

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2021-22
Senior Community Service Employment Program (SCSEP)**

AJCC: _____ Participant Name _____ PID: _____

Enrollment Date:	Durational Limit Date:	Exit Date:
Eligibility		
<input type="checkbox"/> Yes <input type="checkbox"/> No Copy of Government Issued Identification? <input type="checkbox"/> Expiring Soon <input type="checkbox"/> Has expired on: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is the applicant 55 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant a Los Angeles County PSA-19 Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Eligibility information on file match with what was inputted in SPARQ? <input type="checkbox"/> Yes <input type="checkbox"/> No Re-Enrollment policy - signed and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Workplace Violence Policy - signed and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No SCSEP Termination Policy – receipt signed and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Extended Absence Policy – receipt signed and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Understanding of Assignment - signed and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Privacy Act Statement – signed and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Declaring Beneficiary – completed, signed, and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Grievance Policy and Procedures - received _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Waiver for Physical Examination – completed, signed, and dated _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Does the participant live within LA County's area of service?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Family Size/Income Determination		
Family Size: _____ Family Size Verification document: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Does family size information on file match with what was inputted in SPARQ? <p align="center">Income Determination</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant income eligible <input type="checkbox"/> Yes <input type="checkbox"/> No Is income calculation: <input type="checkbox"/> On Worksheet <input type="checkbox"/> Calculated Correctly <input type="checkbox"/> Documented <input type="checkbox"/> Yes <input type="checkbox"/> No Are all included and excluded income streams listed on income worksheet and match the documentation on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Does income information on file match with what was inputted in SPARQ?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Priority of Service and Most in Need Factors (If Applicable)		
Are the following documented in the case file, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Age 65 or older <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Age 75 or older <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Low Literacy Skills <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Veteran or Eligible Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Low Employment Prospects <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Resides in a Rural Area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Failed to find employment after utilizing WIOA services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Homeless or at risk of homelessness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Severe Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Frail <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Old enough for SS retirement but not eligible to receive it <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Severely Limited Employment prospects in an area of persistent unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Formerly incarcerated or on supervision following release from prison or jail within five years of the date of initial eligibility determination. <input type="checkbox"/> Yes <input type="checkbox"/> No Does all priority information on file match with what was inputted in SPARQ?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Payroll Documents		
<input type="checkbox"/> Yes <input type="checkbox"/> No Participant Direct Deposit Authorization Form <input type="checkbox"/> Yes <input type="checkbox"/> No Voided Check or comparable bank document <input type="checkbox"/> Yes <input type="checkbox"/> No Form W-4 signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No Form I-9 signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are timesheets and paystubs on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do the community service hours inputted in SPARQ match with the total number of hours added from all paystubs?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Participant Enrollment Requirements	
<input type="checkbox"/> Yes <input type="checkbox"/> No SCSEP Participant (ETA-9120) form <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant form signed by both the participant and the authorized staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Participant Form on file match with what was inputted in SPARQ? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the participant receive an orientation (orientation checklist signed)? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the participant get paid for attending orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the date of Orientation correctly entered in SPARQ?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Assessment and Individual Employment Plan (IEP)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is Initial assessment completed before community service assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No Is assessment completed twice during a twelve-month period? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the IEP provide an initial employment goal that reflects assessed needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Does IEP include achievable action steps to reach employment goal? <input type="checkbox"/> Yes <input type="checkbox"/> No Do the IEP action steps have a Start and End dates? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the IEP updated at least twice per year, or as steps are accomplished? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the IEP reflect the appropriateness of community service assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are supportive service needs identified during assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, were services provided based on the needs and documented in file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is each IEP dated and signed by the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Do the dates on file match with what was inputted in SPARQ?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Community Service Assignment	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the community service assignment form accurately completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the community service assignment form match what was inputted in SPARQ? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Safety Checklist/Evaluation completed at least once per year? <input type="checkbox"/> Yes <input type="checkbox"/> No Does job description reflect the appropriateness of community service assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are training order forms signed by the participant and host agency supervisor?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Job Search	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are job development efforts apparent in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is their job search log documented in their file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a resume that has been developed in the file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant registered in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the participant have a WIOA Title I Application open in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a local grant code (LAO962) inputted under the activity code 321? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the training provider information properly inputted under the activity code 321?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Case Notes/Documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are case notes detailed, clear, and fully developed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do case notes indicate dates for recertification and assessments conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Do case notes contain details on assessment results and interpretation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is confidential health information redacted in the case files and secured in a separate labeled confidential folder?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Recertification	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is California ID or Driver's License current and not expired? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Social Security card on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is an updated family size verification on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Are income verification documents updated on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the recertification form updated annually and inputted in SPARQ accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the participant still reside within LA County's area of service?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Break in Participation (BIP)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are BIP forms fully completed and signed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do the dates inputted in SPARQ match what was completed in the BIP hard copy form? <input type="checkbox"/> Yes <input type="checkbox"/> No Do case notes contain details on assessment results and interpretation?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Training (if applicable)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is Training provided realistic and consistent with the participants' IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Has coordination and relationships with community resources been utilized to provide training opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No Has an IEP been conducted prior to the training to reflect the need? <input type="checkbox"/> Yes <input type="checkbox"/> No Are attendance records on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is receipt of payment for training on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a Certificate of completion on file?	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 Have supportive services been offered and provided to the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the reassessment make a note of needed supportive services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are community resources utilized to secure needed supportive services? <input type="checkbox"/> Yes <input type="checkbox"/> No Have other community resources been sought before having to use SCSEP funds? <input type="checkbox"/> Yes <input type="checkbox"/> No Is receipt of payment for supportive services provided on file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Exit Form/Follow - Up	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the Exit Form accurately completed and signed by staff/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If participant transitioned to unsubsidized employment, is the Unsubsidized Employment Form completed accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has Follow-up 1 been conducted at 2 nd Quarter after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If, so is data validation on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has Follow-up 2 been conducted for 2 nd Quarter after exit Median Earnings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, were median earnings accurately reported and documented on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has Follow-up 3 been conducted at 4 th Quarter after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If, so is data validation on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does Exit and Follow-Up information on file match with what was inputted in SPARQ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is Participant within one year of their durational limit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, has a transition plan been established for unsubsidized employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has a financial plan been established with the participant?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Training Order Forms	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are the Training Order Forms up to date on an annual basis and when there has been a change in assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are up to date training order forms in the participant files? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is each Training Order form dated and signed by the participant and training site Supervisor annually? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is each Training Order form dated and signed by the participant and training site Supervisor when a change in assignment has occurred (if applicable)?	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>AJCC REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>
_____	_____	_____
<i>WDACS REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>

Last Updated: 09.21.21