

Workforce Development, Aging and Community Services (WDACS) America's Job Centers of California (AJCC)
Technical Assistance Checklist PY 2021-22
HOME LA:RISE

AJCC: _____ Participant Name _____ SSN: _____

CalJOBS #:	Enrollment Date:	Exit Date:
File Type		
<input type="checkbox"/> Yes <input type="checkbox"/> No Electronic File (If electronic file, uploaded documentation will be reviewed via CalJOBS for all program requirements)		
Program Eligibility		
<input type="checkbox"/> Yes <input type="checkbox"/> No Program Eligibility Checklist on file, signed and dated by Social Enterprise partner and participant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If electronic file, was documentation appropriately uploaded into CalJOBS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, was the correct naming convention used for document.		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
CalJOBS 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 <input type="checkbox"/> N/A Application is reviewed and approved prior to providing services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Reviewer is not same as staff/case manager <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless status marked as "Yes" in Application <input type="checkbox"/> Yes <input type="checkbox"/> No Medical and Disability related questions have been redacted from Application (Applies to hard copy files only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded into CalJOBS		Requirement Met: <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 detail co-case management engagement with SE partner(s)? <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 Do case notes include a plan of activity for the customer? <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 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 Was documentation appropriately uploaded into CalJOBS		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Training Services		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is training need and benefit clearly documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is local LMI used to link training to in demand occupations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a comprehensive assessment used to identify training course? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is training provider performance data on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are attendance records on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the course Certificate of Completion on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is customer choice requirement met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is link to employment established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a complete, signed, and dated ITA on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are documentation of payments on file?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Cohort Training: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
On The Job Training (OJT)		
Employer Name: _____ Address: _____		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
OJT Info: Job Title: _____ Total Training Hrs: _____ Start Date: _____ End Date: _____ Hourly Wage \$ _____ Reimbursement Rate: _____ % 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, they met 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?

Supportive Services

- Yes** **No** Are Sup. Services provided for participation in LA:RISE career and/or training activities?
 Yes **No** Are Supportive Services provided reasonable?
 Yes **No** Are Supportive Services provided in a timely manner? (3-day turnaround timeframe)
 Yes **No** If not, has the agency case noted why the 3-day timeframe was not met?
 Yes **No** Is support documentation uploaded into CalJOBS? (e.g. receipts)
 Yes **No** Are appropriate Supportive Services activity codes opened in CalJOBS?
 Yes **No** **N/A** Was documentation appropriately uploaded into CalJOBS?

Requirement Met:

 NA Yes No

Comments:

Incentives

Employment Retention

- Yes** **No** **N/A** Documentation, such as a paystub was used to verify attainment of employment?
 Yes **No** **N/A** First paycheck
 Yes **No** **N/A** Documentation uploaded into CalJOBS for verification
 Yes **No** **N/A** First month on the Job
 Yes **No** **N/A** Documentation uploaded into CalJOBS for verification
 Yes **No** **N/A** Second month on the Job
 Yes **No** **N/A** Documentation uploaded into CalJOBS for verification
 Yes **No** **N/A** Third month of Employment and participation in an AJCC Employment Retention Support Activity
 Yes **No** **N/A** Documentation uploaded into CalJOBS for verification
 Yes **No** **N/A** Six months of Employment and participation in an AJCC Employment Retention Support Activity
 Yes **No** **N/A** Documentation uploaded into CalJOBS for verification
 Yes **No** **N/A** Retention milestones were recorded, and Tracking Log completed
 Yes **No** **N/A** Was documentation appropriately uploaded into CalJOBS

Requirement Met:

 NA Yes No

Comments:

Case Closure

- Yes** **No** **N/A** Was this file a positive case closure?
 Yes **No** **N/A** If participant was exited as employed, was employer information added?
 Employer Name: _____ Start Date: _____
 Yes **No** **N/A** Was case closure completed with appropriate documentation (i.e. school status, employment verification)?

Requirement Met:

 NA Yes No

Comments:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was the participant exited as a global exclusion?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, is documentation supporting a Global Exclusion on file (i.e. incarceration, institutionalization, death etc.)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded into CalJOBS	

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: <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 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 in CalJOBS, in case notes, with appropriate CalJOBS codes?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded into CalJOBS?	

Co-Enrollment: **Yes** **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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded into CalJOBS	

Certification of Review**WDACS REPRESENTATIVE NOTES:**All Requirements Met: **Yes** **No****NOTES:**_____
AJCC REPRESENTATIVE PRINT NAME_____
SIGNATURE_____
DATE_____
WDACS REPRESENTATIVE PRINT NAME_____
SIGNATURE_____
DATE