



SCSEP Case Management Note Form

(This form cannot be used as / is not an acceptable Self-Attestation Form)

Name of Participant: _____

1) Name of source of the information: _____

His/her phone number: _____

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

2) Name of person making note: _____

3) Date the following information was obtained: _____

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

Detailed Case Notes: _____

You can use this form if official documentation or other acceptable source documentation is not available for any of the items listed below. Complete 1-4, record the detailed note, and **check** ☒ the item below that this case note references.

Assessed and captured only at time of enrollment for MIN:

- ☐ Homeless
- ☐ At risk for homelessness
- ☐ Low Employment Prospects--You must (a) identify the barrier(s) in notes above and (b) explain how the barrier(s) reduces the chances the participant will find employment. (No explanation is needed if the barrier is Homelessness, Limited English Proficiency, Limited Literacy Skills or documented Disability.)
- ☐ Failed to Find Employment after being enrolled in WIOA Title I Services or One-Stop Delivery System

Assessed at time of enrollment and revalidated once during each program year for MIN:

- ☐ Limited English Proficiency
- ☐ Limited Literacy Skills

Other uses:

- ☐ Number in family (must include reason information is accepted without signature)
- ☐ Unemployed at time of enrollment
- ☐ Approved break in service—Must include reason for break, date break begins and date break ends (if known)
- ☐ Quarterly training hours paid (Include who provided the training, where and when, etc.)
- ☐ Exit date
- ☐ FU: Wages for second or fourth quarter after Exit quarter (Is the participant employed in Q2 and/or Q4 post exit?)
- ☐ FU: Earnings for second quarter after Exit quarter (How much did the participant make in Q2 post exit?)
- ☐ Other _____
(Use only if a case note is acceptable documentation.)