

**Department of Economic Opportunity (DEO) Social Enterprise  
Technical Assistance Checklist PY 2022-23  
LA County LA:RISE**

Social Enterprise: \_\_\_\_\_ 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) <input type="checkbox"/> Yes <input type="checkbox"/> No Paper File		
<b>Program Eligibility</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility Checklist on file, signed and dated by LA:RISE AJCC partner and participant <input type="checkbox"/> Yes <input type="checkbox"/> No SE Staff /Case Manager Signature <b>Date:</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No AJCC Partner Signature <b>Date:</b> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Signature <b>Date:</b> _____		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? <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"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <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 1-14 answered in the Generic Module? <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 15-23 regarding Sup. Services, JRA & TSE Hours updated as the participant progressed? <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 28-29 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"/> NA <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 <input type="checkbox"/> Yes <input type="checkbox"/> No Demographic Elements		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<b>Transitional Subsidized Employment</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Right to Work is verified prior to beginning Transitional Subsidized Employment <b>Right to Work Documentation</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: <p align="center"><b>OR</b></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: <b>Right to Work Documents:</b> <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on:		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<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 Completion of 300 Hours of TSE are documented in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date of 300 Hours of TSE completion _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A AJCC partner was notified of successful completion of 300 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participant successfully passed two JRAs with a score of three or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date of successful JRA pass _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are the JRAs in paper/digital file?		
<b>Case Notes</b>		
<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 <b>Comments:</b>

**Barrier Removal Services: Supportive Services & Referrals**

**Support Services**

- Yes**  **No**  **N/A** 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?
- Yes**  **No**  **N/A** Was it determined and validated that support services were needed for the participant?
- Yes**  **No**  **N/A** Case noted and on file?
- Yes**  **No**  **N/A** Are barrier removal services provided reasonable?
- Yes**  **No**  **N/A** Are barrier removal services provided in a timely manner? (3-day turnaround timeframe depending on request)
- Yes**  **No**  **N/A** If not, has the agency case noted why the 3-day timeframe was not met?
- Yes**  **No**  **N/A** Is support documentation on file? (e.g. receipts)
- Yes**  **No**  **N/A** Are Supportive Services questions (17-18) updated in Generic Module App?

**Referrals**

- Yes**  **No**  **N/A** Has it been documented that participant is facing additional employment barriers? E.g. Homeless, Substance Abuse, Criminal Record etc.
- Yes**  **No**  **N/A** Has the Social Enterprise referred participant to other entities for assistance with barrier removal?

Requirement Met:

- NA  Yes  No

**Comments:**

**Performance Outcomes**

- Yes**  **No**  **N/A** Participants completing a minimum of 300 hours of Transitional Subsidized Employment
- Yes**  **No**  **N/A** Participants successfully passing the JRA (defined as passing the JRA twice with a score of three (3) or higher, indicating they meet minimum required job readiness standards, as defined by County)
- Yes**  **No**  **N/A** Participants through co-enrollment with AJCC securing unsubsidized employment

Requirement Met:

- NA  Yes  No

**Comments:**

**Case Closure**

- Yes**  **No**  **N/A** Was this file a positive case closure?
- Yes**  **No**  **N/A** If participant was exited as employed, was employer information shared with AJCC partner?
- Yes**  **No**  **N/A** Was case closure completed with appropriate documentation (i.e. school status, employment verification)?
- Yes**  **No**  **N/A** Housing Status after enrollment question was updated?

Requirement Met:

- NA  Yes  No

**Comments:**

**Certification of Review**  
DEO REPRESENTATIVE NOTES:

All Requirements Met:  Yes  No

NOTES:

\_\_\_\_\_  
AJCC REPRESENTATIVE PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE