Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2021-22 Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker Programs

AJCC:	Participant Name	Grant Code:
App #:	App Date: Participation Date:	Exit Date:
WIOA Application	On (Electronic Signatures Acceptable)	
Yes No A Yes No F Yes No S Yes No A	Application Reviewer Signature Participant Signature Date: Control Date: Date: Da	Requirement Met: Yes No Comments:
☐ Yes ☐ No V	Vas documentation appropriately uploaded to CalJOBS?	
Residence		
☐ Yes ☐ No	Is participant a resident of Los Angeles County?	Requirement Met: \[\sum \text{Yes} \sum \text{No} \]
	N/A If not a resident, is a waiver for service provided and on file?N/A Was documentation appropriately uploaded to CalJOBS?	☐ Yes ☐ No Comments:
Right to Work (A	As listed on USCIS Form I-9)	
☐ LIST B:	□ US Passport □ Per. Resident Card □ Other: OR □ CA ID Card □ CA Driver License □ Other: □ SSN Card □ Birth Certificate □ Other:	Requirement Met: Yes No Comments:
Right to Work D	ocuments:	
│	Was documentation appropriately uploaded to CalJOBS?	
Selective Service		
	f age or older born after 12/31/1959	Requirement Met:
Documentation p	provided: Print out Card Letter Other No Documentation	☐ NA ☐ Yes ☐ No Comments:
☐ Confirmation	Date: Dated after participation date: ☐ Yes ☐ No	
☐ Yes ☐ No I	☐ N/A Was documentation appropriately uploaded to CalJOBS?	
Dislocated Worl	ker Program Eligibility (WDP D19-36 WIOA DW Eligibility applies during COVID-19 period)	
	er Category:	Requirement Met: NA Yes No
Documents Used	d: 1 3	Comments:
☐ Yes ☐ No I	☐ N/A Was documentation appropriately uploaded to CalJOBS?	
Income/ Public	Assistance Determination for Priority of Services (Adult Only) (Basic Skills Deficiency De	
☐ Yes ☐ No ☐	Public Assistance Determination N/A Is participant a public assistance recipient? N/A Is public assistance status accurately reported in CalJOBS? N/A Is documentation of receipt of public assistance uploaded to CalJOBS?	Requirement Met: NA Yes No Comments:
☐ Yes ☐ No [Income Determination ☐ N/A Is income calculation: ☐ Conducted ☐ Calculated Correctly ☐ Uploaded to CalJOBS	
	N/A Is income and status accurately reported in CalJOBS? N/A Is income and status accurately documented and uploaded to CalJOBS?	
	ent & Basic Skills Testing (If enrolled during COVID-19 period, these assessments Only needed for the	
∐ Yes ∐ No [N/A Are all requirements of initial assessment met on enrollment □ Aptitudes & Abilities □ Supportive Service Determination □ Basic Skills 	Requirement Met: NA Yes No
☐ Yes ☐ No ☐	N/A Is an assessment from a partner program used? If so, from what partner	Comments:
 Yes □ No □ 	program: N/A If a basic skills test is provided, what assessment tool is used: N/A If no basic skills testing is provided, is a valid reason given for lack of testing? N/A Are basic skills test results accurately reported in CalJOBS and case notes? N/A Is Participant Basic Skills Deficient? N/A Are initial assessment tests legible, dated, signed by staff and participant? Is the initial assessment activity code open in CalJOBS?	
	N/A Are initial assessment testing tools uploaded to Cal JOBS?	

Individ	ual Employ	yment	Plan (IEP)		
☐ Yes	□ No □	N/A	Is need for Individualized Career Services documented in case notes?	Requirement Met:	
☐ Yes	□ No □	N/A	Was an IEP developed when providing individualized services?	☐ NA ☐ Yes	☐ No
☐ Yes			Does the IEP include an Objective Assessment Summary (OAS)?	Comments:	
☐ Yes			Are required CalJOBS activity codes open? OAS (203) [IEP (205) [
☐ Yes		_	Is the IEP updated continuously as activities occur with updates uploaded to		
		,	CalJOBS?		
