

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2021-22  
COVID-19 Humanitarian Jobs Project National Dislocated Worker Grant**

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

|   |           |   |            |
|---|-----------|---|------------|
| App #:  | App Date: | Participation Date:   | Exit Date: |
| <b>WIOA Application</b>   |           |   |            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Staff /Case Manager Signature      Date: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No Application Reviewer Signature      Date: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No Participant Signature      Date: _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No Application is reviewed and approved prior to providing services<br><input type="checkbox"/> Yes <input type="checkbox"/> No Reviewer is not same as staff/case manager  |           | Requirement Met:<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>  |            |
| <b>Residence</b>  |           |   |            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant a resident of Los Angeles County?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If not a resident, is a waiver for service provided and on file?  |           | Requirement Met:<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><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: _____<br><p align="center"><b>OR</b></p> <input type="checkbox"/> LIST B <input type="checkbox"/> CA ID Card <input type="checkbox"/> CA Driver License <input type="checkbox"/> Other: _____<br><input type="checkbox"/> LIST C <input type="checkbox"/> SSN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____<br><b>Right to Work Documents</b> <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: _____  |           | Requirement Met:<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>  |            |
| <b>Selective Service</b>  |           |   |            |
| <input type="checkbox"/> Male 18 years of age or older born after 12/31/1959<br><input type="checkbox"/> Documentation provided:<br>Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Letter <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Confirmation Date: _____   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> No Documentation<br><input type="checkbox"/> Dated after participation date<br>Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |            |
| <b>National Dislocated Worker Grant (NDWG) Program Eligibility</b>  |           |   |            |
| <b>NDWG Component:</b> <input type="checkbox"/> Workforce Development <input type="checkbox"/> Temporary Jobs <input type="checkbox"/> Co-Enrolled  |           | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>   |            |
| <input type="checkbox"/> Participant is temporarily or permanently laid off because of COVID-19;<br><input type="checkbox"/> A dislocated worker as defined in WIOA Sec.29 U.S.C. 3102(3)(15); ( <b>Category:</b> _____)<br><input type="checkbox"/> A long-term unemployed worker defined as an individual who has been unemployed for 15 or more consecutive weeks; or<br><input type="checkbox"/> A self-employed individual who became unemployed or significantly underemployed because of COVID-19.   |           |   |            |
| Documents Used: 1 _____ 2 _____ 3 _____   |           |   |            |
| <b>Initial Assessment &amp; Basic Skills Testing</b>  |           |   |            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are all requirements of initial assessment met on enrollment?<br><input type="checkbox"/> Aptitudes & Abilities <input type="checkbox"/> Supportive Service Determination <input type="checkbox"/> Basic Skills<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is an assessment from a partner program used? If so, from what partner program: _____<br><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: _____<br><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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is Participant Basic Skills Deficient?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools stored in the participant case file?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools legible, dated, and signed by staff?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the initial assessment activity code open in CalJOBS? |           | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>   |            |
| <b>Individual Employment Plan (IEP)</b>   |           |   |            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is need for Individualized Career Services documented in case notes?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was an IEP Developed prior to providing individualized services?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP include the Objective Assessment Summary (OAS)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are required CalJOBS activity codes open: <b>OAS (203)</b> <input type="checkbox"/> <b>IEP (205)</b> <input type="checkbox"/><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP updated continuously as activities occur?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP provide a plan of activity for the participant?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP dated and signed by the participant?  |           | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>   |            |
| <b>Supportive Services</b>  |           |   |            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services necessary for individual to participate in WIOA activities?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services provided reasonable?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Is support documentation on file? (e.g., receipts)<br><input type="checkbox"/> Yes <input type="checkbox"/> No Are appropriate Supportive Services activity codes opened under correct component in CalJOBS?  |           | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>   |            |

