

TDOL CASE MANAGEMENT NOTE FORM

Name of Participant: _____

1.) Name of source of information: _____

His/her phone Number: _____

His/her organization and title or relationship to participate: _____

2.) Name or initials of person making note: _____

3.) Date the following information was obtained: _____

4.) Date the information was recorded (if different from #3): _____

Detailed Case Notes: _____

You can use a Case Note Form if official documentation or other acceptable source documentation is not available for any of the items listed below. Circle the item this case note reference.

Homeless

Risk for homeless

Number in family

Unemployed at Time of Enrollment

Failed to Find Employment after being Enrolled in WIA Title 1 Service

Limited English Proficiency

Limited Literacy Skills

Low employment prospects (Participant form question #30)

Approved break in service (include reason for Break; the start date; the end date; date new Assignment is given; and written policy in Place)

Low Literacy skills (Participant form question #24)

Quarterly hours paid in training (include who provided the training; where and when, etc)

Exit date

Wages for first-fourth quarter after exit quarter

Wages for first-fourth quarter if employer has not provided information after the reasonable efforts of three (3) unanswered telephone calls

Earning for third or fourth quarter after exit quarter

Number in family at recertification (must include signed statement from independent person)

Displaced Homemaker (Participant question # 28)

Disability (Participant question #26) Must present documentation