

**Department of Economic Opportunity (DEO) Technical Assistance Checklist PY 2022-23
Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker Programs**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
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WIOA Application <i>(Electronic Signatures Acceptable)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Application Reviewer Signature Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Staff /Case Manager Signature Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Manager 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 Was documentation appropriately uploaded to CalJOBS?	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 <input type="checkbox"/> N/A If not a resident, is a waiver for service provided and on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded to CalJOBS?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

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

Selective Service	
Male 18 years of age or older born after 12/31/1959 <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation provided: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Letter <input type="checkbox"/> Other <input type="checkbox"/> No Documentation Confirmation Date: _____ Dated after participation date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded to CalJOBS?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Dislocated Worker Program Eligibility <i>(WDP D19-36 WIOA DW Eligibility during COVID-19 applies as applicable)</i>	
Dislocated Worker Category: _____ Documents Used: 1 _____ 2 _____ 3 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was documentation appropriately uploaded to CalJOBS?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Income/ Public Assistance Determination for Priority of Services (Adult Only) <i>(Basic Skills Deficiency Determination captured in next section)</i>	
<p align="center">Public Assistance Determination</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is participant a public assistance recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is public assistance status accurately reported in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation of receipt of public assistance uploaded to CalJOBS? <p align="center">Income Determination</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is income calculation: <input type="checkbox"/> Conducted <input type="checkbox"/> Calculated Correctly <input type="checkbox"/> Uploaded to CalJOBS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is income and status accurately reported in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is income and status accurately documented and uploaded to CalJOBS?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Initial Assessment & Basic Skills Testing <i>(During COVID-19 period, these assessments Only needed for those enrolled in Training Services per WDP D19-32)</i>	
<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 tests legible, dated, signed by staff and participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the initial assessment activity code open in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools uploaded to 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?	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	Was an IEP developed when providing individualized services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does the IEP include an 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 with updates uploaded to CalJOBS?	
<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 initial and final IEP dated and signed by the participant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the initial and final IEP and OAS uploaded to CalJOBS? OAS <input type="checkbox"/> IEP <input type="checkbox"/>	
Supportive Services		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Sup. Services provided for participation in WIOA career and/or training activities?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have community resources been sought prior to providing Sup. Serv. (Case Noted)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a financial needs assessment validating Sup. Serv. need completed and uploaded to CalJOBS? (Case noted assessment also accepted)	
<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 uploaded to CalJOBS? (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 8/2021) properly filled out, signed, dated, and uploaded to CalJOBS	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Applicant Acknowledgement Statements (Dated 8/2021), signed, dated, and uploaded to CalJOBS	
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"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No 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, fully developed, and uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is confidential health information & Participant PII secured and kept in separate location?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are medical and disability related questions redacted from any printed 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 documentation supporting services uploaded to CalJOBS? (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 uploaded to CalJOBS?	
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? Is LMI uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is a comprehensive assessment used to identify training course? Is document uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is customer choice established? Is documentation uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does ITA match I-Train and CalJOBS ETPL approved course printout? Are documents uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is a complete, signed, and dated ITA uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is training provider performance data uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are attendance records uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the course Certificate of Completion uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is link to employment established? Is documentation uploaded to CalJOBS?	
<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 uploaded to CalJOBS?	
<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	Are documentation of payments uploaded to CalJOBS?	

On the Job Training (OJT)	
Employer Name: _____ Address: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
OJT Info: Job Title: _____ Total Training Hrs.: _____ Start Date: _____ End Date: _____ Hourly Wage \$ _____ Reimbursement Rate: _____ % Maximum Reimbursement \$ _____	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OJT need and benefit established and documented through 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, do they meet employee persistency rate of 75% over a 12-month period? (If no, waiver is required) <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 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 If AJCC is providing a 90% reimbursement rate, is DEO/EBD approval on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes acceptable?	
Transitional Jobs (TJ)	
Worksite Name: _____ Address: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
TJ Info: Job Title: _____ Hourly Wage \$ _____ Start Date: _____ End Date: _____ Total Training Hrs.: _____ Number of wks.: _____ Hours per wk.: _____ Reimbursement Rate: _____ % Maximum Reimbursement \$ _____	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ need and benefit established and documented through assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participant meets eligibility requirements: <input type="checkbox"/> Unemployed worker <input type="checkbox"/> One or more barriers <input type="checkbox"/> Chronically unemployed or inconsistent work history <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Business meets the requirements of TJ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ contract signed/dated prior to TJ start and uploaded to CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ Participant Handbook completed, signed/dated prior to TJ start, and uploaded to CalJOBS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ Worksite Guidelines completed signed/dated prior to TJ start, and uploaded to CalJOBS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ training plan completed, signed/dated prior to TJ start, and uploaded to CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IEP supports the TJ and is developed and signed prior to TJ start? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Supportive services plan developed, and supportive services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Invoices and support documentation collected and uploaded to CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A AJCC is monitoring TJ progress to ensure goals are met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Monthly progress report completed and 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 TJ does not exceed 24 weeks (6 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ is at least 20hrs per week but no more than 40hrs per week? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A TJ hourly wage is not less than LA County minimum wage rate (\$15Hr)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was the participant hired after TJ completion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes acceptable?	

Incumbent Worker Training (IWT)	
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 \$ _____ WIOA Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Eligibility (meets all following IWT requirements): <input type="checkbox"/> Improves Employer & Employee Competitiveness <input type="checkbox"/> No layoffs within 180 days to relocate to CA <input type="checkbox"/> LA County business for more than 120 days prior to application date <input type="checkbox"/> Employer is current in UI and worker's compensation insurance payments <input type="checkbox"/> Employer agrees to data collection and providing employer retention info	
Employee Eligibility (meets all following IWT requirements): <input type="checkbox"/> Employed by company for at least 20 hrs. per week. <input type="checkbox"/> Has established employer history with employer for 6 months or more on date of employer application. May include time as temp or contract work for employer. If cohort, only majority need to meet 6 month or more employment history requirement. <input type="checkbox"/> Meets Fair Labor Standards Act requirements for an employer-employee relationship at time of employer application <input type="checkbox"/> Must meet Selective Service requirements <input type="checkbox"/> Must register with CalJOBS <input type="checkbox"/> Must meet Selective Service requirements <i>*Note, employee may agree to enroll in WIOA Adult program but not required.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IWT need and benefit established and documented through assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participant has the skills and qualifications to successfully complete the IWT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IEP supports the IWT and is developed and signed prior to IWT start? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IWT is in in-demand occupation within a priority and/or high growth sector? If not, a waiver has been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IWT contract signed/dated prior to IWT start and uploaded to CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A AJCC is monitoring IWT progress to ensure goals are met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IWT does not exceed \$4,000? If so, a waiver has been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IWT employer share of cost is not less than WIOA minimums (10% if ≤50 employees; 25% if 51-100 employees; at least 50% if >100 employees)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A IWT training plan completed, signed/dated prior to IWT start, and uploaded to CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Progress reports and invoices collected with support documentation (e.g., timecards, attendance records) and uploaded to CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Credential and/or certificate of completion is uploaded to CalJOBS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was the participant retained or hired to new position after IWT completion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes acceptable?	
Performance Outcomes	
<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) <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?	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	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) uploaded to CalJOBS?	
<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	If so, is documentation supporting a Global Exclusion case noted and uploaded to CalJOBS? (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 and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes?	

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 and accurately reported in CalJOBS? (customer choice, customer benefit, funding)	
<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:		
_____	_____	_____
<i>AJCC REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>
_____	_____	_____
<i>DEO REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>