## FLORIDA FARMWORKER JOBS AND EDUCATION PROGRAM PARTICIPANT PROGRAM AND SERVICES FILE – MONITORING CHECKLIST

| Participant:    |                    | SS# last 4 digits:               |  |  |  |
|-----------------|--------------------|----------------------------------|--|--|--|
| Project:        | Intensive/Training | Related Assistance Services Only |  |  |  |
| Date of Review: | Reviewer:          | Initials:                        |  |  |  |

|     | DOCUMENTS  | FILE/CRD<br>Y or N | SIGNED<br>Y or N | ERRORS<br>Y or N | INITIALS |  |
|-----|--|--------------------|------------------|------------------|----------|--|
|     |  |                    |                  |                  |          |  |
| A.  | FJEP WORKSHEET A:                                |                    |                  |                  |          |  |
|     | Eligibility Review and Data Validation           |                    |                  |                  |          |  |
| 1.  | Application for NFJP Services (Sections E.1-E.7) |                    |                  |                  |          |  |
| 2.  | Enrollment Application                           |                    |                  |                  |          |  |
| 3.  | Release of Information                           |                    |                  |                  |          |  |
| B.  | FJEP WORKSHEET B:                                |                    |                  |                  |          |  |
|     | Eligibility Review AND Data Validation           |                    |                  |                  |          |  |
| 1.  |  |                    |                  |                  |          |  |
|     | Participant Complaint Procedures                 |                    |                  |                  |          |  |
|     | (includes non-discrimination policy)             |                    |                  |                  |          |  |
| 2.  | Public Assistance Verification                   |                    |                  |                  |          |  |
| 3.  | Employment Verification (labor force status) or  |                    |                  |                  |          |  |
|     | Sun Tax report                                   |                    |                  |                  |          |  |
| C.  | SERVICES   |                    |                  |                  |          |  |
| 1.  | Pre-program Assessment Record (TABE or CASAS)    |                    |                  |                  |          |  |
| 2.  | Individual Employment Plan (IEP)                 |                    |                  |                  |          |  |
| 3.  | Case Notes (must be monthly and dated)           |                    |                  |                  |          |  |
| 4.  | Classroom Training Agreement                     |                    |                  |                  |          |  |
| 5.  | Classroom Training Form                          |                    |                  |                  |          |  |
| 6.  | Post-program Assessment Records                  |                    |                  |                  |          |  |
| D.  | FJEP WORKSHEET C:                                |                    |                  |                  |          |  |
|     | Data Validation Worksheet                        |                    |                  |                  |          |  |
| 1.  | Customer Status and Exit Report                  |                    |                  |                  |          |  |
| 2.  | Placement Outcomes (if applicable)               |                    |                  |                  |          |  |
| 3.  | Customer Follow-up (if applicable)               |                    |                  |                  |          |  |
| E.  | WORK RELATED ACTIVITIES                          |                    |                  |                  |          |  |
| 1.  | On the Job (OJT) Information                     |                    |                  |                  |          |  |
| 2.  | Work Experience Agreement-Assurance and Cert.    |                    |                  |                  |          |  |
|     | Work Experience Agreement (CRD)                  |                    |                  |                  |          |  |
| 3.  | Payroll Compliance Review                        |                    |                  |                  |          |  |
|     | a. Weekly Attendance Sheet                       |                    |                  |                  |          |  |
|     | b. Voucher                                       |                    |                  |                  |          |  |
| 4.  | Emergency Assistance                             |                    |                  |                  |          |  |
|     |  |                    |                  |                  |          |  |
| COM | MENTS:   |                    | •                | •                | •        |  |
|     |  |                    |                  |                  |          |  |
|     |  |                    |                  |                  |          |  |
|     |  |                    |                  |                  |          |  |
|     |  |                    |                  |                  |          |  |