOUNT TO REQUEST A BENEFIT VERIFICATION LETTER ONLINE.**

**OR**

2) **BY CALLING THE TOLL FREE NUMBER 1-800-772-1213 TO REQUEST A BENEFIT VERIFICATION LETTER TO BE MAILED TO THEM.**

**Definition: my Social Security Benefit Verification Letter**

**Benefit Verification Letter**

If you need proof that you are receiving Social Security benefits, Supplemental Security Income (SSI), and/or Medicare, or that you are not getting benefits, you can request a benefit verification letter online. This letter is sometimes called a "budget letter," a "benefits letter," a "proof of income letter," or a "proof of award letter."

What is a benefit verification letter? It is an official letter from Social Security that you can use as proof of your:

- income when you apply for a loan or mortgage;
- income for assisted housing or other state or local benefits;
- current Medicare health insurance coverage;
- retirement status;
- disability; and/or
- age.

You can select the information you want included in, or left out of, your online benefit verification letter.

**Note:** If you applied for benefits but have not received an answer yet, you can request a benefit verification letter that shows your claim is still pending.

**Note:** If you applied for benefits but have not received an answer yet, you can request a benefit verification letter that shows your claim is still pending.

**WIOA Youth Self Attestation Form**

**ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT**

I, \_\_\_\_\_ self attest that I meet the criteria for the Eligibility element(s) checked below:

Income

Youth experiencing a disability (ADA Definition)

Youth in or alumni of the foster care system

Out-of-School Youth including dropout

Homeless Individual and/or Runaway Youth  
Where do you currently sleep/live?  
\_\_\_\_\_

Youth Offender

Youth with an incarcerated parent

Alaska Native or American Indian Youth

Pregnant or Parenting Youth

Youth Who Needs Additional Assistance

School Status at Participation: In School  Out of school

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

STUB SAMPLES INC.  
4891 INGLESIDE DRIVE  
HUNTINGTON BEACH CA 92649

**Earnings Statement**

EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO	PERIOD BEG.	PERIOD END	CHECK DATE	
045345	JOHN J. DOE	xxx-xx-9898	01/18/2011	02/01/2011	02/04/2011	
EARNINGS	HOURS	RATE	CURRENT AMOUNT	WITHOLDINGS/DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE
REGULAR PAY	87.60		2307.69	STATE TAX AMT DEFERRED CMP FED TAX AMT HI TAX OASDI	87.69 0.00 281.54 33.46 96.92	350.77 0.00 1126.15 133.85 387.69
<b>CURRENT AMOUNT</b>	<b>CURRENT DEDUCTIONS</b>	<b>NET PAY</b>	<b>YTD EARNINGS</b>	<b>YTD DEDUCTIONS</b>	<b>YTD NET PAY</b>	<b>CHECK NO.</b>
2307.69	499.62	1808.08	9230.77	1998.46	7232.31	48974

**Anchorage School District**  
Educating All Students for Success in Life

SCHOOLS SCHOOL BOARD DEPARTMENTS ZANG/LOU PARENTS STUDENTS COMMUNITY

You are here: ASD Online > Student Nutrition > Free and reduced price meals

**Student Nutrition**  
Free and reduced price meals

**Breakfast and lunch programs**  
The Anchorage School District provides free and reduced price meals for elementary, middle and high school students under the National School Lunch Program and School Breakfast Program. Nutrition meals are served every school day.

**Who is eligible?**  
All students eat for free at these Community Eligible Provision (CEP) schools

- Abbott Loop
- AK Native Alternative
- Arpent Heights
- A.V.A.H.
- Bartel Highschool
- Baker
- Inupik Middle School

**Free and Reduced Price Meals application**  
The Online Application Portal for the 2017-2018 School Year is Now Open as of 7/12/2017

Online FFP applications are available in English and Spanish. (See below for translated versions in FFP Spanish in additional languages (if living, Korean, Samoan and Tagalog).)

- Easy and fast - no need to print and mail or fax your application.

[Click to apply online](#)

# Sample of TANF- Need TANF approval letter

## Sample of Other Public Assistance Recipient

**Social Security Administration  
Supplemental Security Income  
Notice of Award**

SOCIAL SECURITY  
175 AMHERST ST  
SUITE 2  
NASHUA NH 03064  
Date: [REDACTED]  
Claim Number: [REDACTED]



We have carefully reviewed the facts of [REDACTED] case and have approved the claim for Supplemental Security Income (SSI) benefits that he filed on [REDACTED]. As of [REDACTED] he met all the rules to be eligible for SSI based on being disabled.

