

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

Supportive Services	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have supportive services been offered and provided to the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the reassessment make a note of needed supportive services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are community resources utilized to secure needed supportive services? <input type="checkbox"/> Yes <input type="checkbox"/> No Is receipt of payment for supportive services provided on file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Exit Form/Follow - Up	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the Exit Form accurately completed and signed by staff/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If participant transitioned to unsubsidized employment, is the Unsubsidized Employment Form completed accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has Follow-up 1 been conducted at 2 nd Quarter after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If, so is data validation on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has Follow-up 2 been conducted at 3 rd Quarter after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, were median earnings accurately reported and documented on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has Follow-up 3 been conducted at 4 th Quarter after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If, so is data validation on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does Exit and Follow-Up information on file match with what was inputted in SPARQ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is Participant within ones year of their durational limit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, has a transition plan been established for unsubsidized employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has a financial plan been established with the participant?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Certification of Review
WDACS REPRESENTATIVE NOTES:

All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTES:
--

_____ AJCC REPRESENTATIVE PRINT NAME	_____ SIGNATURE	_____ DATE
_____ WDACS REPRESENTATIVE PRINT NAME	_____ SIGNATURE	_____ DATE

Last Updated: 08.17.20