

**Department of Economic Opportunity (DEO) Technical Assistance Checklist PY 2022-23
INVEST Program**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
CalJOBS Application & ARS <i>(Electronic Signatures Acceptable)</i>			
<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 <input type="checkbox"/> Yes <input type="checkbox"/> No Medical and Disability related questions have been redacted from Application <input type="checkbox"/> Yes <input type="checkbox"/> No ARS referral signed and uploaded? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes marked in ARS for enrollment in program			Requirement Met: <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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is an assessment from a partner program used? If so, from which 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"/> NA <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"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Supportive Services			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are Sup. Services provided for participation in INVEST career and/or training activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services provided reasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services provided in a timely manner? (3-day turnaround timeframe) <input type="checkbox"/> Yes <input type="checkbox"/> No If not, has the agency case noted why the 3-day timeframe was not met? <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?			Requirement Met: <input type="checkbox"/> NA <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 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 Are medical and disability related questions redacted from all CalJOBS forms? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes showing that participant met with the Mentor on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are activity codes used to show that the participant met with the Mentor? If so, list the activity codes used: _____			Requirement Met: <input type="checkbox"/> NA <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 clearly documented?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Cohort Training: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<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	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	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?	

On the Job Training (OJT)			
Employer Name: _____ Address: _____		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
OJT Info: Job Title: _____ Total Training Hrs.: _____ Start Date: _____ End Date: _____ Hourly Wage \$ _____ Reimbursement Rate: _____% Maximum Reimbursement \$ _____			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	OJT need and benefit established and documented thru assessment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Participant has the skills and qualifications to successfully complete the OJT?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Business meets the requirements of OJT?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If business previously participated in OJT, they met all requirements of previous OJT Contract? (Case noted)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	OJT contract signed/dated prior to OJT start and uploaded to CalJOBS?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	OJT training plan completed, signed/dated prior to OJT start, and uploaded to CalJOBS?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	OJT training plan completed, signed/dated prior to OJT start and uploaded to in CalJOBS?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	IEP supports the OJT and is developed and signed prior to OJT start?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Employer is committed to hiring participant upon successful OJT completion?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	AJCC is monitoring OJT progress to ensure goals are met?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Progress report & invoice submitted every pay period & uploaded to CalJOBS.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Final evaluation completed and uploaded to CalJOBS? MUST include whether participant satisfactorily met the training objectives.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	OJT does not exceed one year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Was the participant hired after OJT completion?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	One-month follow-up report done after OJT completion and participant hiring?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Six-month follow-up report done after OJT completion and participant hiring?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are case notes acceptable?

Transitional Subsidized Employment				
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Original Worksite Agreement is on file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Participant Weekly Progress Reports are signed and dated by participant and Worksite Supervisor and are in file?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Time sheets are signed and dated by participant and Worksite Supervisor?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are daily/total number(s) of hours calculated correctly?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Are breaks and lunches taken as directed by Labor Laws?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Completion of the five workshops?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Work Readiness/Workplace Norms or approved web-based equivalent	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Education on the Fair Chance Initiative or approved web-based equivalent	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Adult Financial Literacy or approved web-based equivalent	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		How to Overcome Unique Barriers or approved web-based equivalent	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Computer based skills or approved web-based equivalent	
Number of TSE hours completed: _____				

Incentives		Requirement Met:
<p>Job Readiness Workshops</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Documentation for participation of workshops? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sign-in sheet completed for each workshop attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A All 6 workshops completed? If no, how many completed? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A incentive provided for completion of all 6 workshops?</p> <p>Employment Achievements</p> <p>Attainment and Retention of Employment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Documentation, such as a paystub was used to verify attainment of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Retention Milestone Achieved (circle all that apply): 30,60,90,180 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Retention milestones were recorded, and sign-in sheet completed?</p> <p>Advancement in Employment</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Advancement in Employment was documented, and sign-in sheet completed? Proof of Advancement of Employment used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comparison of paycheck stub exhibiting a pay raise <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Paycheck stub displaying 40 or more hours worked a week <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Letter from employer stating promotion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Letter from employer notifying the eligibility for medical benefits</p> <p>Occupational Training</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Incentive provided for completion of first half of training and sign-in sheet Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Start and end date with distribution of incentive provided at a date halfway between start and end date? Date Incentive was provided: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Incentive provided for completion of second half of training and sign-in sheet completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Certificate from the institution with the participant's name and date of completion in file?</p> <p>Higher Education Participation</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Enrollment into an educational program documented Name of educational program participant enrolled into _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Completion of educational program with certificate in case file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Secondary/postsecondary transcript/ report card documenting participant is meeting the state's academic standards outlined by the California Department of Education</p>		<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Stipend		Requirement Met:
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stipend provided for 25% completion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stipend provided for 50% completion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stipend provided for 75% completion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stipend provided for 100% completion?</p>		<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Performance Outcomes		Requirement Met:
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting unsubsidized employment during exit on CalJOBS? <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 Has participant attained a recognized postsecondary credential or secondary school diploma, or equivalent, during participation or within 1 year after exit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, has Credential Attainment been reported accurately and uploaded to CalJOBS? (Codes requiring CA: 225, 300, 302, 305, 306, 322, 323, 324, 325, 328, 330) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting Credential Attainment uploaded to CalJOBS? <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 type of Measurable Skills gain uploaded CalJOBS? (Codes requiring MSG: 225, 300, 301, 304, 305, 306, 320, 322, 323, 324, 325, 328, 330)</p>		<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is 1 st Quarter Follow-Up Completed and is Supplemental data uploaded to CalJOBS 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 uploaded to CalJOBS 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 3 rd Quarter Follow-Up Completed and is Supplemental data uploaded to CalJOBS 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 uploaded to CalJOBS 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?	

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"/> NA <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"/> NA <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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____		Requirement Met: <input type="checkbox"/> NA <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: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTES:		
_____	_____	_____
AJCC REPRESENTATIVE PRINT NAME	SIGNATURE	DATE
_____	_____	_____
DEO REPRESENTATIVE PRINT NAME	SIGNATURE	DATE