The rest of this letter explains his current monthly payment, his back payments, how we figured his payment amount, information about Medicaid, your reporting responsibilities, and his appeal rights.

**His Current Monthly Payment**

His current monthly payment is [REDACTED]. This amount will continue unless there is a change in the information we use to determine his SSI eligibility and payment amount.

**His Back Payments**

From	Through	Monthly Payment Amount	Total
November 2012	December 2012	[REDACTED]	[REDACTED]

We explain how we figured the monthly payment amounts on the worksheets at the end of this letter. The explanation shows how his income, other than any SSI payments, affects his SSI payment.

**When You Will Receive His Payments**

- You will receive a payment of [REDACTED] by December 12, 2012. This payment covers November 2012 through December 2012.

See Next Page

SSA 1485

## Sample of Basic Literacy Skills Deficiency

Content Area	Level	Number of Questions			Scale Score	Grade Equivalent	National Percentile	Normal Curve Equivalent	National Stanine	% Objectives Mastery
		Total	Correct	Attempted						
Applied Mathematics	A	50	12	12	423	3.3	17	30	3	22
Language	A	55	12	12	337	1.4	5	14	2	0
Language Mechanics	A	20	12	12	565	9.5	75	64	6	0
Math Computation	A	40	12	12	486	5.2	42	46	5	0
Reading	A	50	12	12	325	1.6	5	16	2	20
Spelling	A	20	12	12	531	8.6	63	57	6	33
Vocabulary	A	20	12	12	497	5.2	39	44	4	67
Total Battery*		195	48	48	372	2.2	5	16	2	
Total Mathematics*		90	24	24	454	4.4	26	37	4	

## Tests of Adult Basic Education TABE™



## Sample of Foster Care documents

State of Alaska myAlaska My Government Resident Business in Alaska

Alaska Department of Health and Social Services  
Office of Children's Services

Divisions and Agencies Services News Contact Us

and Social Services > Office of Children's Services > Foster Care

### Foster Care

You don't have to live in a big city to be a foster parent. You don't have to have a big house, a fancy car or lots of money. What you need is a home. What you need is a heart that can open to a child who needs you. Won't you become a foster parent today? A child is waiting. Call 1-800-478-7307

CASE NOTE - INFORMATION

### Foster Care Status

General

Subject

Note Type Confidentiality Public

Note Date 08/08/2017 Enrollment WA Youth

Case Manager Shane Bannarbie Written By Shane Bannarbie

Note Detailed case notes

Obtain written documentation from Social Worker

## Sample of Enrolled in Education

Anchorage School District  
Educating All Students for Success in Life

SCHOOLS SCHOOL BOARD DEPARTMENTS ZANGLE/Q PARENTS STUDENTS COMMUNITY

You are here: ASD Online > Records Management > Student Records

## Records Management

### Student records and transcript requests

Academic records for students are available from the school registrar during enrollment and for two years following withdrawal. Records may then be obtained from the Records Management Department. Academic records are maintained and released in compliance with the Family Educational Rights and Privacy Act (FERPA).

#### Online requests

Records requests may be placed online for current and former Anchorage School District students. Online requests may be submitted by:

- the parent or guardian if the student is under the age of 18
- the eligible student who is 18 or older

During the school year, online requests for current students or former students attending the District within the past two years go directly to the school for processing. Records Management processes all online requests made by former students who have exited the District more than two years ago. All requests made when the schools are closed in the summer are routed to the Records Management Department.

