Employment Security WASHINGTON STATE)24 RESEA M	ULTIPLE A	PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST
Office: WorkSource XXXXX	Date of records review: XX,	/XX/2024 □ ETO □	RAS □UTAB	Monitor: Di	ana Cook 🔲 Desktop Review Appoi	intment Observation: 🔲 Initial 🔲 Subsequent
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/ Appt. Scheduled: □Self □ Method: Method: □In pers Appointment Staff Name:	Staff Assisted:	□No	Appt. Sched Subsequent	1: XX/XX/2024 Method: □In person □Virtuled: □Self □ Staff Assisted: 2: XX/XX/2024 Method: □In person □Virtuled: □Self □ Staff Assisted:	
ELEMEN	IT	EVIDEN	CE/INDICATORS	5	REVIEW RESULTS/COMMENTS	ACTION REQUIRED
1. Appointment Docum	nentation					
1-A SCHEDULING APPOINT ⊠Initial □Subsequent 1 □S A1 Appointment scheduled in Source: Appointment scheduled	ubsequent 2 □NA n RAS:	A1 Appointmen Initial: Subsequent 1:	□Yes □No	DNA DNA	☐ Element Met ☐ Initial ☐ Subsequent 1	☐ No Action Required ☐ Action Required: ☐ NA
Source: Appointment scheduled self-scheduled by claimant. A2 Scheduled by staff-docum MIS Notes: Source: ID Verified and docume service notes or RESEA TouchPoi cross-matched with RAS event h A3 Notification of Mandatory (Subsequent) Appointment: Source: RESEA Program's Action service notes, RAS notification, cand/or reminders to schedule, con Note Detail: Source: MIS service or case note summaries in the claimant's Empassessment (ENA) or Required Edocumentation.	nented ID verified in Inted in MIS case notes, Intinit (TP) dashboards AND Istory. I Follow Up I Plan, MIS case or I confirmation email I complete, and attend. I es and detailed notes I ployability Needs	Subsequent 2: A2 Scheduled by verified in MIS Notification 1: Subsequent 1: Subsequent 2: A3 Notification 1: Up (Subsequent provided: Initial: Subsequent 1: Subsequent 2: Note Detail: Yes, very detail: Yes, somewhatinon ontes avaitinon notes avaitinotes.	y staff-docume Notes: Yes No Yes No Yes No Of Mandatory Appointmen Yes No Yes No Yes No	NA NA NA Follow	☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	Monitoring's 4-C's Condition: What is the specific problem? Cause: What is causing the condition? (Learning the 5 Why's-helps determine any corrective action.) Criteria: What are the standards or requirements being used to evaluate the condition? Corrective Action: What action is required to eliminate the cause and correct the condition?
1-B ATTENDANCE ☑Initial □Subsequent 1 □S B1 Attendance recorded in Rappointment: Source: RAS event history cross-recorded in the MIS. B2 DNR Attendance error occorrected and recorded in the	AS same day as -matched with services curred, error	B1 Attendance of day as appoint in Initial: Subsequent 1: Subsequent 2: B2 DNR Attendation or corrected MIS:	nent: Yes No Yes No Yes No	□NA □NA □NA urred,	☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial	☐ No Action Required ☐ Action Required: ☐NA

Employment Securit washington state)24 RESEA M	ULTIPI	PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST		
Office: WorkSource XXXXX	Date of records review: XX,	/XX/2024 □ ETO □ I	RAS DUTA	νB	Monitor: Di	ana Cook Desktop Review Appoi	ntment Observation: 🗆 Initial 🗆 Subsequent	
Claimant:	Initial Appointment: XX/XX/		□No		•	1: XX/XX/2024 Method: □In person □Virtu	ual □Phone Appt. Staff:	
ETO ID: UTAB ID:	Appt. Scheduled: □Self □ Method: Method: □In pers					uled: Self Staff Assisted:	ual □Dhana Annt Stoff	
	Appointment Staff Name:	on Dvirtual Denone				Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:		
ELEMEN	IT	EVIDEN	CE/INDIC	ATORS		REVIEW RESULTS/COMMENTS	ACTION REQUIRED	
Source: RAS event history cross-	-matched with MIS case	Initial:	□Yes	□No	□NA	☐ Subsequent 1		
notes and UTAB notes.		Subsequent 1:	□Yes	□No	□NA	☐ Subsequent 2		
