

**Department of Economic Opportunity (DEO) Technical Assistance Checklist PY 2022-23
2020 Bobcat Wildfire National Dislocated Worker Grant**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
--------	-----------	---------------------	------------

WIOA Application			Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff /Case Manager Signature	Date: _____	Comments:
<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		

Residence			Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is participant a resident of Los Angeles County?		Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No	If not a resident, is a waiver for service provided and on file?		

Right to Work (As listed on USCIS Form I-9)			Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
<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: _____			Comments:
Right to Work Documents <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: _____			

Selective Service			Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Male 18 years of age or older born after 12/31/1959		<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<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	

National Dislocated Worker Grant (NDWG) Program Eligibility			Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
NDWG Component: <input type="checkbox"/> Workforce Development <input type="checkbox"/> Temporary Jobs <input type="checkbox"/> Co-Enrolled			Comments:
<input type="checkbox"/> 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 _____			

Initial Assessment & Basic Skills Testing			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 Are all requirements of initial assessment met on enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Aptitudes & Abilities <input type="checkbox"/> Supportive Service Determination <input type="checkbox"/> Basic Skills			Comments:
<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?			

Individual Employment Plan (IEP)			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 need for Individualized Career Services documented in case notes?			Comments:
<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?			

Supportive Services			Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services necessary for individual to participate in WIOA activities?			Comments:
<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 CalJOBS?			

Documentation for Grievance/Complaint Procedures	
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 04/2020) properly filled out, signed, dated and double sided.
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Applicant Acknowledgement Statements (Dated 01/2019), signed and dated
Requirement Met: <input type="checkbox"/> N/A <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 all case notes follow the CalJOBS Case Note Guidelines?
<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	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"/> N/A <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 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	Does ITA match I-Train and CalJOBS ETPL approved course printout?
<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	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?
Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Cohort Training: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Temporary Job (TJ) Component	
Job Sites (list all if more than one)	
Total # of hours	
Work Description	Job title _____ Duties _____ _____
<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 handbook signed/dated by participant prior to start?
<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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills & qualifications to successfully complete the Temp Job?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there separate case notes for TJ Component?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Case notes acceptable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?
Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Performance Outcomes	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is participant placement in a training related occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is documentation supporting unsubsidized employment during exit provided on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 1 st Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 2 nd Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters?
Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 3 rd Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 4 th Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs.... etc.) for all applicable quarters?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If participant was employed during follow-up, was employer information added for each applicable quarter? Employer Name: _____ Start Date: _____	
<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 participant 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	Was this file a positive case closure?	Requirement Met: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If participant was exited as employed, was employer information added? Employer Name: _____ Start Date: _____	
<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	Was the participant exited as a global exclusion?	
<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.)?	

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"/> N/A <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 on file, in case notes, with appropriate CalJOBS codes open?	

Co-Enrollment: Yes No

Program: _____ Agency: _____ Co-Enrolled into: _____ Agency: _____	Requirement Met: <input type="checkbox"/> N/A <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
DEO REPRESENTATIVE NOTES:

All Requirements Met: Yes No
NOTES:

AJCC REPRESENTATIVE PRINT NAME

SIGNATURE

DATE

DEO REPRESENTATIVE PRINT NAME

SIGNATURE

DATE