| Documentation for Grievance/Complaint Procedures   |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
|--|--|--|-------------------------|--|------------------|--|--|---|--|---|--|--|--|--|--|---|---|
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 8/2021) properly filled out, signed, dated and double sided.<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> WIOA Applicant Acknowledgement Statements (Dated 8/2021), signed and dated  | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| Case Notes and Documentation   |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are case notes detailed, clear, and fully developed?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Do all case notes follow the CalJOBS Case Note Guidelines?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Do case notes indicate initial assessment was conducted on enrollment and include initial assessment results and interpretation?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Do case notes include a plan of activity for the customer?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are applicant statements complete, clear, detailed and fully developed?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is confidential health information & Participant PII secured and kept out of file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Do Activity codes match information in the case notes?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are there case notes for any services provided in the TJ Component?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is a current and well-developed resume on file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is documentation supporting services provided on file? (i.e., Job Referrals, IEP)<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is documentation supporting planned break in services provided on file?   | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| Training Services  |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is training need and benefit documented?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is local LMI used to link training to in demand occupations?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is a comprehensive assessment used to identify training course?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Does ITA match I-Train and CalJOBS ETPL approved course printout?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is training provider performance data on file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are attendance records on file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is the course Certificate of Completion on file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is customer choice requirement met?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is link to employment established?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is a Waiver to exceed the ITA cap or the one-year training time limit on file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are case notes acceptable?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is a complete, signed, and dated ITA on file?<br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are documentation of payments on file? | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Cohort Training:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| Temporary Job (TJ) Component   |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <table border="1"> <tr> <td><b>Job Sites</b> (list all if more than one)</td> <td></td> </tr> <tr> <td><b>Total # of hours</b></td> <td></td> </tr> <tr> <td><b>Job Title</b></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   <input type="checkbox"/> <b>N/A</b> </td> <td>Is Safer at Work Order acknowledgement with provider, employer and participant signed/dated prior to start?</td> </tr> <tr> <td> <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b> </td> <td>Is participant handbook signed/dated by participant prior to start?</td> </tr> <tr> <td> <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b> </td> <td>Is worksite agreement signed/dated by all parties?</td> </tr> <tr> <td> <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b> </td> <td>Was safety training completed before start date?</td> </tr> <tr> <td> <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b> </td> <td>Is safety training certificate on file?</td> </tr> </table>  | <b>Job Sites</b> (list all if more than one)   |  | <b>Total # of hours</b> |  | <b>Job Title</b> |  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> | Is Safer at Work Order acknowledgement with provider, employer and participant signed/dated prior to start? | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Is participant handbook signed/dated by participant prior to start? | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Is worksite agreement signed/dated by all parties? | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Was safety training completed before start date? | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> | Is safety training certificate on file? | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |
| <b>Job Sites</b> (list all if more than one)   |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <b>Total # of hours</b>  |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <b>Job Title</b>   |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>   | Is Safer at Work Order acknowledgement with provider, employer and participant signed/dated prior to start?  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   | Is participant handbook signed/dated by participant prior to start?  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   | Is worksite agreement signed/dated by all parties?   |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   | Was safety training completed before start date?   |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   | Is safety training certificate on file?  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |
| Performance Outcomes   |  |  |                         |  |                  |  |  |   |  |   |  |  |  |  |  |   |   |

|                              |                             |                              |  |   |
|------------------------------|-----------------------------|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is documentation supporting unsubsidized employment during exit provided on file?  | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | 1 <sup>st</sup> Quarter Follow-Up Completed  |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is 2 <sup>nd</sup> Quarter Follow-Up Completed   |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is 3 <sup>rd</sup> Quarter Follow-Up Completed   |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is 4 <sup>th</sup> Quarter Follow-Up Completed   |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If participant was employed during follow-up, was employer information and documentation added into CalJOBS for each applicable quarter?   |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Has participant attained a recognized postsecondary credential or a secondary school diploma, or its recognized equivalent, during participation in or within one year after exit? |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If yes, has Credential Attainment been reported accurately in CalJOBS?   |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is documentation supporting Credential Attainment provided on file?  |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Has participant advanced in or completed a training or educational program where advancement or completion qualifies as a Measurable Skills Gain?                                  |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If yes, has Measurable Skills Gain been reported accurately in CalJOBS?  |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is documentation validating the type of Measurable Skills gain provided on file?   |   |

**Case Closure**

|                              |                             |                              |   |   |
|------------------------------|-----------------------------|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | If participant was exited as employed, was employer information (Employer Name, Start Date, Starting Wages) added in CalJOBS? | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Was case closure completed with appropriate documentation (i.e., school status, employment verification)                      |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is documentation supporting a Global Exclusion on file (i.e., incarceration, institutionalization, death etc.)?               |   |

**Follow-Up Services**

|                              |                             |                              |   |   |
|------------------------------|-----------------------------|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Were Follow-Up Services offered to participant upon employment & program exit                               | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |
| <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? |   |

**Co-Enrollment:**  Yes  No

|   |   |
|---|---|
| Program: _____ Agency: _____ Co-Enrolled into: _____ Agency: _____  | Requirement Met:<br><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b> |
| <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?      |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant in both TJ and WD component?                      |   |

**Certification of Review**  
**WDACS REPRESENTATIVE NOTES:**

All Requirements Met:  Yes  No  
**NOTES:**

\_\_\_\_\_  
**AJCC REPRESENTATIVE PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WDACS REPRESENTATIVE PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**