CASE NOTE - INFORMATION

### Education Enrollment Verification

General

Subject

Note Type Confidentiality Public

Note Date 08/09/2017 Enrollment WA Youth

Case Manager Shane Bannarbie Written By Shane Bannarbie

Note Detailed case note



## Sample of Additional Support for Youth Services

Treatment Plan Template	
Participant Name _____	SSN # _____
Healthy Connections Physician: _____	MEDICAID # _____
Healthy Connection # _____	CAFAS Score # _____
Provider Agency completing the Service Plan: _____	
DATE OF AMENDMENT (if applicable): _____	
Comment (What is being amended and why): _____	
DATE OF PLAN: _____	120 Day Rev. _____
_____	240 Day Rev. _____
_____	Annual Update: _____
DIAGNOSTIC SUMMARY	
I/P# Principal Diagnosis _____	
(check if applicable): <input type="checkbox"/> Severe Emotional Disturbance <input type="checkbox"/> Severe and Persistent Mental Illness	
Axis I : _____	
Axis II : _____	
Axis III : _____	
Axis IV : _____	
Axis V : Current GAF _____	Highest Past GAF _____
Duration of Principal Diagnosis	
<input type="checkbox"/> Less than one year	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Due to two years	<input type="checkbox"/> Vocational/Educational
<input type="checkbox"/> More than two years	<input type="checkbox"/> Financial
	<input type="checkbox"/> Social/Interpersonal
	<input type="checkbox"/> Family
	<input type="checkbox"/> Community/Legal
	<input type="checkbox"/> Housing
	<input type="checkbox"/> Basic Living Skills
(see IDAPA 16.03.18.01)	
Functional Area I:	Expected End Date
Issue I:	I.A.
Goal I:	Type, freq & hrs
Objective I.A. (concrete and measurable and include time frames for completion)	
Task I.A.1. (Specific, time-limited activities)	
Task I.A.2. (Specific, time-limited activities)	
Functional Area II:	Expected End Date
Issue II:	I.A.
Goal II:	Type, freq & hrs
Objective II.A. (concrete and measurable and include time frames for completion)	
Task II.A.1. (Specific, time-limited activities)	
Task II.A.2. (Specific, time-limited activities)	

MENTORING LOG				
Date	Time	Competency discussed	Action Plan Step	How & when completed
6/24/09	11a.m - 1p.m	Teamwork	Attended orientation	Set-up contract 6/24/09

CASE NOTE: INFORMATION

**Tutoring** ☰

◀ **General**

Subject \*

Note Type \* Confidentiality \* Public

Note Date 10/12/2017 Enrollment WA Youth

Case Manager \* Shane Barnarbie Written By Shane Barnarbie

Note Detailed case note

## Sample of Leadership Development Opportunities

Project/Meeting/Campaign NAME _____		Date _____	
SIGN IN SHEET			
PLEASE PRINT YOUR NAME AND DETAILS CLEARLY (Details are confidential and not shared with other organizations)			
Name	Address	Mobile Phone Number	Email Address

CASE NOTE: INFORMATION

**Leadership Development** ☰

◀ **General**

Subject \*

Note Type \* Confidentiality \* Public

Note Date 11/28/2017 Enrollment WA Youth

Case Manager \* Shane Barnarbie Written By Shane Barnarbie

Note Detailed case note

# Sample of Training and Exit Information

Always check Vendor provided training dates/case notes/participant training requests, etc. with service dates in ICM to make sure they match



**Template for Employee Training Schedule**  
**Training Program Details**

Name of Training Program: \_\_\_\_\_  
 Total Number of Hours: \_\_\_\_\_  
 Program Start Date: \_\_\_\_\_  
 Program End Date: \_\_\_\_\_  
 Training Coordinator: \_\_\_\_\_

**Training Summary**

Training Modules	Number of Hours

CASE NOTE: INFORMATION

**Training**

General

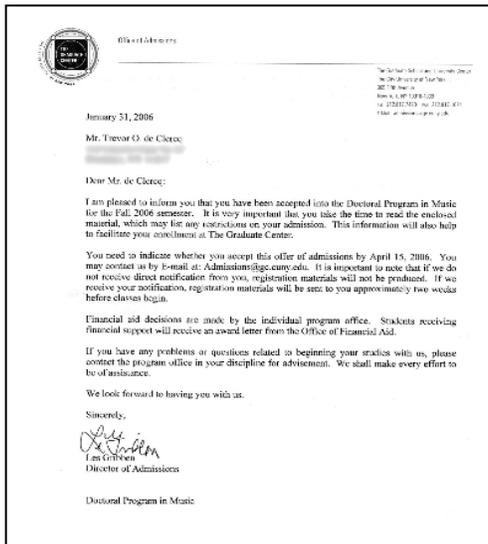
Subject\*

Note Type\* Confidentiality\* Public

Note Date 12/11/2017 Enrollment WA Youth

Case Manager\* Shane Barnette Written By Shane Barnette

Note Detailed case note



CASE NOTE: INFORMATION

**Exit**

General

Subject\*

Note Type\* Confidentiality\* Public

Note Date 3/19/2018 Enrollment WA Youth

Case Manager\* Shane Barnette Written By Shane Barnette

Note Detailed case note

CASE NOTE: INFORMATION

**Follow-up Services**

General

Subject\*

Note Type\* Confidentiality\* Public

Note Date 4/19/2018 Enrollment WA Youth

Case Manager\* Shane Barnette Written By Shane Barnette

Note Detailed case note

Exit should be entered if no services for 90 days and no planned future service. Follow up should be entered as a service in ICM and case noted.