Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21 Senior Community Service Employment Program (SCSEP)

JCC:	Participant Name	PID:
Enrollment Date:	Durational Limit Date:	Exit Date:
Eligibility		
Yes No Re-Enrollment policy - signe Yes No Workplace Violence Policy - Yes No SCSEP Termination Policy - Yes No Extended Absence Policy - Yes No Understanding of Assignme Yes No Privacy Act Statement − sig Yes No Affidavit Declaring Beneficia Yes No Grievance Policy and Proce	xpired on: age or older? eles County PSA-19 Resident? on file match with what was inputted in SPARQ ed and dated signed and dated receipt signed and dated receipt signed and dated int - signed and dated ned and dated ned and dated ary – completed, signed and dated	
Family Size/Income Determination		
Inco Yes No Is the participant income elight Yes No Is income calculation: On V Yes No Are all included and exclude the documentation on file?	n on file match with what was inputted in SPAR me Determination gible Worksheet Calculated Correctly Docume ad income streams listed on income worksheet file match with what was inputted in SPARQ?	ented
Priority of Service and Most In Need Fact	ors (If Applicable)	
Are the following documented in the case Yes No N/A Age 65 or older Yes No N/A Age 75 or older Has a disability Has a d	e file, if applicable? roficiency s e Spouse Prospects	
Payroll Documents		
Yes No Participant Direct Deposit A Yes No Voided Check or comparat Yes No Form W-4 signed and dated Yes No Form I-9 signed and dated Yes No No N/A Are timesheets and	ole bank document d	Requirement Met: Yes No Comments:

AttachmentG

Participant Enrollment Requirements			
Yes No SCSEP Participant (ETA-9120) form Yes No Is the participant form signed by both the participant and the authorized staff? Yes No Does Participant Form on file match with what was inputted in SPARQ? Yes No Did the participant receive an orientation (orientation checklist signed? Yes No Did the participant get paid for attending orientation? Yes No Is the date of Orientation correctly entered in SPARQ?	Requirement Met: Yes No Comments:		
Assessment and Individual Employment Plan (IEP)			
Yes No Is Initial assessment completed before community service assignment? Yes No Is assessment completed twice during a twelve-month period? Yes No Does the IEP provide an initial employment goal that reflects assessed needs? Yes No Does IEP include achievable action steps to reach employment goal? Yes No Do the IEP action steps have a Start and End dates? Yes No Is the IEP updated at least twice per year, or as steps are accomplished? Yes No Does the IEP reflect the appropriateness of community service assignment? Yes No Are supportive service needs identified during assessment? Yes No N/A If so, were services provided based on the needs and documented in file? Yes No Is each IEP dated and signed by the participant? Yes No Do the dates on file match with what was inputted in SPARQ?	Requirement Met: Yes No Comments:		
Community Service Assignment			
 Yes No Is the community service assignment form accurately completed? Yes No Is the Safety Evaluation completed at least once per year? Yes No Does job description reflect the appropriateness of community service assignment? Yes No Are training order forms signed by the participant and host agency supervisor? 	Requirement Met: NA Yes No Comments:		
Job Search			
Yes No Are job development efforts apparent in the file? Yes No Is their job search log documented in their file? Yes No Is there a resume that has been developed in the file? Yes No Is the participant registered in CalJOBS?	Requirement Met: Yes No Comments:		
Case Notes/Documentation			
 Yes No Are case notes detailed, clear, and fully developed? Yes No Do case notes indicate dates for recertification and assessments conducted? Yes No Do case notes contain details on assessment results and interpretation? Yes No N/A Is confidential health information redacted in the case files and secured in a separate labeled confidential folder? 	Requirement Met: Yes No Comments:		
Recertification			
Yes No Is California ID or Driver's License current and not expired? Yes No Is Social Security card on file? Yes No Is an updated family size verification on file? Yes No Are income verification documents updated on file? Yes No Is the recertification form updated annually and inputted in SPARQ accurately?	Requirement Met: Yes No Comments:		
Break in Participation (BIP)			
 Yes □ No Are BIP forms fully completed and signed? □ Yes □ No Do the dates inputted in SPARQ match what was completed in the BIP hard copy form? □ Yes □ No Do case notes contain details on assessment results and interpretation? 	Requirement Met: NA Yes No Comments:		
Training (if applicable)			
Training (if applicable) ☐ Yes ☐ No Is Training provided realistic and consistent with the participants' IEP? ☐ Yes ☐ No Has coordination and relationships with community resources been utilized to provide training opportunities? ☐ Yes ☐ No Are attendance records on file? ☐ Yes ☐ No Is receipt of payment for training on file? ☐ Yes ☐ No Is a Certificate of completion on file?	Requirement Met: NA Yes No Comments:		

Attachment G

Supportive Services				
Yes No Does the reassessment mal	een offered and provided to the participant? ke a note of needed supportive services? tilized to secure needed supportive services? oportive services provided on file?	Requirement Met: NA Yes No Comments:		
Exit Form/Follow - Up				
Yes No NA If participant transit	curately completed and signed by staff/participant? tioned to unsubsidized employment, is the Unsubsidized completed accurately? teen conducted at 2 nd Quarter after exit?	Requirement Met: NA Yes No Comments:		
Yes No NA Has Follow-up 2 by Yes No NA Has Follow-up 2 by Yes No NA Has Follow-up 3 by Yes No NA Has Follow-up 3 by Yes	Has Follow-up 2 been conducted at 3 rd Quarter after exit? If so, were median earnings accurately reported and documented on file? Has Follow-up 3 been conducted at 4 th Quarter after exit?			
SPARQ?	ow-Up information on file match with what was inputted in			
☐ Yes ☐ No ☐ N/A If so, has a transition	n ones year of their durational limit? on plan been established for unsubsidized employment? on been established with the participant?			
Certification of Review WDACS REPRESENATIVE NOTES:				
All Requirements Met:	□ No			
AJCC REPRESENTATIVE PRINT NAME	SIGNATURE	DATE		
WDACS REPRESENTATIVE PRINT NAME	SIGNATURE	DATE		

Last Updated: 08.17.20