

**Department of Economic Opportunity (DEO) Technical Assistance Checklist PY 2022-23  
Alternative Staffing Organization (ASO)**

ASO: \_\_\_\_\_ Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CalJOBS #:	Enrollment Date:	Exit Date:
<b>File Type</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Electronic File (If electronic file, uploaded documentation will be reviewed via CalJOBS for all program requirements)		
<b>Program Eligibility</b>		
Participant's DOB: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Participant is 18 years of age or older <b>OR</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is an emancipated youth that is legally able to work <b>AND</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Participant is Unemployed or Underemployed <input type="checkbox"/> Yes <input type="checkbox"/> No Participant has expressed interest in long-term employment <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant a resident of Los Angeles County? <b>Meets at least one of the following barriers:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Homeless (as defined in Sec. 5.9) i. Literally Homeless ii. Imminent Risk of Homelessness iii. Homeless under other Federal Statues iv. Fleeing/Attempting to Flee Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Formerly Homeless (as defined in Sec. 5.8) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A At-risk of Homelessness (as defined in Sec. 5.1)		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<b>Compliance &amp; Authorization Forms</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Worksite Acknowledgement Form is in Participant's file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Worksite Acknowledgement Form is signed and dated by Supervisor and Participant prior to participant beginning temporary employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Worksite Acknowledgement Form is Initialed by Supervisor and Participant attesting that all information listed was reviewed?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Comments:</b>
<b>CalJOBS Generic Module</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment was done through the Generic Module <b>Date:</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 1-12 answered in the Generic Module? <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 13-23 updated as the participant progressed?		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<b>CalJOBS Title I Application</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Staff /Case Manager Signature <b>Date:</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Application Reviewer Signature <b>Date:</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Signature <b>Date:</b> _____ <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)		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<b>CalJOBS Integrity</b>		
<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 Match		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<b>Transitional Subsidized Employment</b>		
<b>Right to Work</b> (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: <b>OR</b> <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: <b>Right to Work Documents:</b> <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Provide documentation of participant work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Provide documentation of hours worked to verify pay calculations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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 Are the JRAs in paper/digital file?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<b>Case Notes</b>		

<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Supportive Services Documentation <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are case notes detailed, clear, and fully developed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was participant referred to an AJCC? AJCC Referred to: _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> 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 <b>Comments:</b>
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Barrier Removal Services: Supportive Services & Referrals	
<b>Support Services</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are barrier removal serviced provided to ASO participants to eliminate barriers that would prevent them from working, getting to work, and/or staying at work? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Was it determined and validated that Supportive Services were needed for the participant? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Case noted and on file? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are Supportive Services provided reasonable? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are Supportive Services provided in a timely manner? (3-day turnaround timeframe depending on request) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If not, has the agency case noted why the 3-day timeframe was not met? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is support documentation on file? (e.g. receipts) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are appropriate Supportive Services activity codes opened in CalJOBS?  <b>Referrals</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Has it been documented that participant is facing additional employment barriers? E.g. Homeless, Substance Abuse, Criminal Record etc. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Has the ASO referred participant to other entities for assistance with barrier removal? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Have community resources been sought in addition to directly providing Supportive Services? (Verified through case notes)	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

Performance Outcomes	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Is documentation supporting unsubsidized employment during exit provided on file? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Did participant retain employment for 26 weeks? Is supplemental data on file to support employment status? (Employment verification, check stubs.... etc.)  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Did participant transition from temporary employment to permanent employment? Is supplemental data on file to support employment status? (Employment verification, check stubs.... etc.)	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

Case Closure	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was this file a positive case closure? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> If participant was exited as employed, was employer information added? Employer Name: _____ Start Date: _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was case closure completed with appropriate documentation (i.e. school status, employment verification)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was the participant exited as a global exclusion? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> If so, is documentation supporting a Global Exclusion on file (i.e. incarceration, institutionalization, death etc.)? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was documentation appropriately uploaded into CalJOBS	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

Collaboration with AJCC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AJCC Referred : _____ Date of Referral : _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Has participant continued with program for more than 9 months? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Was participant Co-Enrolled in a County-approved workforce development program?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

Certification of Review DEO REPRESENTATIVE NOTES:	
<b>All Requirements Met:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>NOTES:</b>	

\_\_\_\_\_  
*ASO REPRESENTATIVE PRINT NAME*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*DEO REPRESENTATIVE PRINT NAME*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*