☐ Yes	□ No □	1 Ν/Δ			
☐ Yes		_	Is the initial and final IEP dated and signed by the participant?		
☐ Yes		_	Is the initial and final IEP and OAS uploaded to CalJOBS? OAS IEP		
res		J IN/A	is the initial and linal IEF and OAS uploaded to CalsOBS? OAS [] IEF []		
Suppor	tive Servic	ces			
☐ Yes	□ No A	re Sup	o. Services provided for participation in WIOA career and/or training activities?	Requirement Met:	
☐ Yes	□ No H	lave co	ommunity resources been sought prior to providing Sup. Serv. (Case Noted)	☐ NA ☐ Yes	☐ No
☐ Yes			ancial needs assessment validating Sup. Serv. need completed and uploaded	Comments:	
			OBS? (Case noted assessment also accepted)		
☐ Yes			opportive Services provided reasonable?		
1 =			oportive Services provided in a timely manner? (3-day turnaround timeframe)		
∐ Yes					
Yes			as the agency case noted why the 3-day timeframe was not met?		
☐ Yes			ort documentation uploaded to CalJOBS? (e.g., receipts)		
☐ Yes			propriate Supportive Services activity codes opened in CalJOBS?		
Docum	entation fo	or Grie	evance/Complaint Procedures		
☐ Yes	□ No \	MIOA	Complaint and Resolution Policies and Procedures Participant Acceptance	Requirement Met:	
	ı	Form ((Dated 8/2021) properly filled out, signed, dated, and uploaded to CalJOBS	□ NA □ Yes	☐ No
☐ Yes	□ No \	ΛΛΙΟΔ	Applicant Acknowledgement Statements (Dated 8/2021), signed, dated, and	Comments:	
			ed to CalJOBS		
		piuau	eu to Callobo		
Case N	otes and D	Oocum	nentation		
☐ Yes	☐ No ☐	N/A	Are case notes detailed, clear, and fully developed?	Requirement Met:	
☐ Yes		_	Do case notes indicate initial assessment was conducted on enrollment and	□ NA □ Yes	☐ No
			include initial assessment results and interpretation?	Comments:	
☐ Yes		ī N/Δ	Do case notes include a plan of activity for the customer?		
☐ Yes			Are applicant statements complete, clear, detailed, fully developed, and		
] 14/7	uploaded to CalJOBS?		
		T NIZA	·		
☐ Yes	□ NO] N/A	Is confidential health information & Participant PII secured and kept in separate		
		7 81/8	location?		
☐ Yes	□ NO □] N/A	Are medical and disability related questions redacted from any printed		
		7	CalJOBS forms?		
Yes			Do Activity codes match information in the case notes?		
☐ Yes	∐ No ∟] N/A	Is documentation supporting services uploaded to CalJOBS? (i.e., Job		
			Referrals, IEP)		
☐ Yes	☐ No ☐	N/A	Is documentation supporting planned break in services uploaded to CalJOBS?		
Trainin	g Services	;			
☐ Yes		_	Is training need and benefit clearly documented?	Requirement Met:	
☐ Yes		_	Is local LMI used to link training to in demand occupations? Is LMI uploaded	□ NA □ Yes	☐ No
			to CalJOBS?		
□ Vac	□ No □	N/A	Is a comprehensive assessment used to identify training course? Is	Cohort Training:	_
	_ 110 _	J 14/A	document uploaded to CalJOBS?	☐ NA ☐ Yes	☐ No
│	□ No □	N/A	·	Comments:	
$\perp =$			·		
☐ Yes	☐ No ☐] IN/A	···		
		7	documents uploaded to CalJOBS?		
Yes		_	Is a complete, signed, and dated ITA uploaded to CalJOBS?		
☐ Yes		_	Is training provider performance data uploaded to CalJOBS?		
☐ Yes	_ No _	N/A	Are attendance records uploaded to CalJOBS?		
