

2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
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1. Appointment Documentation

<p>1-A SCHEDULING APPOINTMENTS <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>A1 Appointment scheduled in RAS: <u>Source:</u> Appointment scheduled in RAS-staff assisted or self-scheduled by claimant.</p> <p>A2 Scheduled by staff-documented ID verified in MIS Notes: <u>Source:</u> ID Verified and documented in MIS case notes, service notes or RESEA TouchPoint (TP) dashboards AND cross-matched with RAS event history.</p> <p>A3 Notification of Mandatory Follow Up (Subsequent) Appointment: <u>Source:</u> RESEA Program's Action Plan, MIS case or service notes, RAS notification, confirmation email and/or reminders to schedule, complete, and attend.</p> <p>Note Detail: <u>Source:</u> MIS service or case notes and detailed notes summaries in the claimant's Employability Needs Assessment (ENA) or Required Elements TP documentation.</p>	<p>A1 Appointment scheduled in RAS: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>A2 Scheduled by staff-documented ID verified in MIS Notes: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>A3 Notification of Mandatory Follow Up (Subsequent) Appointment: provided: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p> <p><i><u>Monitoring's 4-C's</u></i> <u>Condition:</u> What is the specific problem? <u>Cause:</u> What is causing the condition? (Learning the 5 Why's-helps determine any corrective action.) <u>Criteria:</u> What are the standards or requirements being used to evaluate the condition? <u>Corrective Action:</u> What action is required to eliminate the cause and correct the condition?</p>
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<p>1-B ATTENDANCE <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>B1 Attendance recorded in RAS same day as appointment: <u>Source:</u> RAS event history cross-matched with services recorded in the MIS.</p> <p>B2 DNR Attendance error occurred, error corrected and recorded in the MIS:</p>	<p>B1 Attendance recorded in RAS same day as appointment: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>B2 DNR Attendance error occurred, error corrected and recorded in the MIS:</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
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Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
<p><u>Source:</u> RAS event history cross-matched with MIS case notes and UTAB notes.</p> <p>Note Detail: <u>Source:</u> MIS service or case notes and detailed notes summaries in the claimant's ENA or Required Elements TP documentation.</p>	<p>Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	
<p>1-C RESCHEDULES <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>C1 Staff reschedule and documentation of ID verified in MIS Case Note TP: <u>Source:</u> RAS event history, MIS case notes completed with ID verification details.</p> <p>C2 Appointment reschedules exceeded two (2): <u>Source:</u> RAS and MIS case notes with reason for exceeding reschedules two times, if due to good cause, or was approved for an exemption.</p> <p>Note Detail: <u>Source:</u> MIS case or service notes and detailed notes summaries in the claimant's ENA or Required Elements TP documentation.</p>	<p>C1 Staff reschedule and documentation of ID verified in MIS Case Note TP: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>C2 Appointment reschedules exceeded two (2): Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

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Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

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<p>1-D EXEMPTIONS <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA D1 Staff Exemption entered in RAS with required MIS case notes: Source: MIS case notes document RAS exemption due to either Last Initial Service was within 12 months or when full time employment begins prior to the scheduled appointment. The record contains complete return to full time work details. Note Detail: Source: MIS case or service notes and detailed notes summaries in the claimant's ENA or Required Elements TP Documentation.</p>	<p>D1 Staff Exemption entered in RAS with required MIS case notes: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA <input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
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2. RESEA Required Components Meeting Documentation (MIS)

<p>2-A IDENTITY VERIFIED AT APPOINTMENT <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Sub (1) <input type="checkbox"/> Sub (2) <input type="checkbox"/> NA A1 ID Verification Documented: Source: MIS case or service notes document the claimants ID was verified at the time of their appointment. Note Detail: Source: MIS case or service notes and detailed notes summaries in the claimant's Required Elements TP documentation.</p>	<p>A1 ID Verification Documented: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA <input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
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Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