Note Detail:		Subsequent 2:	□Yes	□No	□NA	□NA		
Source: MIS service or case note		Note Detail:				Condition:		
summaries in the claimant's ENATP documentation.	A or Required Elements		له ما:			Condition: Criteria:		
ii documentation.		☐Yes, very detailed				Criteria:		
		☐Yes, somewhat detailed ☐No notes available						
		□NA						
1-C RESCHEDULES		C1 Staff resched				☐ Element Met	☐ No Action Required	
☑Initial □Subsequent 1 □S	ubsequent 2 DNA	documentation	of ID ver	ified ir	MIS	☐ Initial	☐ Action Required:	
C1 Staff reschedule and docu		Case Note TP:	_	_	_	☐ Subsequent 1	□NA	
verified in MIS Case Note TP:		Initial:	□Yes			☐ Subsequent 2		
Source: RAS event history, MIS of with ID verification details.	case notes completed	Subsequent 1:	□Yes			□NA		
		Subsequent 2:	□Yes	□No	□NA	□ Floment Not Met		
C2 Appointment reschedules		C2 Appointment	resched	lules e	xceeded	☐ Element <u>Not Met</u> ☐ Initial		
Source: RAS and MIS case notes exceeding reschedules two time		two (2):			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Subsequent 1		
or was approved for an exemption	· ·	Initial:	□Yes	□No	□NA	☐ Subsequent 2		
Note Detail.		Subsequent 1:	□Yes	□No	□NA	☐ NA		
Note Detail: Source: MIS case or service note	es and detailed notes	Subsequent 2:	□Yes			LINA		
summaries in the claimant's ENA		,				Condition:		
TP documentation.		Note Detail:				Criteria:		
		☐Yes, very deta	iled					
		☐Yes, somewha		h				
		□ No notes avai						
			.abic					

Employment Security Department 2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST						
Office: WorkSource XXXXX	Date of records review: XX,	/XX/2024 □ ETO □ RAS □UTAB	Monitor: Dia	ana Cook 🔲 Desktop Review Appoi	ntment Observation: 🗆 Initial 🗆 Subsequent	
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/ Appt. Scheduled: □Self □ Method: Method: □In pers Appointment Staff Name:		Appt. Schedo Subsequent	Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:		
ELEMEN	Т	EVIDENCE/INDICATORS	REVIEW RESULTS/COMMENTS		ACTION REQUIRED	
1-D EXEMPTIONS ☑Initial □Subsequent 1 □S D1 Staff Exemption entered it MIS case notes: Source: MIS case notes docume to either Last Initial Service was when full time employment beging scheduled appointment. The recreturn to full time work details. Note Detail: Source: MIS case or service notes summaries in the claimant's ENA TP Documentation.	nt RAS with required nt RAS exemption due within 12 months or ins prior to the cord contains complete es and detailed notes	Initial:		☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ No Action Required □ Action Required: □NA	
2. RESEA Required Com	ponents Meeting D	ocumentation (MIS)				
2-A IDENTITY VERIFIED AT ☑Initial □Sub (1) □Sub (2) A1 ID Verification Documents Source: MIS case or service note claimants ID was verified at the tappointment. Note Detail: Source: MIS case or service note summaries in the claimant's Req documentation.	□NA ed: es document the time of their es and detailed notes	A1 ID Verification Documented Initial:	□NA □NA	☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	☐ No Action Required ☐ Action Required: ☐NA	

Employment Security Department WASHINGTON STATE							
2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST							
Office: WorkSource XXXXX	•	XX/2024 ETO RAS DUTAB	Monitor: Dia		ntment Observation: 🗆 Initial 🗆 Subsequent		
Claimant: ETO ID:	Initial Appointment: XX/XX/. Appt. Scheduled: □Self □	2024 Reschedule: □Yes □No Staff Assisted:		1: XX/XX/2024 Method: □In person □Virtu uled: □Self □ Staff Assisted:	ıal □Phone Appt. Staff:		
UTAB ID:	Method: Method: □In pers Appointment Staff Name:		Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:				
ELEMENT EVIDENCE/INDICATORS			REVIEW RESULTS/COMMENTS	ACTION REQUIRED			