☐ Yes		N/A	Is the course Certificate of Completion uploaded to CalJOBS?		
☐ Yes	□ No □	N/A	Is link to employment established? Is documentation uploaded to CalJOBS?		
☐ Yes	☐ No ☐	N/A			
	_		uploaded to CalJOBS?		
☐ Yes	□ No □	N/A	Are case notes acceptable?		
☐ Yes			Are documentation of payments uploaded to CalJOBS?		
			· · · · · · · · · · · · · · · · · · ·	1	

On the Job Training (OJT) Requirement Met			
Employer Name:	Address:	Requirement Met: NA Yes Comments:	□No
OJT Info: Job Titl	e: Total Training Hrs.:	Comments.	
	End Date: Hourly Wage \$ Reimbursement		
	Maximum Reimbursement \$		
, , , , , , , , , , , , , , , , , , , ,			
☐ Yes ☐ No ☐	N/A OJT need and benefit established and documented thru assessment?		
☐ Yes ☐ No ☐	N/A Participant has the skills and qualifications to successfully complete the OJT?		
☐ Yes ☐ No ☐	N/A Business meets the requirements of OJT?		
☐ Yes ☐ No ☐	N/A If business previously participated in OJT, did they meet all requirements of		
	previous OJT Contract? (Case noted)		
☐ Yes ☐ No ☐	N/A OJT contract signed/dated prior to OJT start and uploaded to CalJOBS?		
☐ Yes ☐ No ☐	N/A OJT training plan completed, signed/dated prior to OJT start, and uploaded to		
	CalJOBS?		
☐ Yes ☐ No ☐	N/A OJT training plan completed, signed/dated prior to OJT start and uploaded to		
	in CalJOBS?		
☐ Yes ☐ No ☐	N/A IEP supports the OJT and is developed and signed prior to OJT start?		
☐ Yes ☐ No ☐	N/A Employer is committed to hiring participant upon successful OJT completion?		
☐ Yes ☐ No ☐	N/A AJCC is monitoring OJT progress to ensure goals are met?		
☐ Yes ☐ No ☐	N/A Progress report & invoice submitted every pay period & uploaded to		
	CalJOBS.		
☐ Yes ☐ No ☐	N/A Final evaluation completed and uploaded to CalJOBS? MUST include		
	whether participant satisfactorily met the training objectives.		
☐ Yes ☐ No ☐	N/A OJT does not exceed one year?		
☐ Yes ☐ No ☐	N/A Was the participant hired after OJT completion?		
☐ Yes ☐ No ☐	N/A One-month follow-up report done after OJT completion and participant hiring?		
☐ Yes ☐ No ☐	N/A Six-month follow-up report done after OJT completion and participant hiring?		
☐ Yes ☐ No ☐	N/A Are case notes acceptable?		
Transitional Jobs	(TJ)	T =	
Worksite Name:	Address:	Requirement Met:	□No
			□No
TJ Info: Job Title:	Hourly Wage \$	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date:	Hourly Wage \$ End Date: Total Training Hrs.: Number of	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.:	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: \$	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: TJ Info: Job Title:	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment?	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: TJ Info: Job Title:	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$ Yes	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements:Unemployed worker One or more barriersChronically unemployed or inconsistent work history	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.:	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ?	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: Yes No Yes No Yes No Yes No Yes No	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS?	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: Yes No Yes No Yes No Yes No Yes No	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: Yes No Yes No Yes No Yes No Yes No Yes No	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: Yes No Yes No Yes No Yes No Yes No Yes No	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and	☐ NA ☐ Yes	□No
TJ Info: Job Title: Start Date: wks.: Yes	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and uploaded to CalJOBS	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: Yes	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ training plan completed, signed/dated prior to TJ start, and uploaded to	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ training plan completed, signed/dated prior to TJ start, and uploaded to CalJOBS?	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: Yes No	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ training plan completed, signed/dated prior to TJ start, and uploaded to CalJOBS? N/A IEP supports the TJ and is developed and signed prior to TJ start?	