

# ARIZONA@WORK - City of Phoenix Monitoring Tool

Unique ID #

Participant Name (Last, First)

Grant Award Year

EXIT Date

Site Monitored

Case Manager (Last, First)

CMS Reviewed by

Date - **CMS**

File Reviewed by

Date - **File**

## **APPLICATION, GENERAL ELIGIBILITY & DATABASE VERIFICATIONS**

City of Residence - **CMS**

City of Residence - **File** Zip Code

**POINTS**

Participation Date - **CMS**

SS Card - **File**

**EXIT  
POINTS**

DOB - **CMS**

YOUTH - Age at registration

Number of Dependents under 13 - **CMS**

Family Size - **CMS**

Family Size - **File**

Adult w/ Disability - **CMS**

Disability File -

Child w/ Disability - **CMS**

**File**

Highest Grade/ Education Status - **CMS**

Educational Program Documentation- **File**

Employment Status - **CMS**

Selective Service-**CMS**

Selective Service - **File**

Work Eligibility (List A) - **File**

Work Eligibility (List B) - **File**

Work Eligibility (List C) - **File**

Low Income Determination - **CMS**

- Not Answered
- SSI, SSD, SSA
- TANF
- Welfare for single adults or general assistance (GA)
- Unemployment Insurance
- Food stamps
- Other government sources
- No benefits
- Matches AJC Demographics
- Does not match AJC Demographics

Housing Status- **CMS**

- Staying at someone's apartment, room or house (stable)
- Own/rent apartment, room or house
- Halfway house or transitional house
- Residential Treatment
- Homeless
- Staying at someone's apartment, room or house (unstable)
- Staying with foster guardian, in foster system
- Living with family
- Subsidized Housing

Enrolled or Prequalified for One or More Programs: **File**

Income - **File**

Public Assistance? **CMS**

- NONE
- SSI
- SSDI
- TANF
- Food Stamps
- Other

Needs and Barriers - **CMS**

- NONE
- Basic Skills Deficient
- Disability
- Justice-Involved
- Child Care

Follow-up Agreement/ Alt Contacts - **File**

EO/ Non-Discrimination - **File**

Release of Information Form - **File**

CMS Application Signatures - **File**

**YOUTH** - Under 18 - Applicant Statement Form - **File**

**ASSESSMENTS:**

**POINTS**

**My Next Move**

**Self-Sufficiency Matrix**

**WorkKeys**

Assessments- **File**

**INCUMBENT WORKER:**

Employer Letter- **File**

**BUSINESS NAME**

**POINTS**

**CO-ENROLLMENT**

Partner ID: **CMS**

Lead Case Manager - **CMS** Verified

Lead Case Manager - **File** VERIFIED

Case Notes

IEP Goals

Service Summary

Assessments

NA

NA

Leverage Services- **CMS** Verified

Leverage Services- **File** Verified

Case Notes

S&T Plan

NA

# INDIVIDUAL EMPLOYMENT PLAN (IEP)

# POINTS

Services

Start/End Date

Summary of Services

Case Note

**IEP - File**

**VERIFIED**

Client Signature

CM Signature

Matches Services

Matches Case Notes

**TRAINING SERVICE: (Exits - Verify Credential)**

**POINTS**

Training - **CMS**

**EXIT POINTS**

Documents - **File**

VERIFIED

OTA Form w/Signatures

OTA Adult Cond Trng Agrmnt

OTA Checklist

OTA Demand docs

OTA Pell/Non-Pell Eligibility

OTA Cost proposal

OTA PSR Form (as reqd)

MCCCD School

OJT Prg Rpt (as reqd)

Cert of Completion - **CMS**

Cert of Completion - **File**

Credential - **CMS**

Credential - **File**

Training Industry - **CMS**

Occupation - **CMS**

**SUPPORTIVE SERVICES:**

**TOTAL POINTS**

**EXIT POINTS**

**CMS Points**

**File Points**

Service/ Cost/ Dates	CMS Service Entry	CMS - Case Note	File - Receipt
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**CASE NOTE DOCUMENTATION:**

**POINTS**

Initial CaseNote Follows Template - **CMS**

Case Note Gaps - **CMS**

Do Program Notes justify services and clearly support participant progress and Service Plan? - **CMS**

**EXIT & PERFORMANCE OUTCOMES:**

**EXIT POINTS**

LDS Identified Correctly - **CMS**

LDS Closed Timely  
- **CMS**

Exit Follow-Up - **CMS**

Outcomes Completed - **CMS**

Follow-up Completed - **CMS**

**OUTCOMES:**

600 PARENTS

100% ENROLLED IN EDUCATION/TRAINING SERVICES

**OTHER NOTES:**

CHILD CARE NEEDS ADDRESSED-100%

85% COMPLETE TRAINING

70% (TARGET) AND 85% (IW) RECEIVE CREDENTIAL