2-B UI ELIGIBILITY REVIEW		B1 UI basic eligibility assessme	nt	☐ Element Met	☐ No Action Required		
☑Initial □Subsequent 1 □S	ubsequent 2 □NA	conducted to detect, report el		☐ Initial	☐ Action Required:		
B1 UI basic eligibility assessm	ent conducted to	questions and determine if abl	-	☐ Subsequent 1	□NA		
detect, report eligibility quest		available and actively seeking work:		☐ Subsequent 2			
able, available and actively se Source: MIS detailed notes sum		Initial: ☐Yes ☐No		□ NA			
Elements TP, documentation in r		Subsequent 1: ☐Yes ☐No		☐ Element <u>Not Met</u>			
the assessment was conducted t	o determine if any	Subsequent 2: □Yes □No	⊔NA	☐ Initial			
issues were presented during the		Note Detail:		☐ Subsequent 1			
(Examples: claimant responses, work search or ENA review)		☐Yes, very detailed		☐ Subsequent 2			
Note Detail:		☐Yes, somewhat detailed		□ NA			
Source: MIS case or service notes and detailed notes summaries in the claimant's Required Elements TP		\square No notes available		Canadistan			
		□NA		Condition: Criteria:			
documentation.							
2-C REVIEW OF WORK SEA		C1 Claimant submitted the req		☐ Element Met	☐ No Action Required		
☑Initial □Sub (1) □Sub (2) l		job search records prior to <i>or</i> of the RESEA meeting. Records w	_	☐ Initial	☐ Action Required:		
C1 Claimant submitted the re	· ·	reviewed with the claimant:	ere	☐ Subsequent 1	□NA		
records prior to <i>or</i> during the Records were reviewed with		Initial: Yes No	Пи∆	☐ Subsequent 2			
Source: MIS service or detailed i		Subsequent 1: ☐Yes ☐No		□ NA			
provided evidence the correct w		Subsequent 2: □Yes □No		☐ Element <u>Not Met</u>			
work search were requested and claimant; how records were prov		•		☐ Initial			
email, in person) or reason for fa	ilure to provide the	C2 UTAB and Verbal review of search records were used as a		☐ Subsequent 1			
records; and if a RPI or WSD was		resort when the claimant's wo		☐ Subsequent 2			
C2 UTAB and Verbal review of work search records search records are not submitted before the RESEA appointment:			□ NA				
			Condition:				
were used as a last resort who work search records are not s		Initial:		Criteria:			
before the RESEA appointmen		Subsequent 1: □Yes □No	□NA				
Source: MIS service or detailed i	notes summary	Subsequent 2: □Yes □No	□NA				
provided supporting documentar UTAB or Verbal work search reco							
appointment.	were asea for the						

Employment Securit washington state)24 RESEA MULTIPLE A	PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST	
Office: WorkSource XXXXX	Date of records review: XX,	/XX/2024 □ ETO □ RAS □UTAB	Monitor: Di	ana Cook	intment Observation:	
Claimant: ETO ID: UTAB ID:	Initial Appointment: XX/XX/ Appt. Scheduled: □Self □ Method: Method: □In pers Appointment Staff Name:		Appt. Schedi Subsequent	Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:		
ELEMEN	IT	EVIDENCE/INDICATORS	3	REVIEW RESULTS/COMMENTS	ACTION REQUIRED	
C3 Claimant is seeking suitab Source: MIS service or detailed evidence of the type of work the if the work search efforts are tar occupation and job market. C4 Claimant is keeping adeques Source: MIS service or detailed indicates the outcome of the rest the claimants work search record the appointment. Notes relate in number of required contacts, rerequired details, if the claimant required records, if the work sea be recreated, and how staff detawas or was not maintaining their	notes summary provides e claimant is seeking and regeting their customary water records: notes summary view and assessment of ds had occurred during f the claimant made the cords held complete was maintaining their arch records needed to ermined the claimant religibility for benefits.	C3 Claimant is seeking suitable Initial:	□NA □NA □NA □NA □NA □NA □NA □NA □ □ □ □			
C5 Clarification of work searce provided for inadequate or management of the searce of	nissing records: notes summary, orting notes in the MIS es and detailed notes	Initial:	□NA			
2-D CUSTOMIZED LABOR NINFORMATION Initial Subsequent 1 D1 Staff presented customize information (LMI) and docum from the discussion with the appointment: Source: MIS service or detailed the name of the claimant's custodemand/decline details. A secondentified in the record when the demand. Evidence or outcomes the claimant about specific needs	Subsequent 2 □NA ed labor market nented the outcomes claimant during the note summary included omary occupation with ndary occupation is e primary in not in of the discussion with	D1 Staff presented customized labor market information (LMI) and documented the outcomes from the discussion with the claimant during the appointment: Initial:		☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA	☐ No Action Required ☐ Action Required: ☐NA	

Employment Security washington state)24 RESEA MULTIPLE A	PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST		
Office: WorkSource XXXXX		/XX/2024 □ ETO □ RAS □UTAB		Monitor: Diana Cook ☐ Desktop Review Appointment Observation: ☐ Initial ☐ Subsequent			
Claimant: ETO ID: UTAB ID:		2024 Reschedule: □Yes □No Staff Assisted:	Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:				
ELEMEN	т	EVIDENCE/INDICATORS		REVIEW RESULTS/COMMENTS	ACTION REQUIRED		
information provided for the claid details of how they will use the inadditional LMI research, and information and the MIS record includes any asset D2 Reviewed LMI during the I (Subsequent) appointment arwas provided, if appropriate: Source: MIS service or detailed information was updated and shi.e. interested in career change, industry or occupation or considing Note Detail: Source: MIS case or service note summaries in the claimant's ENATP documentation.	reformation or complete ormation uploaded into results. Follow Up and new information researching new er training.	information was provided, if appropriate: Initial:	□NA	Condition: Criteria:			
2-E EMPLOYABILITY NEEDS Initial □Subsequent 1 □: E1 Staff completed the standa Needs Assessment (ENA) and claimant responses in the MIS Source: Required Elements-ENA detailed note summaries that incresponses. E2 Referrals and supporting in documented in the claimant in Source: Action Plan (referral che Case Note TP with supporting do provided from RESEA referrals for services. Required Elements-ENA detailed note summaries that incresponses. Note Detail: Source: MIS case or service note summaries in the claimant's ENA TP documentation.	Subsequent 2 NA ardized Employability documented S: Tab with completed clude relevant customer ardized Employability documented S: Tab with completed cludes relevant customer Tab with completed cludes relevant are and detailed notes	E1 Staff completed the standard Employability Needs Assessment and documented claimant responses in the MIS: Initial:	Int (ENA) Donses NA NA NA Illowing as aimant NA NA NA NA NA	☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ No Action Required □ Action Required: □NA		

Employment Securit washington state		24 RESEA MULTIPLE <i>A</i>	\PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST	
Office: WorkSource XXXXX	Date of records review: XX/	XX/2024 □ ETO □ RAS □UTAB	Monitor: Dia	ana Cook 🔲 Desktop Review Appoi	ntment Observation: 🗆 Initial 🗆 Subsequent	
Claimant:	* *	2024 Reschedule: □Yes □No	•	1: XX/XX/2024 Method: □In person □Virtu	ual □Phone Appt. Staff:	
ETO ID: UTAB ID:	Appt. Scheduled: □Self □			uled: □Self □ Staff Assisted:	und Citable	
	Method: Method: □In perso Appointment Staff Name:	on Livirtual Liphone		Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:		