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$ Yes No	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$ Yes	Hourly Wage \$	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$	Hourly Wage \$	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$	Hourly Wage \$	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$ Yes	Hourly Wage \$	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: Yes	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reim	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: Yes No	Hourly Wage \$	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$ Yes	Hourly Wage \$ End Date: Total Training Hrs.: Number of Hours per wk.: Reimbursement Rate: % Maximum Reimbursement N/A TJ need and benefit established and documented through assessment? N/A Participant meets eligibility requirements: Unemployed worker One or more barriers Chronically unemployed or inconsistent work history N/A Business meets the requirements of TJ? N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and uploaded to CalJOBS N/A TJ training plan completed, signed/dated prior to TJ start, and uploaded to CalJOBS? N/A IEP supports the TJ and is developed and signed prior to TJ start? N/A Supportive services plan developed, and supportive services provided? N/A Invoices and support documentation collected and uploaded to CalJOBS? N/A AJCC is monitoring TJ progress to ensure goals are met? N/A Monthly progress report completed and uploaded to CalJOBS N/A Final evaluation completed and uploaded to CalJOBS? MUST include whether participant satisfactorily met the training objectives. N/A TJ does not exceed 24 weeks (6 months)? N/A TJ is at least 20hrs per week but no more than 40hrs per week? N/A TJ hourly wage is not less than LA County minimum wage rate (\$15Hr)?	☐ NA ☐ Yes	□ No
TJ Info: Job Title: Start Date: wks.: \$ Yes	Hourly Wage \$	☐ NA ☐ Yes	□ No

Incumbent Worker Training (IWT)				
Employer Name: Addr	ess:	Requirement Met: NA Yes No Comments:		
OJT Info: Job Title: End Date: H Rate:% Maximum Reimbursement \$	Total Training Hrs.: ourly Wage \$ Reimbursement WIOA Enrollment: Yes No	Comments:		
Employer Eligibility (meets all following IWT requi	rements): No layoffs within 180 days to relocate to CA			
	•			
☐ LA County business for more than 120 days prior to application date	☐ Employer is current in UI and worker's compensation insurance payments			
State & Federal Tax returns for last two years	☐ Employer agrees to data collection and providing employer retention info			
Employee Eligibility (meets all following IWT requi	rements).			
 ☐ Employed by company for at least 20 hrs. per week. ☐ Meets Fair Labor Standards Act requirements for an employer-employee relationship at time of employer application 	Has established employer history with employer for 6 months or more on date of employer application. May include time as temp or contract work for employer. If cohort, only majority need to meet 6 month or more employment history requirement.			
Yes No N/A IWT need and benefit establi Yes No N/A Participant has the skills and Yes No N/A IEP supports the IWT and is Yes No N/A IWT is in in-demand occupation	qualifications to successfully complete the IWT? developed and signed prior to IWT start? ion within a priority and/or high growth sector? If			
not, a waiver has been provi	rior to IWT start and uploaded to CalJOBS? gress to ensure goals are met? ? If so, a waiver has been provided?			
☐ Yes ☐ No ☐ N/A IWT training plan completed, CalJOBS?				
☐ Yes ☐ No ☐ N/A IWT provides an average wag ☐ Yes ☐ No ☐ N/A Quarterly progress reports an	d invoices collected with support documentation			
☐ Yes ☐ No ☐ N/A Final evaluation completed ar	records) and uploaded to CalJOBS? and uploaded to CalJOBS? MUST include arrily met the training objectives.			
☐ Yes ☐ No ☐ N/A Credential and/or certificate of	•			
Performance Outcomes				
	unsubsidized employment during exit on CalJOBS?	Requirement Met:		
☐ Yes ☐ No ☐ N/A Is participant placement in a t☐ Yes ☐ No ☐ N/A Has participant attained a rec		☐ NA ☐ Yes ☐ No Comments:		
☐ Yes ☐ No ☐ N/A If yes, has Credential Attainm	nent been reported accurately and uploaded to			
Yes No N/A Is documentation supporting (Yes No N/A Has participant advanced in where advancement or comp	or completed a training or educational program pletion qualifies as a Measurable Skills Gain?			
