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# PY 2014-2015 Welfare Transition (WT) Program Process Management Review Tool

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| --- | --- | --- | --- | --- |
| **RWB**: |  |  | **DATE REVIEWED:** |  |
| **REVIEW COMPLETED BY:** |  |  |  |  |
| **STAFF INTERVIEWED:** |  |  | **TITLE:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  | **LOCAL OPERATING PROCEDURES** |  | | | **YES** | |  | **NO** | |  | **COMMENTS** | |
|  | 1. **Does the RWB’s Local Operating Procedures cover the following:** |  | | |  | |  |  | |  |  | |
|  | 1. Initial Assessment |  | | |  | |  |  | |  |  | |
|  | 1. Sanction |  | | |  | |  |  | |  |  | |
|  | 1. Job Participation Rate |  | | |  | |  |  | |  |  | |
|  | 1. Relocation |  | | |  | |  |  | |  |  | |
|  | 1. Transitional Services |  | | |  | |  |  | |  |  | |
|  | 1. Support Services |  | | |  | |  |  | |  |  | |
|  | 1. Medical Deferrals |  | | |  | |  |  | |  |  | |
|  | 1. Up-Front Diversion |  | | |  | |  |  | |  |  | |
|  | 1. Special Projects |  | | |  | |  |  | |  |  | |
|  | 1. Work Registration |  | | |  | |  |  | |  |  | |
|  | **For any “No” answers to the above questions,**  **please explain in the comments section.** |  | | |  | |  |  | |  |  | |
| **INTERNAL MONITORING** | | |  | **YES** | |  | | **NO** |  | **COMMENTS** | |
| 1. Are programs monitored? (Obtain copies) | | |  |  | |  | |  |  |  | |
| 1. Do policies, procedures or schedules specify when staff shall conduct monitoring? (i.e., quarterly, semi annually, etc.) **If yes, indicate time frame(s).** | | |  |  | |  | |  |  |  | |
| 1. Have any tools been developed to conduct monitoring? (Obtain copy of tool)  **If no, what process is used to monitor?** | | |  |  | |  | |  |  |  | |
| 1. Are reports written as a result of the monitoring reviews? (Obtain copies) | | |  |  | |  | |  |  |  | |
| 1. Are Corrective Action Plans (CAPs) required and has any follow-up been conducted? (Obtain copies) | | |  |  | |  | |  |  |  | |
| **TRAINING** | | |  | **YES** | |  | | **NO** |  | **COMMENTS** | |
| 1. How often is training provided to staff? | | |  |  | |  | |  |  |  | |
| **ORIENTATION and WORK ACTIVITIES** | | |  | **YES** | |  | | **NO** |  | **COMMENTS** | |
| 1. Does the WT orientation provide detailed information about the WT program such as: supportive services, available resources, work activities, program engagement, CareerSource Center Hours of Operation and workshops ((i.e., resume writing, application assistance, interviewing techniques, etc.)? (Obtain copy of Orientation Packet). **If no, please explain.** | | |  |  | |  | |  |  |  | |
| 1. What is the method used by the RWB to certify hours   in job search and job readiness for at least 10% of  the participant logs and timesheets? | | |  |  | |  | |  |  |  | |

*Revised: September 2014*