ELEMENT EVIDENCE/INDICATORS		S	REVIEW RESULTS/COMMENTS	ACTION REQUIRED		
		Job search needs:				
		Initial: ☐Yes ☐No	□NA			
		Subsequent 1: □Yes □No	□NA			
		Subsequent 2: □Yes □No	□NA			
		Use of WorkSource Services of Resources:	r			
		Initial:	. □NA			
		Subsequent 1: Yes No				
		Subsequent 2:				
50		·	, LIVA			
		Financial Concerns:				
		Initial: ☐Yes ☐No				
		Subsequent 1: \square Yes \square No				
		Subsequent 2: \square Yes \square No	□NA			
		E2 Referrals and supporting				
		information were documente	d in the			
		<u>claimant record:</u>				
		Initial: ☐Yes ☐No	□NA			
		Subsequent 1: ☐Yes ☐No	□NA			
		Subsequent 2: □Yes □No	□NA			
		Note Detail:				
		☐Yes, very detailed				
		\square Yes, somewhat detailed				
		□No notes available				
		□NA				

Employment Securit WASHINGTON STATE) 24 RESEA MULTIPLE A	PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST	
Office: WorkSource XXXXX Date of records review: XX/XX/2024 ETO RAS DUTAB M			Monitor: Dia		ntment Observation:	
Claimant: ETO ID: UTAB ID:		2024 Reschedule: □Yes □No Staff Assisted:	Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:			
ELEMEN	т	EVIDENCE/INDICATORS		REVIEW RESULTS/COMMENTS	ACTION REQUIRED	
2-F REEMPLOYMENT ACTION Initial □Subsequent 1 □ F1 The record contained a content of the record content of the research action Plan TouchPoint (The research action Plan the RESEA Action Plan: Source: Uploaded RESEA Action RESEA Action Plan: Source: Uploaded RESEA Action RESEA Action Plan: Source: Uploaded RESEA Action RESEA Action Plan TP in the MISEA Action Pla	Subsequent 2 NA mplete RESEA in: Plan or the completed P) in the MIS. It Goals are defined in Plan or the completed rly listed in the RESEA Plan or the completed	F1 The record contained a com RESEA Program Approved Activinitial: Subsequent 1: Yes No Subsequent 2: Yes No F2 The claimants Employment are defined in the RESEA Actio Initial: Subsequent 1: Yes No Subsequent 2: Yes No Subsequent 2: Yes No Subsequent 3: Yes No Subsequent 1: Yes No Subsequent 2: Yes No Subsequent 3: Yes No Subsequent 3: Yes No Subsequent 3: Yes No Subsequent 3: No Subsequent 3: No Subsequent 3: No Subsequent 3: No	Goals NA NA NA NA NA Goals NA NA NA NA NA	☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ No Action Required □ Action Required: □NA	
were located in the record: Source: The Action Plan Initial/F notes were completed in the rec indicated the appointment was s days on the Initial appointment. F5 Signature obtained, conse reviewed and acknowledged, received a copy of their RESE Source: RESEA Action Plan TP, A into the MIS, service or case not email that was sent or documen claimant received a copy of their services were provided remotely	quences were and the claimant A Action Plan: ction Plan was uploaded es, uploaded copy of the tation of how the Action Plan when	Subsequent 1: Yes No Subsequent 2: Yes No If no, the following details of h activities will assist the claimar their job search was identified missing or incomplete in the R Action Plan: Employment/Occupation ide Who: name of contact, WS p or employer that includes job of details that are relevant to the upon Action Plan activities. What: activities will be comp	□NA ow the nt in as ESEA entified partner referral agreed			
F6 Action Plan review occurred up (Subsequent) appointment documented in the record: Source: Action Plan TP Outcome completion date, indicates if the completed, and includes a detail context of the review with the classical context.	es TAB includes actual activity was or was not ed note summary of the	the claimant. When: (date) the activities a have been completed by the completed by the complete their activities.	re to aimant.			