Yes No N/A If yes, has Measurable Skills	• •			
	301, 304, 305, 306, 320, 322, 323, 324, 325, 328, 330)			
Yes No N/A Is 1st Quarter Follow-Up Com CalJOBS to support Follow-u etc.) for all applicable quarter	p status (Employment verification, check stubs			

		Attachment B
	Is 2 nd Quarter Follow-Up Completed and is Supplemental data uploaded to	
	CalJOBS to support Follow-up status (Employment verification, check stubs	
	etc.) for all applicable quarters?	
	Is 3 rd Quarter Follow-Up Completed and is Supplemental data uploaded to	
	CalJOBS to support Follow-up status (Employment verification, check stubs	
	etc.) for all applicable quarters?	
☐ Yes ☐ No ☐ N/A	Is 4 th Quarter Follow-Up Completed and is Supplemental data uploaded to	
	CalJOBS to support Follow-up status (Employment verification, check stubs	
	etc.) for all applicable quarters?	
☐ Yes ☐ No ☐ N/A	If participant was employed during follow-up, was employer information	
	added for each applicable quarter?	
Case Closure		
□ Vos □ No □ N/A	Was this file a positive case closure?	Requirement Met:
	If participant was exited as employed, was employer information added?	☐ NA ☐ Yes ☐ No
□ 162 □ NO □ N/A	Employer Name: Start Date:	Comments:
□ Voc. □ No. □ N/A	Was case closure completed with appropriate documentation (i.e., school	
☐ Yes ☐ No ☐ N/A		
	status, employment verification) uploaded to CalJOBS?	
	Was the participant exited as a global exclusion?	
☐ Yes ☐ No ☐ N/A	If so, is documentation supporting a Global Exclusion case noted and uploaded	
	to CalJOBS? (i.e., incarceration, institutionalization, death etc.)?	
Follow-Up Services		
Follow-op Services		Requirement Met:
☐ Yes ☐ No ☐ N/A	Were Follow-Up Services offered to participant upon employment & program exit	
	Are any Follow-up services provided?	
☐ Yes ☐ No ☐ N/A	/	
	If so, are Follow-up services fully documented and uploaded to CalJOBS, in	Comments:
		Comments:
☐ Yes ☐ No ☐ N/A	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes?	Comments:
☐ Yes ☐ No ☐ N/A	If so, are Follow-up services fully documented and uploaded to CalJOBS, in	
☐ Yes ☐ No ☐ N/A Co-Enrollment: ☐ Y	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Yes No	Requirement Met:
☐ Yes ☐ No ☐ N/A Co-Enrollment: ☐ Y Program Enrolled:	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency:	Requirement Met:
Yes No N/A Co-Enrollment: Y Program Enrolled:	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency: If documented and accurately reported in CalJOBS? (customer choice, customer	Requirement Met:
Co-Enrollment: Y Program Enrolled: Yes No Is need benefit	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency: documented and accurately reported in CalJOBS? (customer choice, customer t, funding)	Requirement Met: NA Yes No
Co-Enrollment: Y Program Enrolled: Yes No Is need benefit	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency: If documented and accurately reported in CalJOBS? (customer choice, customer	Requirement Met: NA Yes No
Co-Enrollment: Y Program Enrolled: Yes No Is need benefit	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency: documented and accurately reported in CalJOBS? (customer choice, customer t, funding)	Requirement Met: NA Yes No
Co-Enrollment: Y Program Enrolled: Yes No Is need benefit	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency: documented and accurately reported in CalJOBS? (customer choice, customer t, funding)	Requirement Met: NA Yes No
Co-Enrollment: Y Program Enrolled: Yes No Is need benefit	If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes? Tes No Agency: Co-Enrolled Into: Agency: Idocumented and accurately reported in CalJOBS? (customer choice, customer t, funding) rvices provided without duplication between programs?	Requirement Met:
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