

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21  
2018 California Megafires National Dislocated Worker Grant – Temporary Jobs Component**

AJCC: \_\_\_\_\_ Participant Name \_\_\_\_\_ Grant Code: \_\_\_\_\_

App #:	App Date:	Participation Date:	Exit Date:
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<b>NDWG Temporary Jobs Application</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff /Case Manager Signature	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application Reviewer Signature	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participant Signature	Date: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application is reviewed and approved prior to providing services	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reviewer is not same as staff/case manager	
			Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>			

<b>Residence</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is participant a resident of Los Angeles County?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not a resident, is a waiver for service provided and on file?	<b>Comments:</b>

<b>Right to Work (As listed on USCIS Form I-9)</b>			
<input type="checkbox"/> LIST A	<input type="checkbox"/> US Passport	<input type="checkbox"/> Per. Resident Card	<input type="checkbox"/> Other:
<b>OR</b>			
<input type="checkbox"/> LIST B	<input type="checkbox"/> CA ID Card	<input type="checkbox"/> CA Driver License	<input type="checkbox"/> Other:
<input type="checkbox"/> LIST C	<input type="checkbox"/> SSN Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Other:
<b>Right to Work Documents</b>		<input type="checkbox"/> Current	<input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on:
			Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>			

<b>Selective Service</b>			
<input type="checkbox"/> Male 18 years of age or older born after 12/31/1959		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Documentation provided:	Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Letter <input type="checkbox"/> Other:		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Confirmation Date: _____	<input type="checkbox"/> No Documentation		<b>Comments:</b>
		<input type="checkbox"/> Dated after participation date	

<b>Temporary Jobs Program Eligibility</b>			
1. Temporarily or permanently laid off as consequence of disaster:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Long-term Unemployed:	Yes <input type="checkbox"/> No <input type="checkbox"/>		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Self-employed who became unemployed or significantly underemployed as a result of the emergency or disaster	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Comments:</b>
4. Dislocated Worker: Yes <input type="checkbox"/> No <input type="checkbox"/> Category: _____			
Documents Used: 1 _____ 2 _____ 3 _____			

<b>Supportive Services</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are Supportive Services necessary for individual to participate in program activities?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are Supportive Services provided reasonable?	<b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is support documentation on file? (e.g. receipts)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are appropriate Supportive Services activity codes opened in CalJOBS?	

<b>Documentation for Grievance/Complaint Procedures</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 4/2020) properly filled out, signed, dated and double sided	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	WIOA Applicant Acknowledgement Statements (Dated 1/2019), signed and dated	<b>Comments:</b>

<b>Case Notes and Documentation</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are case notes detailed, clear, and fully developed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do case notes include a plan of activity for the customer?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are applicant statements complete, clear, detailed and fully developed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is confidential health information & Participant PII secured and kept out of file?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Do Activity codes match information in the case notes?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is a current and well-developed resume on file?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is documentation supporting services provided on file? (i.e. Job Referrals, IEP)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is documentation supporting planned break in services provided on file?

<b>Temporary Job</b>	
<b>Job Sites</b> (list all if more than one)	<div style="float: right; text-align: right; font-size: small;">                     Requirement Met:  <input type="checkbox"/> NA   <input type="checkbox"/> Yes   <input type="checkbox"/> No  <b>Comments:</b> </div>
<b>Total # of hours</b>	
<b>Work Description</b>	Job title _____ Duties _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Training completed before start date?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Training Certificate on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills and qualifications to successfully complete the Temp Job?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreement includes an outline with detailed topics and skills with time at each?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case notes acceptable?

<b>Case Closure</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Was this file a positive case closure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Was participant referred to AJCC for Workforce Development component? AJCC Name: _____ Start Date: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

<b>Co-Enrollment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No   Is need documented? (customer choice, customer benefit, funding) <input type="checkbox"/> Yes <input type="checkbox"/> No   Are separate files kept per funding stream? <input type="checkbox"/> Yes <input type="checkbox"/> No   Are services provided without duplication between programs?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

<b>Certification of Review</b> <b>WDACS REPRESENTATIVE NOTES:</b>
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<b>All Requirements Met:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NOTES:</b>          
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_____ <b>CEO REPRESENTATIVE PRINT NAME</b>	_____ <b>SIGNATURE</b>	_____ <b>DATE</b>
_____ <b>WDACS REPRESENTATIVE PRINT NAME</b>	_____ <b>SIGNATURE</b>	_____ <b>DATE</b>