Employment Security washington state	y Department						
The state of the s	2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST						
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Claimant: ETO ID: UTAB ID:	Appt. Scheduled: □Self □	od: □In person □Virtual □Phone		Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:			
ELEMEN	Т	EVIDENCE/INDICATORS		REVIEW RESULTS/COMMENTS	ACTION REQUIRED		
Note Detail: Source: MIS case or service note summaries in the claimant's Acti the completion of the features of Action Plan.	on Plan TP document	□Why: how the activities will a the claimant in their job search for the claimant in their job search for the record: Subsequent 1: □Yes □No Subsequent 2: □Yes □No F5 Signature was obtained, consequences were reviewed acknowledged, and the claima received a copy of their RESEA Plan: Initial: □Yes □No Subsequent 1: □Yes □No Subsequent 2: □Yes □No F6 Action Plan review occurred the Follow Up (Subsequent) appointment and was document the MIS record: Subsequent 1: □Yes □No Subsequent 1: □Yes □No Subsequent 2: □Yes □No Note Detail: □Yes, very detailed □Yes, somewhat detailed □No notes available □NA	ted in NA NA and nt Action NA NA during nted in				

Employment Securit washington state)24 RESEA M	ULTIPLE A	PPOINT	MENT PARTICIPANT RE	CORD CHECKLIST	
Office: WorkSource XXXXX	Date of records review: XX/XX/2024 ☐ ETO ☐ RAS ☐UTAB			Monitor: Di	fonitor: Diana Cook ☐ Desktop Review Appointment Observation: ☐ Initial ☐ Subsequent		
Claimant: ETO ID: UTAB ID:	Appt. Scheduled: □Self □	: □Self □ Staff Assisted: d: □In person □Virtual □Phone		Appt. Sched Subsequent	1: XX/XX/2024 Method: □In person □Virt uled: □Self □ Staff Assisted: 2: XX/XX/2024 Method: □In person □Virt uled: □Self □ Staff Assisted:		
ELEMEN	IT	EVIDENCE/INDICATORS			REVIEW RESULTS/COMMENTS	ACTION REQUIRED	
2-G Components of Appoin Initial □Subsequent 1 □ G1 All required elements of the are properly recorded/enterest Source: MIS case or service notes summaries in the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) applied as Met or Not Met durany missing or incomplete document Not Met in this section. G2 Missing or Incomplete Componitments: □2-B UI Eligibility Review □2-C Review of Work Search □2-D Customized LMI □2-E Employability Needs Assummaries in the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) appliedentified as Met or Not Met durany missing or incomplete document Not Met durany missing or incomplete document Not Met in this section.	Subsequent 2 □NA he RESEA meetings ed in ETO: es and detailed notes A, Required Elements, or completed at the Initial cointments. Elements ring the record review. mentation in the ENA, tion Plan will result in an mponents of Records sessment clan es and detailed notes A, Required Elements, or completed at the Initial cointments. Elements ring the record review. mentation in the ENA,	G1 All required meetings are procorded/entered initial: Subsequent 1: Subsequent 2: G2 Missing or Infof Appointment 2-B UI Eligibility Initial: Subsequent 1: Subsequent 2: 2-C Review of Valuation Initial: Subsequent 1: Subsequent 2: 2-D Customized Initial: Subsequent 2: 2-E Employability Initial: Subsequent 1: Subsequent 2: 2-F Reemploymantial: Subsequent 1:	operly ed in ETO. Yes No Yes No Yes No complete Com S: Review Yes No	NA N	☐ Element Met ☐ Initial ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ Action Required: □ Action Required: □ NA	
		Subsequent 2:					

Employment Securit washington state		MENT PARTICIPANT RE	CORD CHECKLIST				
Office: WorkSource XXXXX	Date of records review: XX	/XX/2024 □ ETO □ I	RAS □UTAB	Monitor: Di	ana Cook 🔲 Desktop Review Appoi	ntment Observation: 🗆 Initial 🗆 Subsequent	
Claimant: ETO ID: UTAB ID:	Appt. Scheduled: □Self □	tial Appointment: XX/XX/2024 Reschedule: □Yes □No pt. Scheduled: □Self □ Staff Assisted: ethod: Method: □In person □Virtual □Phone pointment Staff Name:		Appt. Sched Subsequent	Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:		
ELEMEN	IT	EVIDEN	CE/INDICATORS	}	REVIEW RESULTS/COMMENTS	ACTION REQUIRED	
3. UI Feedback Loop							