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<p>2-B UI ELIGIBILITY REVIEW <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>B1 UI basic eligibility assessment conducted to detect, report eligibility questions and determine if able, available and actively seeking work: Source: MIS detailed notes summary in Required Elements TP, documentation in record includes evidence the assessment was conducted to determine if any issues were presented during the appointment. (Examples: claimant responses, work search or ENA review)</p> <p>Note Detail: Source: MIS case or service notes and detailed notes summaries in the claimant's Required Elements TP documentation.</p>	<p>B1 UI basic eligibility assessment conducted to detect, report eligibility questions and determine if able, available and actively seeking work: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
<p>2-C REVIEW OF WORK SEARCH <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Sub (1) <input type="checkbox"/> Sub (2) <input type="checkbox"/> NA</p> <p>C1 Claimant submitted the requested job search records prior to <i>or</i> during the RESEA meeting. Records were reviewed with the claimant: Source: MIS service or detailed notes summary provided evidence the correct weeks for the claimants work search were requested and reviewed with the claimant; how records were provided (verbal, UTAB, email, in person) or reason for failure to provide the records; and if a RPI or WSD was discussed with the claimant was documented within notes in the MIS.</p> <p>C2 UTAB and Verbal review of work search records were used as a last resort when the claimant's work search records are not submitted on or before the RESEA appointment: Source: MIS service or detailed notes summary provided supporting documentation explaining why UTAB or Verbal work search records were used for the appointment.</p>	<p>C1 Claimant submitted the requested job search records prior to <i>or</i> during the RESEA meeting. Records were reviewed with the claimant: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>C2 UTAB and Verbal review of work search records were used as a last resort when the claimant's work search records are not submitted on or before the RESEA appointment: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

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<p>C3 Claimant is seeking suitable work: <u>Source:</u> MIS service or detailed notes summary provides evidence of the type of work the claimant is seeking and if the work search efforts are targeting their customary occupation and job market.</p> <p>C4 Claimant is keeping adequate records: <u>Source:</u> MIS service or detailed notes summary indicates the outcome of the review and assessment of the claimants work search records had occurred during the appointment. Notes relate if the claimant made the number of required contacts, records held complete required details, if the claimant was maintaining their required records, if the work search records needed to be recreated, and how staff determined the claimant was or was not maintaining their eligibility for benefits.</p> <p>C5 Clarification of work search requirements were provided for inadequate or missing records: <u>Source:</u> MIS service or detailed notes summary, uploaded RPI or WSD with supporting notes in the MIS record.</p> <p>Note Detail: <u>Source:</u> MIS case or service notes and detailed notes summaries in the claimant's ENA or Required Elements TP documentation.</p>	<p>C3 Claimant is seeking suitable work: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>C4 Claimant is keeping adequate records: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>C5 Clarification of work search requirements were provided for inadequate or missing records: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available</p>		
<p>2-D CUSTOMIZED LABOR MARKET CAREER INFORMATION <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>D1 Staff presented customized labor market information (LMI) and documented the outcomes from the discussion with the claimant during the appointment: <u>Source:</u> MIS service or detailed note summary included the name of the claimant's customary occupation with demand/decline details. A secondary occupation is identified in the record when the primary in not in demand. Evidence or outcomes of the discussion with the claimant about specific needs related to career</p>	<p>D1 Staff presented customized labor market information (LMI) and documented the outcomes from the discussion with the claimant during the appointment: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>D2 Reviewed LMI during the Follow Up (Subsequent) appointment and new</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

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<p>information provided for the claimant’s occupation, details of how they will use the information or complete additional LMI research, and information uploaded into the MIS record includes any assessment results.</p> <p>D2 Reviewed LMI during the Follow Up (Subsequent) appointment and new information was provided, if appropriate: <u>Source:</u> MIS service or detailed note summary indicated information was updated and shared with the claimant. i.e. interested in career change, researching new industry or occupation or consider training.</p> <p><u>Note Detail:</u> <u>Source:</u> MIS case or service notes and detailed notes summaries in the claimant’s ENA or Required Elements TP documentation.</p>	<p>information was provided, if appropriate: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><u>Note Detail:</u> <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>	<p>Condition: Criteria:</p>	
<p>2-E EMPLOYABILITY NEEDS ASSESSMENT <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><u>E1 Staff completed the standardized Employability Needs Assessment (ENA) and documented claimant responses in the MIS:</u> <u>Source:</u> Required Elements-ENA Tab with completed detailed note summaries that include relevant customer responses.</p> <p><u>E2 Referrals and supporting information were documented in the claimant record:</u> <u>Source:</u> Action Plan (referral checkbox). MIS service or Case Note TP with supporting documentation of services provided from RESEA referrals for community or partner services. Required Elements-ENA Tab with completed detailed note summaries that includes relevant customer responses.</p> <p><u>Note Detail:</u> <u>Source:</u> MIS case or service notes and detailed notes summaries in the claimant’s ENA or Required Elements TP documentation.</p>	<p><u>E1 Staff completed the standardized Employability Needs Assessment (ENA) and documented claimant responses in the MIS:</u> Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If no, documentation of the following ENA responses was identified as missing or incomplete in the claimant record: <u>Employment Goals:</u> Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <u>Education training needs:</u> Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

