

**Workforce Development, Aging and Community Services (WDACS) Social Enterprise (SE)
Technical Assistance Checklist PY 2018-19
HOME LA:RISE**

Social Enterprise: _____ Participant Name _____ SSN: _____

CalJOBS #:	Enrollment Date:	Exit Date:
Program Eligibility		
<input type="checkbox"/> Yes <input type="checkbox"/> No Program Eligibility Checklist on file with LA:RISE AJCC Partner Signature <input type="checkbox"/> Yes <input type="checkbox"/> No Print out of matched partner contact name and information included		Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Compliance & Authorization Forms		
<input type="checkbox"/> Yes <input type="checkbox"/> No Worksite Acknowledgement Form is in Participant's file? <input type="checkbox"/> Yes <input type="checkbox"/> No Worksite Acknowledgement Form is signed and dated by Supervisor and Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Comments:
CalJOBS Generic Module		
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment was done through the Generic Module Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 1-30 answered in the Generic Module? <input type="checkbox"/> Yes <input type="checkbox"/> No Were questions 23-24 and 31-39 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"/> Yes <input type="checkbox"/> No Comments:
CalJOBS Integrity		
<input type="checkbox"/> Yes <input type="checkbox"/> No Data elements in the paper 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 Comments:
Transitional Subsidized Employment		
<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 200 Hours of TSE are documented in CalJOBS? <input type="checkbox"/> Yes <input type="checkbox"/> No AJCC partner was notified of successful completion of 200 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Participant successfully passed two JRAs with a score of three or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No AJCC partner was notified of successful completion of two JRAs with a score of three or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No SE notified partnered AJCC that participant was eligible to be assessed for WIOA co-enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the JRAs in file?		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Case Notes		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Supportive Services 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 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 Comments:
Barrier Removal Services: Supportive Services & Referrals		
Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No Are Sup. Services provided for participation in career and/or training activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it determined and validate that Sup. Serv. were needed for the participant? Case noted and on file? <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:
Referrals <input type="checkbox"/> Yes <input type="checkbox"/> No Has it been documented that participant is facing additional employment barriers? E.g. Homeless, Substance Abuse, Criminal Record etc. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Social Enterprise referred participant to other entities for assistance with barrier removal? <input type="checkbox"/> Yes <input type="checkbox"/> No Have community resources been sought in addition to providing Sup. Serv. (Case Noted)		

Case Closure	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was this file a positive case closure?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Were questions 40-43 in the Generic Module answered to reflect placement?
<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)?
Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Certification of Review
WDACS REPRESENTATIVE NOTES:

All Requirements Met: Yes No

NOTES:

_____	_____	_____
<i>SE REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>
_____	_____	_____
<i>WDACS REPRESENTATIVE PRINT NAME</i>	<i>SIGNATURE</i>	<i>DATE</i>