3-A REPORT OF POTENTIAL REQUEST FOR WORK SEAR (WSD) Initial □Subsequent 1 □ A1 Copy of RPI form uploade with any supporting documents of the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) approaces in UTAB. A2 RPI form complete with declaimant's circumstance: Source: MIS case or service notes summaries in the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) approached by the claimant information in the claimant information in the claimant information that information to UI same day the Detailed note in UTAB explaining taken by staff. A3 WSD requested using RPI Source: MIS case or service notes summaries in the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) approached by staff. A3 WSD requested using RPI Source: MIS case or service notes summaries in the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) approached into claimant information, issue type names staff that completed the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the documentation that the request adjudication the same day the notice of the	Subsequent 2 NA d in the MIS along intation: es and detailed notes A, Required Elements, or completed at the Initial pointments. Claimant etails relevant to the es, detailed notes A, Required Elements, completed at the Initial pointments. Uploaded mation, issue type, nat completed the form action was submitted for issue was discovered. g the issue(s) and actions form: es, detailed notes A, Required Elements, completed at the Initial pointments. WSD, using the MIS and includes A, comments, dates, form and was submitted for eed for the request was AB explaining the	A1 Copy of RPI f MIS along with a documentation: Initial: Subsequent 1: Subsequent 2: A2 RPI form con relevant to the o circumstance: Initial: Subsequent 1: Subsequent 2: A3 WSD request Initial: Subsequent 1: Subsequent 2: A4 Record conta documentation discussed with t Initial: Subsequent 1: Subsequent 2: A5 Claimant refe resources, as ap Initial: Subsequent 1: Subsequent 2:	any supporting Yes No Yes No Yes No Plete with declaimant's Yes No	NA NA Tails NA N	☐ Element Met ☐ Initial ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ Action Required: □NA □NA	

Employment Securit washington state		N24 PESEA MIII TIDI E A	DDOINT	MENT PARTICIPANT RE	COPD CHECKLIST	
Claimant: ETO ID: UTAB ID:	Date of records review: XX/XX/2024 ☐ ETO ☐ RAS ☐UTAB Initial Appointment: XX/XX/2024 Reschedule: ☐Yes ☐No Appt. Scheduled: ☐Self ☐ Staff Assisted: Method: Method: ☐In person ☐Virtual ☐Phone Appointment Staff Name:		Monitor: Diana Cook □ Desktop Review Appointment Observation: □ Initial □ Subsequent Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted: Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:			
ELEMEN	IT	EVIDENCE/INDICATORS	3	REVIEW RESULTS/COMMENTS ACTION REQUIRED		
A4 Record contains supporting RPI/WSD was discussed with Source: MIS case or service not Form, or detailed note in UTAB and actions taken by staff. A5 Claimant referred to service appropriate: Source: MIS case or service not summaries in the claimant's ENARESEA Action Plan TP that were and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approvided to help the claimant reference and Follow Up (Subsequent) approv	the claimant: es, a completed RPI explaining the issue(s) ices or resources, as es, detailed notes A, Required Elements, completed at the Initial pointments. Uploaded al services or resources esolve underlying s to employment. es and detailed notes ion Plan TP document	Note Detail: ☐Yes, very detailed ☐Yes, somewhat detailed ☐No notes available ☐NA				
4. ETO Data Integrity	RESEA TouchPoints I	mplemented 8-23-2021				
4-A RESEA BASIC SERVICE Initial □Subsequent 1 □ A1 Date of ETO Basic RESEA Sof attendance in RAS: Source: Data Entry of MIS Service notes, Initial or Follow Up (Subservate Nas event history.	Subsequent 2 □NA Service matches date ces, case or service	A1 Date of ETO Basic RESEA Sematches date of attendance in Initial: Subsequent 1: Subsequent 2: Yes No Subsequent 2: Yes No	RAS: □NA □NA	☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ No Action Required □ Action Required: □NA	

Employment Security Department WASHINGTON STATE 2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST										
Office: WorkSource XXXXX	Date of records review: XX/XX/2024 ☐ ETO ☐ RAS ☐UTAB			Monitor: Diana Cook ☐ Desktop Review Appointment Observation: ☐ Initial ☐ Subsequent						
Claimant:	Initial Appointment: XX/XX/2024 Reschedule: □Yes □No			Subsequent 1: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff:						
