

Community and Senior Services (CSS) Technical Assistance Checklist PY 2016-17
WIOA Adult and Dislocated Worker Programs

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
WIOA Application			
<input type="checkbox"/> Yes <input type="checkbox"/> No Staff /Case Manager Signature <input type="checkbox"/> Yes <input type="checkbox"/> No Application Reviewer Signature <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Signature <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		Signature Date: _____ Signature Date: _____ Signature Date: _____ Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Residence			
<input type="checkbox"/> Yes <input type="checkbox"/> No Is participant a resident of Los Angeles County? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a resident, is a waiver for service provided and on file?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Right to Work (As listed on USCIS Form I-9)			
<input type="checkbox"/> LIST A <input type="checkbox"/> US Passport <input type="checkbox"/> Per. Resident Card <input type="checkbox"/> Other: _____ OR <input type="checkbox"/> LIST B <input type="checkbox"/> CA ID Card <input type="checkbox"/> CA Diver License <input type="checkbox"/> Other: _____ <input type="checkbox"/> LIST C <input type="checkbox"/> SSN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____ Right to Work Documents <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 Comments:	
Selective Service			
Male 18 years of age or older born after 12/31/1959 <input type="checkbox"/> Documentation provided: Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Letter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Confirmation Date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Documentation <input type="checkbox"/> Dated after participation date Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Dislocated Worker Program Eligibility			
Dislocated Worker Category: _____ Documents Used: 1 _____ 2 _____ 3 _____		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Income/ Public Assistance Determination For Priority of Services (Adult Only)			
Public Assistance Determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is participant a public assistance recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is public assistance status accurately reported in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation of participant's receipt of public assistance on file?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Income Determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is income calculation: <input type="checkbox"/> Conducted <input type="checkbox"/> Calculated Correctly <input type="checkbox"/> On file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is income and status accurately reported in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is income and status accurately documented in the case file?			
Initial Assessment & Basic Skills Testing			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are all requirements of initial assessment met on enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is an assessment from a partner agency used? If so, from what agency: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If a basic skills test is provided, what assessment tool is used: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no basic skills testing is provided, is a valid reason given for lack of testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are basic skills test results accurately reported in CalJOBS and case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools stored in the participant case file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools legible, dated, and signed by staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the initial assessment activity code open in CalJOBS?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Individual Employment Plan (IEP)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is need for Individualized Career Services documented in case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was an IEP Developed prior to providing individualized services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP include the Objective Assessment Summary (OAS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are required CalJOBS activity codes open: OAS (203) <input type="checkbox"/> IEP (205) <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP updated continuously as activities occur? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP provide a plan of activity for the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP dated and signed by the participant?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Supportive Services Expenditures			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services necessary for individual to participate in WIOA activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services provided reasonable? <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?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

Documentation for Grievance/Complaint Procedures		
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 5/2011) 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	WIA Applicant Acknowledgement Statements (Dated 5/2011), signed and dated	Comments:
Case Notes and Documentation		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are case notes detailed, clear, and fully developed?	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	Do case notes indicate initial assessment was conducted on enrollment and include initial assessment results and interpretation?	Comments:
<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)	
On The Job Training (OJT)		
Employer Name/Address		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Info	Total full time employees____; Employees at the unit____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer ____; Total former OJT's currently employed full time unsubsidized_____.	Comments:
OJT Info	OJT duration ____ (M/W); Total hours ____; Wage \$____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate ____%.	
Job Description	Job title____; OES code ____ Industry sector____; High growth sector (Y / N)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT agreement with employer and participant signed/dated prior to OJT start?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT need and benefit established and documented thru assessment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills and qualifications to successfully complete the OJT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP supports the OJT and is developed and signed prior to OJT start?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer is committed to hiring participant upon successful completion?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	AJCC monitoring OJT progress monthly to ensure goals are met?	
<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	Monthly performance reviews on file?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case notes acceptable?	
Measurable Skills Gain		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Has participant advanced in or completed a training or educational program that qualifies as a Measurable Skills Gain?	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	If yes, has Measurable Skills Gain been reported accurately in CalJOBS?	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the Measurable Skills Gain information printed and on file?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is support documentation on file to validate the type of achievement made?	
Follow-Up and Follow-Up Services		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is participant placement in a training related occupation?	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	Were Follow-Up Services offered to participant upon employment & program exit	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are any Follow-up services provided?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If so, are Follow-up services fully documented on file, in case notes, with appropriate CalJOBS codes open?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1 st Quarter Follow-Up Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2 nd Quarter Follow-Up Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3 rd Quarter Follow-Up Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4 th Quarter Follow-Up Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is Supplemental data to support Follow-up status (Employment verification, check stubs....etc.) on file?	
Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is need documented? (customer choice, customer benefit, funding)	Comments:
<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?	
Certification of Review		
CSS REPRESENTATIVE NOTES:		
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTES:		
_____	_____	_____
CSS REPRESENTATIVE PRINT NAME	SIGNATURE	DATE
		<i>Last Updated: 9.19.16</i>