

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2021-22
2020 Bobcat Wildfire National Dislocated Worker Grant**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
WIOA 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"/> Confirmation Date: _____		<input type="checkbox"/> No Documentation <input type="checkbox"/> Dated after participation date Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
National Dislocated Worker Grant (NDWG) Program Eligibility			
Participant is temporarily or permanently laid off because of the disaster; <input type="checkbox"/> A dislocated worker as defined in WIOA Sec.29 U.S.C. 3102(3)(15); (Category: _____) <input type="checkbox"/> A long-term unemployed worker defined as an individual who has been unemployed for 15 or more consecutive weeks; or <input type="checkbox"/> A self-employed individual who became unemployed or significantly underemployed because of the disaster. Documents Used: 1 _____ 2 _____ 3 _____		Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Initial Assessment & Basic Skills Testing			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are all requirements of initial assessment met on enrollment? <input type="checkbox"/> Aptitudes & Abilities <input type="checkbox"/> Supportive Service Determination <input type="checkbox"/> Basic Skills <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: _____ <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: _____ <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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is Participant Basic Skills Deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools stored in the participant case file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools legible, dated, and signed by staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the initial assessment activity code open in CalJOBS?		Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Individual Employment Plan (IEP)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is need for Individualized Career Services documented in case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was an IEP Developed prior to providing individualized services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP include the Objective Assessment Summary (OAS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are required CalJOBS activity codes open: OAS (203) <input type="checkbox"/> IEP (205) <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP updated continuously as activities occur? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP provide a plan of activity for the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP dated and signed by the participant?		Requirement Met: <input type="checkbox"/> N/A <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 WIOA 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 under correct component in CalJOBS?		Requirement Met: <input type="checkbox"/> N/A <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.	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Applicant Acknowledgement Statements (Dated 8/2021), signed and dated	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?	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do all case notes follow the CalJOBS Case Note Guidelines?	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do case notes indicate initial assessment was conducted on enrollment and include initial assessment results and interpretation?	
<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	Are there case notes for any services provided in the TJ Component?	
<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?	
Training Services		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is training need and benefit documented?	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<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	Does ITA match I-Train and CalJOBS ETPL approved course printout?	Cohort Training: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is training provider performance data on file?	Comments:
<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	Is a Waiver to exceed the ITA cap or the one-year training time limit on file?	
<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?	
Temporary Job		
Job Sites (list all if more than one)		Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Total # of hours		Comments:
Job Title		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is Safer at Work Order acknowledgement with provider, employer and participant signed/dated prior to start?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is participant agreement signed/dated by participant prior to start?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is worksite agreement signed/dated by all parties?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was safety training completed before start date?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	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: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1 st Quarter Follow-Up Completed	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 2 nd Quarter Follow-Up Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 3 rd Quarter Follow-Up Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 4 th 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? <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.)?	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

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 <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?	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program: _____ Agency: _____ Co-Enrolled into: _____ Agency: _____ <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?	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Certification of Review
WDACS REPRESENTATIVE NOTES:

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

_____	_____	_____
AJCC REPRESENTATIVE PRINT NAME	SIGNATURE	DATE
_____	_____	_____
WDACS REPRESENTATIVE PRINT NAME	SIGNATURE	DATE