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Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
	<p>Job search needs:</p> <p>Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Use of WorkSource Services or Resources:</p> <p>Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Financial Concerns:</p> <p>Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><u>E2 Referrals and supporting information were documented in the claimant record:</u></p> <p>Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail:</p> <p><input type="checkbox"/> Yes, very detailed</p> <p><input type="checkbox"/> Yes, somewhat detailed</p> <p><input type="checkbox"/> No notes available</p> <p><input type="checkbox"/> NA</p>		

2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
<p>2-F REEMPLOYMENT ACTION PLAN <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>F1 The record contained a complete RESEA Program Approved Action Plan: <u>Source:</u> Uploaded RESEA Action Plan or the completed RESEA Action Plan TouchPoint (TP) in the MIS.</p> <p>F2 The claimants Employment Goals are defined in the RESEA Action Plan: <u>Source:</u> Uploaded RESEA Action Plan or the completed RESEA Action Plan TP in the MIS.</p> <p>F3 Detailed activities are clearly listed in the RESEA Action Plan: <u>Source:</u> Uploaded RESEA Action Plan or the completed RESEA Action Plan TP in the MIS.</p> <p>F4 Follow up (Subsequent) appointment details were located in the record: <u>Source:</u> The Action Plan Initial/Follow Up TP service notes were completed in the record. RAS history indicated the appointment was scheduled within 30 days on the Initial appointment.</p> <p>F5 Signature obtained, consequences were reviewed and acknowledged, and the claimant received a copy of their RESEA Action Plan: <u>Source:</u> RESEA Action Plan TP, Action Plan was uploaded into the MIS, service or case notes, uploaded copy of the email that was sent or documentation of how the claimant received a copy of their Action Plan when services were provided remotely.</p> <p>F6 Action Plan review occurred during the Follow up (Subsequent) appointment and was documented in the record: <u>Source:</u> Action Plan TP Outcomes TAB includes actual completion date, indicates if the activity was or was not completed, and includes a detailed note summary of the context of the review with the claimant.</p>	<p>F1 The record contained a complete RESEA Program Approved Action Plan: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>F2 The claimants Employment Goals are defined in the RESEA Action Plan: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>F3 Detailed activities are clearly listed in the RESEA Action Plan: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If no, the following details of how the activities will assist the claimant in their job search was identified as missing or incomplete in the RESEA Action Plan: <input type="checkbox"/> Employment/Occupation identified <input type="checkbox"/> Who: name of contact, WS partner or employer that includes job referral details that are relevant to the agreed upon Action Plan activities. <input type="checkbox"/> What: activities will be completed by the claimant. <input type="checkbox"/> When: (date) the activities are to have been completed by the claimant. <input type="checkbox"/> Where: the location the claimant will complete their activities.</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
<p>Note Detail: Source: MIS case or service notes and detailed notes summaries in the claimant's Action Plan TP document the completion of the features of the claimants RESEA Action Plan.</p>	<p><input type="checkbox"/> Why: how the activities will assist the claimant in their job search.</p> <p>F4 Follow Up (Subsequent) appointment details were located in the record: Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>F5 Signature was obtained, consequences were reviewed and acknowledged, and the claimant received a copy of their RESEA Action Plan: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>F6 Action Plan review occurred during the Follow Up (Subsequent) appointment and was documented in the MIS record: Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>		

2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
<p>2-G Components of Appointments <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>G1 All required elements of the RESEA meetings are properly recorded/entered in ETO: Source: MIS case or service notes and detailed notes summaries in the claimant’s ENA, Required Elements, or RESEA Action Plan TP that were completed at the Initial and Follow Up (Subsequent) appointments. Elements identified as Met or Not Met during the record review. <i>Any missing or incomplete documentation in the ENA, Required Elements, or RESEA Action Plan will result in an Element <u>Not Met</u> in this section.</i></p> <p><u>G2 Missing or Incomplete Components of Appointments:</u> <input type="checkbox"/> 2-B UI Eligibility Review <input type="checkbox"/> 2-C Review of Work Search Records <input type="checkbox"/> 2-D Customized LMI <input type="checkbox"/> 2-E Employability Needs Assessment <input type="checkbox"/> 2-F Reemployment action plan Source: MIS case or service notes and detailed notes summaries in the claimant’s ENA, Required Elements, or RESEA Action Plan TP that were completed at the Initial and Follow Up (Subsequent) appointments. Elements identified as Met or Not Met during the record review. <i>Any missing or incomplete documentation in the ENA, Required Elements, or RESEA Action Plan will result in an Element <u>Not Met</u> in this section.</i></p>	<p>G1 All required elements of the RESEA meetings are properly recorded/entered in ETO. Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><u>G2 Missing or Incomplete Components of Appointments:</u> 2-B UI Eligibility Review Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>2-C Review of Work Search Records Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>2-D Customized LMI Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>2-E Employability Needs Assessment Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>2-F Reemployment Action Plan Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
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3. UI Feedback Loop

