

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2017-18
Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker Programs**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
WIOA Application			
<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			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 If not a resident, is a waiver for service provided and on file?			Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Right to Work (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">OR</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: _____ Right to Work Documents <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: _____			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"/> Documentation provided: Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Letter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Confirmation Date: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Documentation <input type="checkbox"/> Dated after participation date Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Dislocated Worker Program Eligibility			
Dislocated Worker Category: _____ Documents Used: 1 _____ 2 _____ 3 _____			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) <small>Basic Skills Deficiency Determination captured in next section</small>			
<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 participant's receipt of public assistance on file? <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"/> On file <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 in the case file?			Requirement Met: <input type="checkbox"/> NA <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"/> 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 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		Requirement Met:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Supportive Services necessary for individual to participate in WIOA activities?	<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Supportive Services provided reasonable?	Comments:	
<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?		
Documentation for Grievance/Complaint Procedures			
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 11/2016) properly filled out, signed, dated and double sided	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Applicant Acknowledgement Statements (Dated 11/2016), signed and dated	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?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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?	Comments:	
<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	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?		
Training Services			Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is training need and benefit documented?	Cohort Training: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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	Does ITA match I-Train and CalJOBS ETPL approved course printout?		
<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	Is a Waiver to exceed the ITA cap or the one year training time limit on file?		
<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)			Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name/Address			Comments:
Employer Info	Total full-time employees _____; Employees at the unit _____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer _____; Total former OJT's currently employed full time unsubsidized _____.		
OJT Info	OJT duration _____ (M/W); Total hours _____; Wage \$ _____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate _____%.		
Job Description	Job title _____; OES code _____ Industry sector _____; High growth sector (Y / N)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT agreement with employer and participant signed/dated prior to OJT start?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT need and benefit established and documented thru assessment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills and qualifications to successfully complete the OJT?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP supports the OJT and is developed and signed prior to OJT start?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer is committed to hiring participant upon successful completion?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	AJCC monitoring OJT progress monthly to ensure goals are met?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreement includes an outline with detailed topics and skills with time at each?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly performance reviews on file?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case notes acceptable?		
Performance Outcomes		Requirement Met:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is participant placement in a training related occupation?	<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is documentation supporting unsubsidized employment during exit provided on file?	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 on file 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 on file 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 on file 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 on file 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? Employer Name: _____ Start Date: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Has participant attained a recognized postsecondary credential or a secondary school diploma, or its recognized equivalent, during participant in or within one year after exit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, has Credential Attainment been reported accurately in CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is documentation supporting Credential Attainment provided on file?	
<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 the type of Measurable Skills gain provided on file?	

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		
WDACS REPRESENTATIVE NOTES:		
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTES:		
_____	_____	_____
AJCC REPRESENTATIVE PRINT NAME	SIGNATURE	DATE
_____	_____	_____
WDACS REPRESENTATIVE PRINT NAME	SIGNATURE	DATE

Last Updated: 10.23.17