

**Workforce Development, Aging and Community Services (WDACS) Social Enterprise
Technical Assistance Checklist PY 2021-22
LA County LA:RISE**

Social Enterprise: _____ 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 with LA:RISE AJCC Partner Signature	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Compliance & Authorization Forms		
<input type="checkbox"/> Yes <input type="checkbox"/> No Worksite Acknowledgement Form is in Participant's file? <input type="checkbox"/> Yes <input type="checkbox"/> No Worksite Acknowledgement Form is signed and dated by Supervisor and Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Worksite Acknowledgement Form is Initialed by Supervisor and Participant attesting that all information listed was reviewed?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
CalJOBS Generic Module		
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment was done through the Generic Module Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 1-15 answered in the Generic Module? <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 17-23 regarding Sup. Services, JRA & TSE Hours updated as the participant progressed? <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 30-31 regarding Housing Status Change updated as the participant progressed <input type="checkbox"/> Yes <input type="checkbox"/> No Medical and Disability related questions have been redacted from Application?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
CalJOBS Integrity		
<input type="checkbox"/> Yes <input type="checkbox"/> No Data elements in the paper/digital case file match those input into CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment Dates Match <input type="checkbox"/> Yes <input type="checkbox"/> No Employment Dates <input type="checkbox"/> Yes <input type="checkbox"/> No Demographic Elements	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Transitional Subsidized Employment		
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 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide documentation of participant work? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide documentation of hours worked to verify pay calculations? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide HR policies to verify breaks and lunches are taken as directed by Labor Law? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Completion of 300 Hours of TSE are documented in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No AJCC partner was notified of successful completion of 300 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Participant successfully passed two JRAs with a score of three or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of successful JRA pass _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are the JRAs in paper/digital file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Case Notes		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do case notes detail co-case management engagement with AJCC partner(s)? <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 Is confidential health information & Participant PII secured and kept out of file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Barrier Removal Services: Supportive Services & Referrals		
Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No Are barrier removal services provided to LA:RISE participants to eliminate barriers that would prevent them from working, getting to work, and/or staying at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it determined and validated that support services were needed for the participant?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

<input type="checkbox"/> Yes <input type="checkbox"/> No Case noted and on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Are barrier removal services provided reasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No Are barrier removal services provided in a timely manner? (3-day turnaround timeframe depending on request) <input type="checkbox"/> Yes <input type="checkbox"/> No If not, has the agency case noted why the 3-day timeframe was not met? <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 Supportive Services questions (17-18) updated in Generic Module App? Referrals <input type="checkbox"/> Yes <input type="checkbox"/> No Has it been documented that participant is facing additional employment barriers? E.g., Homeless, Substance Abuse, Criminal Record etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Social Enterprise referred participant to other entities for assistance with barrier removal?	
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Case Closure	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was this file a positive case closure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If participant was exited as employed, was employer information shared with AJCC partner? <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 Housing Status after enrollment question was updated?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Certification of Review WDACS REPRESENTATIVE NOTES:		
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTES:		
_____	_____	_____
<i>SE REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>
_____	_____	_____
<i>WDACS REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>

Last Updated: 10.7.21