ETO ID:	Appt. Scheduled: □Self □ Staff Assisted:			Appt. Scheduled: □Self □ Staff Assisted:						
UTAB ID:	Method: Method: □In person □Virtual □Phone Appointment Staff Name:			Subsequent 2: XX/XX/2024 Method: □In person □Virtual □Phone Appt. Staff: Appt. Scheduled: □Self □ Staff Assisted:						
ELEMENT		EVIDENCE/INDICATORS			REVIEW RESULTS/COMMENTS	ACTION REQUIRED				
4-B RESEA REQUIRED ELEM	MENTS AND ACTION	B1 RESEA Required Elements Initial		<i>nitial</i> TP	☐ Element Met	☐ No Action Required				
PLAN TOUCHPOINT DASHBOARDS		was saved, not in draft format, in the		in the	☐ Initial	☐ Action Required:				
☑Initial □Subsequent 1 □	Subsequent 2 □NA	MIS and the related Dashboard was		d was	☐ Subsequent 1	□NA				
B1 RESEA Required Elements Initial TP was saved,		activated:			☐ Subsequent 2					
not in draft format, in the MIS and the related		Initial:	□Yes □No	□NA	□ NA					
Dashboard was activated:		DO DESEA Action	Plan Initia/TD	wac						
Source: RESEA Required Elements Initial TP was		B2 <u>RESEA Action Plan Initial TP</u> was saved, not in draft format, in the l			☐ Element <u>Not Met</u>					
recorded and saved, not in draft format. Related					☐ Initial					
Dashboard from the Initial appointment was activated in the MIS.		and the related Dashboard was		S	☐ Subsequent 1					
		activated: Initial: □Yes □No □NA		☐ Subsequent 2						
B2 RESEA <u>Action Plan Initial T</u>		Initial:	∟Yes ∟No	⊔NA	□ NA					
draft format, in the MIS and t	ne related Dashboard	B3 RESEA Required Elements								
was activated: Source: RESEA Action Plan Initial TP was recorded and		Follow Up (Subsequent) TP in the		:he	Condition:					
saved, not in draft format. Related Dashboard from the Initial appointment was activated in the MIS.		<u>Dashboard</u> was completed in th			Criteria:					
		Subsequent 1: Yes No [
		Subsequent 2:	□Yes □No							
B3 <u>RESEA Required Elements Follow Up</u> (Subsequent) TP in the Dashboard was completed		Subsequent 2.		ш. , ,,						
in the MIS:		B4 RESEA <i>Action Plan Follow Up</i>								
Source: RESEA Required Elements Follow Up		(Subsequent) TP in the Dashboard v		<u>ard</u> was						
(Subsequent) TP. The related TP, in the Dashboard, was		completed in the	MIS:							
completed for the corresponding date of the		Subsequent 1:	□Yes □No	\square NA						
appointment. When appointments are scheduled beyond an Initial and Follow Up (Subsequent) meetings,		Subsequent 2:	□Yes □No	\square NA						
related Dashboard TPs are completed in the MIS.										
related Busingboard 113 are completed in the 1910.										
B4 RESEA Action Plan Follow Up (Subsequent) 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. When										
appointments are scheduled beyond an Initial and										
Follow Up (Subsequent) meetings, related Dashboard										
TPs are completed in the MIS.										

Employment Security Department washington state 2024 RESEA MULTIPLE APPOINTMENT PARTICIPANT RECORD CHECKLIST								
Office: WorkSource XXXXX	Date of records review: XX	/XX/2024 □ ETO □ RAS □UTAB	Monitor: Dia	ana Cook	ntment Observation:			
Claimant: ETO ID: UTAB ID:		2024 Reschedule: □Yes □No Staff Assisted:	Subsequent 1: XX/XX/2024 Method:					
ELEMENT		EVIDENCE/INDICATORS		REVIEW RESULTS/COMMENTS	ACTION REQUIRED			
4-C RECORDING REQUIRED BASIC SERVICES ☑Initial □Sub (1) □Sub (2) □NA 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. 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.		C1 All required Basic RESEA Services are recorded in the MIS: Initial:		☐ Element Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA ☐ Element Not Met ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA Condition: Criteria:	□ No Action Required □ Action Required: □NA			
MISCELLANEOUS OBSERVA	ATIONS	OBSERVATIONS & COMMENTS	;	ACTION REQUIRED/ RECOMMENDATIONS	OTHER			
□ Initial □ Subsequent 1 □ This element contains observation within other Elements in this too or RESEA Policy. Notations here that were identifiable, or items that	ons not accounted for ol, RESEA Program SOP's may include citations that appear to be in in SOP's or Policy. ervations" may include, enotes that do not tails or "tell the story". claimant does not have a ecord.	OBSERVATIONS □Yes □No □N/A		☐ Recommendation ☐ Initial ☐ Subsequent 1 ☐ Subsequent 2 ☐ NA	□ Recommendation □ N/A			