

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2018-22
2018 California Megafires National Dislocated Worker Grant – Temporary Jobs Component**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
NDWG Temporary Jobs Application			
<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 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: _____ <p align="center">OR</p> <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: _____ 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			
<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: _____ <input type="checkbox"/> No Documentation <input type="checkbox"/> Confirmation Date: _____ <input type="checkbox"/> Dated after participation date		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Temporary Jobs Program Eligibility			
1. Temporarily or permanently laid off as consequence of disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Long-term Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Self-employed who became unemployed or significantly underemployed because of the emergency or disaster <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Dislocated Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No Category: _____ Documents Used: 1 _____ 2 _____ 3 _____		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 Are Supportive Services necessary for individual to participate in program 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 CaJOBS?		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 WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 8/2021) properly filled out, signed, dated and double sided <input type="checkbox"/> Yes <input type="checkbox"/> No WIOA Applicant Acknowledgement Statements (Dated 8/2021), signed and dated		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <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?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

Temporary Job		
Job Sites (list all if more than one)		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Total # of hours		
Work Description	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?	
Case Closure		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was this file a positive case closure?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<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: _____	
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 Comments:
<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?	
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