<p>3-A REPORT OF POTENTIAL ISSUE (RPI) - REQUEST FOR WORK SEARCH DIRECTIVE (WSD) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>A1 Copy of RPI form uploaded in the MIS along with any supporting documentation: <u>Source:</u> MIS case or service notes and detailed notes summaries in the claimant's ENA, Required Elements, or RESEA Action Plan TP that were completed at the Initial and Follow Up (Subsequent) appointments. Claimant notes in UTAB.</p> <p>A2 RPI form complete with details relevant to the claimant's circumstance: <u>Source:</u> MIS case or service notes, detailed notes summaries in the claimant's ENA, Required Elements, RESEA Action Plan TP that were completed at the Initial and Follow Up (Subsequent) appointments. Uploaded RPI form includes claimant information, issue type, comments, dates, names staff that completed the form and documentation that information was submitted for adjudication to UI same day the issue was discovered. Detailed note in UTAB explaining the issue(s) and actions taken by staff.</p> <p>A3 WSD requested using RPI form: <u>Source:</u> MIS case or service notes, detailed notes summaries in the claimant's ENA, Required Elements, RESEA Action Plan TP that were completed at the Initial and Follow Up (Subsequent) appointments. WSD, using the RPI form, was uploaded into the MIS and includes claimant information, issue type, comments, dates, names staff that completed the form and documentation that the request was submitted for adjudication the same day the need for the request was discovered. Detailed note in UTAB explaining the issue(s) and actions taken by staff.</p>	<p>A1 Copy of RPI form uploaded in the MIS along with any supporting documentation: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>A2 RPI form complete with details relevant to the claimant's circumstance: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>A3 WSD requested using RPI form: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>A4 Record contains supporting documentation the RPI/WSD was discussed with the claimant: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>A5 Claimant referred to services or resources, as appropriate: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
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2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
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<p>A4 Record contains supporting documentation the RPI/WSD was discussed with the claimant: <u>Source:</u> MIS case or service notes, a completed RPI Form, or detailed note in UTAB explaining the issue(s) and actions taken by staff.</p> <p>A5 Claimant referred to services or resources, as appropriate: <u>Source:</u> MIS case or service notes, detailed notes summaries in the claimant’s ENA, Required Elements, RESEA Action Plan TP that were completed at the Initial and Follow Up (Subsequent) appointments. Uploaded RPI form that documents referral services or resources provided to help the claimant resolve underlying reasons for the issues or barriers to employment.</p> <p>Note Detail: <u>Source:</u> MIS case or service notes and detailed notes summaries in the claimant’s Action Plan TP document the completion of the features of the claimants RESEA Action Plan.</p>	<p>Note Detail: <input type="checkbox"/> Yes, very detailed <input type="checkbox"/> Yes, somewhat detailed <input type="checkbox"/> No notes available <input type="checkbox"/> NA</p>		
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4. ETO Data Integrity RESEA TouchPoints Implemented 8-23-2021

