South Central Workforce

MIS Enrollment Transmittal

Adult, Dislocated Worker, Youth, and Other Programs

Date:	Verified By:

	Youth	Adult	DW	RRAA	St. EcSA	Fed EcSA	CRF - MISA	OTHER - MISC
PFP	☐	☐	☐	☐	☐	☐	☐	

WID #	Participant Name	Enrollment Date	Enrollment Checklist Items Verified in WA Works							Documents or Comments
			Intake Status is Validated	Work Authorization is Verified	Required Assessments Completed (Check all that apply)	Program Enrollment Workflow is Completed	Source Documentation is Completed	Employment Plan Status is In Progress	Triggering Enrollment Service Recorded (Check all that apply)	
			☐	☐	☐ Basic Skills Assessment (All Programs) ☐ Comprehensive & Specialized Assessment (Adult/DW/EcSA/RRAA) ☐ OBJ Assessment (Youth Only) ☐ ISS (Youth Only)	☐	☐	☐	☐ Development of IEP (Adult/DW/EcSA/RRAA) ☐ LMI (Youth Only) ☐ MISA Savings Plan (CRF Only)	
			☐	☐	☐ Basic Skills Assessment (All Programs) ☐ Comprehensive & Specialized Assessment (Adult/DW/EcSA/RRAA) ☐ OBJ Assessment (Youth Only) ☐ ISS (Youth Only)	☐	☐	☐	☐ Development of IEP (Adult/DW/EcSA/RRAA) ☐ LMI (Youth Only) ☐ MISA Savings Plan (CRF Only)	
			☐	☐	☐ Basic Skills Assessment (All Programs) ☐ Comprehensive & Specialized Assessment (Adult/DW/EcSA/RRAA) ☐ OBJ Assessment (Youth Only) ☐ ISS (Youth Only)	☐	☐	☐	☐ Development of IEP (Adult/DW/EcSA/RRAA) ☐ LMI (Youth Only) ☐ MISA Savings Plan (CRF Only)	
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Notes:

SCW Only

Date Received: _____

SCW Review Initials: _____