<p>4-A RESEA BASIC SERVICE TOUCHPOINT <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>A1 Date of ETO Basic RESEA Service matches date of attendance in RAS: <u>Source:</u> Data Entry of MIS Services, case or service notes, Initial or Follow Up (Subsequent) TP dashboards, RAS event history.</p>	<p>A1 Date of ETO Basic RESEA Service matches date of attendance in RAS: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
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2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
<p>4-B RESEA REQUIRED ELEMENTS AND ACTION PLAN TOUCHPOINT DASHBOARDS <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>B1 RESEA <i>Required Elements Initial</i> TP was saved, not in draft format, in the MIS and the related Dashboard was activated: Source: RESEA Required Elements Initial TP was recorded and saved, not in draft format. Related Dashboard from the Initial appointment was activated in the MIS.</p> <p>B2 RESEA <i>Action Plan Initial</i> TP was saved, not in draft format, in the MIS and the related Dashboard was activated: Source: RESEA Action Plan Initial TP was recorded and saved, not in draft format. Related Dashboard from the Initial appointment was activated in the MIS.</p> <p>B3 RESEA <i>Required Elements Follow Up (Subsequent)</i> TP in the Dashboard was completed in the MIS: Source: RESEA Required Elements Follow Up (Subsequent) TP. The related TP, in the Dashboard, was completed for the corresponding date of the appointment. <u>When appointments are scheduled beyond an Initial and Follow Up (Subsequent) meetings, related Dashboard TPs are completed in the MIS.</u></p> <p>B4 RESEA <i>Action Plan Follow Up (Subsequent)</i> TP in the Dashboard was completed in the MIS: Source: RESEA Action Plan Follow Up (Subsequent) TP. The related TP, in the Dashboard, was completed for the corresponding date of the appointment. <u>When appointments are scheduled beyond an Initial and Follow Up (Subsequent) meetings, related Dashboard TPs are completed in the MIS.</u></p>	<p>B1 RESEA <i>Required Elements Initial</i> TP was saved, not in draft format, in the MIS and the related Dashboard was activated: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>B2 RESEA <i>Action Plan Initial</i> TP was saved, not in draft format, in the MIS and the related Dashboard was activated: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>B3 RESEA <i>Required Elements Follow Up (Subsequent)</i> TP in the Dashboard was completed in the MIS: Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>B4 RESEA <i>Action Plan Follow Up (Subsequent)</i> TP in the Dashboard was completed in the MIS: Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element Not Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>

2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST

Office: WorkSource XXXXX	Date of records review: XX/XX/2024 <input type="checkbox"/> ETO <input type="checkbox"/> RAS <input type="checkbox"/> UTAB	Monitor: Diana Cook <input type="checkbox"/> Desktop Review Appointment Observation: <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/2024 Reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appointment Staff Name:	Subsequent 1: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted: Subsequent 2: XX/XX/2024 Method: <input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Phone Appt. Staff: Appt. Scheduled: <input type="checkbox"/> Self <input type="checkbox"/> Staff Assisted:

ELEMENT	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
<p>4-C RECORDING REQUIRED BASIC SERVICES <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Sub (1) <input type="checkbox"/> Sub (2) <input type="checkbox"/> NA</p> <p>C1 All required Basic RESEA Services are recorded in the MIS: Source: Data entry of RESEA Basic Service TPs crossmatched with RAS event history and the record services in the MIS, case, service notes, or action plan content indicates referrals were made to WorkSource workshops, activities, or partners services.</p> <p>Missing Service(s): Source: When could not locate data entry of related RESEA Basic Service TPs crossmatched with RAS appointment history and the record services in the MIS. Could not locate services related to case, service notes, or action plan details that indicated referrals were made to WorkSource workshops, activities, or partners services.</p>	<p>C1 All required Basic RESEA Services are recorded in the MIS: Initial: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 1: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Subsequent 2: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Missing Service(s): <input type="checkbox"/> RESEA Initial-Follow up Scheduled <input type="checkbox"/> RESEA Initial-No follow up <input type="checkbox"/> RESEA Follow up <input type="checkbox"/> (RESEA Only) Referral to Reemployment /Training</p>	<p><input type="checkbox"/> Element Met <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p><input type="checkbox"/> Element <u>Not Met</u> <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>Condition: Criteria:</p>	<p><input type="checkbox"/> No Action Required <input type="checkbox"/> Action Required: <input type="checkbox"/> NA</p>
MISCELLANEOUS OBSERVATIONS	OBSERVATIONS & COMMENTS	ACTION REQUIRED/RECOMMENDATIONS	OTHER
<p><input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p> <p>This element contains observations not accounted for within other Elements in this tool, RESEA Program SOP's or RESEA Policy. Notations here may include citations that were identifiable, or items that appear to be in areas where there may be a gap in SOP's or Policy.</p> <p>Examples of "miscellaneous observations" may include, but are not limited to:</p> <ul style="list-style-type: none"> Use of Cut and Paste service notes that do not contain claimant specific details or "tell the story". Although not required, the claimant does not have a WSWA profile. Medical references in the record. Job Match or service referrals were not provided. Incomplete or lack of documentation of job seeking tools. 	<p>OBSERVATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Recommendation <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent 1 <input type="checkbox"/> Subsequent 2 <input type="checkbox"/> NA</p>	<p><input type="checkbox"/> Recommendation <input type="checkbox"/> N/A</p>