

**Workforce Development, Aging and Community Services (WDACS)
Technical Assistance Checklist PY 2017-18
Youth@Work**

| Select ALL Levels that Apply | |
|--|--|
| <input type="checkbox"/> Level I Services – Work Based Learning <input type="checkbox"/> Level II Services – Academic and Career Development <input type="checkbox"/> WIOA In-School Youth (ISY) <input type="checkbox"/> WIOA Out-of-School Youth (OSY) <input type="checkbox"/> Level III Services – Advanced Career Services (Please use Adult & Dislocated Worker TA Checklist and attach to this checklist, when applicable) | Co-Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Enrollment reflected in CalJOBS and/or Web APP: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| <input type="checkbox"/> Section A: Level I Services – Work Based Learning |
|--|

AJCC: _____ Participant Name _____

| | | |
|------------------|---------------------|------------|
| Enrollment Date: | Job Placement Date: | Exit Date: |
|------------------|---------------------|------------|

| CalJOBS | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Registered on CalJOBS? | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Participating Age | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Participant is between the ages of 14-24 at time of registration? | 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 Does the participant reside within Agency's service area? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, is a waiver 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: |

| I-9 and W-4 Form | |
|---|--|
| <input type="checkbox"/> Yes. <input type="checkbox"/> No I-9 Form is signed and original form is on file? <input type="checkbox"/> Yes <input type="checkbox"/> No W-4 Form is signed and original form is on file? | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Funding Source Eligibility Determination | |
|--|--|
| <input type="checkbox"/> CalWORKs <input type="checkbox"/> DPSS Data Dump Screen Print Out; or <input type="checkbox"/> Confidential Verification Sheet <input type="checkbox"/> Foster <input type="checkbox"/> Current letter from the Department of Children and Family Services (DCFS) for CURRENT Foster Youth; or <input type="checkbox"/> Court documents; or <input type="checkbox"/> Official letters from school counselors, school districts, group homes, and court attorneys <input type="checkbox"/> JJCPA Probation <input type="checkbox"/> Probation Referral form <input type="checkbox"/> Other Underserved Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Does participant reside in a high poverty area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA High poverty area print out on file? (<i>Print out of the map</i>) <input type="checkbox"/> Homeless Document used to establish eligibility: _____ | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Work Permit (<i>Required for youth under 18 years of age</i>) | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Work permit on file? Work Permit Start Date: _____ End Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No PET falls within work permits issue dates? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Experience falls within work permits issue dates? | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Personal Enrichment Training | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Participant completed Personal Enrichment Training (PET)? <input type="checkbox"/> Yes <input type="checkbox"/> No Time sheet is signed and dated? Number of PET hours completed: _____ | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Extension of Personal Enrichment Training & Interviews | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Group Convening was completed? (<i>group convening must be completed once the youth has worked 35-40 hours</i>) Group convening completed on: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA The youth has participated in a mock interview? Mock interview completed on: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA The youth has participated in at least one real interview? Real interview completed on: _____ | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Consent and Release Agreement | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Consent and Release Agreement signed by the Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Consent and Release Agreement signed by parent or guardian if under 18? | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Individual Assessment | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Assessment form signed by Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Dated on or after enrollment date? | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| DPSS Language Designation Form (PA 481)- <i>CalWORKs Participants Only</i> | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No DPSS Language Designation Form (PA 481) signed by the Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Original signed form is on file? | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Supportive Services Expenditures | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services necessary for individual to participate in Youth@Work activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services provided reasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No Is support documentation on file? (e.g. receipts) | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Worksite Expectations Review |
|------------------------------|
|------------------------------|

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Original Worksite Expectations Review is on file? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by the parent or guardian if under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by agency staff? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by worksite representative? | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
|--|---|

| Performance Evaluation | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Performance Evaluation signed & dated by worksite supervisor/case manager/youth? Date(s) evaluation was conducted: _____ | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Final Performance Evaluation signed & dated by worksite supervisor/case manager/youth? Date evaluation was conducted: _____ | |

| Timesheets | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Signed by Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of the signed timesheet is in participant file. <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed by Agency staff to verify compliance of Labor Laws. <input type="checkbox"/> Yes <input type="checkbox"/> No Issues with whiteout usage? <input type="checkbox"/> Yes <input type="checkbox"/> No Issues with date alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Are changes/corrections initialed? <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? | 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 Are case notes detailed and dated. | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Worksite Agreement and Worksite Checklist | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Current Worksite Agreement on file <input type="checkbox"/> Yes <input type="checkbox"/> No Current Worksite Checklist on file | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Youth Exit Survey | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Youth has completed exit survey and a verification is on file | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Performance Measures | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Attainment of a library card and one of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to level II and/or level III services <input type="checkbox"/> Yes <input type="checkbox"/> No Continuation of high school <input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment into post-secondary education <input type="checkbox"/> Yes <input type="checkbox"/> No Placement into unsubsidized employment | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

 Section B: Level II Services – Academic and Career Development

AJCC: _____

Associated Affiliate: _____

| | | | |
|-------|--------|---------------------|-----------------|
| Name: | App #: | Participation Date: | Grant Code: 301 |
|-------|--------|---------------------|-----------------|

| WIOA Application | | | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: | | | | | | | | |
|--|----------------|----------------|---|------------|------------|--|--|--------------------------------|--|--|--|
| <table border="1"> <thead> <tr> <th>Review</th> <th>Signature Date</th> <th>Staff Name</th> </tr> </thead> <tbody> <tr> <td>App Review</td> <td></td> <td></td> </tr> <tr> <td>Staff / Case Manager Signature</td> <td></td> <td></td> </tr> </tbody> </table> | Review | Signature Date | | Staff Name | App Review | | | Staff / Case Manager Signature | | | |
| Review | Signature Date | Staff Name | | | | | | | | | |
| App Review | | | | | | | | | | | |
| Staff / Case Manager Signature | | | | | | | | | | | |
| *Application must be reviewed and approved prior to providing services. Reviewer cannot be same as staff / case manager. | | | | | | | | | | | |

Right to Work (As listed on INS Form I-9)

| | |
|--|--|
| <input type="checkbox"/> LIST A <input type="checkbox"/> US Passport <input type="checkbox"/> Per. Resident Card <input type="checkbox"/> Other: | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OR | |
| <input type="checkbox"/> LIST B <input type="checkbox"/> CA ID Card <input type="checkbox"/> CA Diver License <input type="checkbox"/> Other: | Comments: |
| <input type="checkbox"/> LIST C <input type="checkbox"/> SSN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I-9 Form is signed and original form is on file? | |
| Right to Work Documents <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: | |

| 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"/> Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dated after participation date <input type="checkbox"/> No Documentation |
| <input type="checkbox"/> Confirmation Date: _____ | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |

| Eligibility | |
|---|--|
| <input type="checkbox"/> WIOA In-School Youth (ISY) | |
| <ol style="list-style-type: none"> 1. Attending any school (Secondary and/or Post-Secondary) AND 2. Not younger than <u>16</u> nor older than <u>21</u> AND 3. Registered for Selective Services for males 18 and over AND 4. Right to work (I-9 Documentation) AND 5. Low income <ul style="list-style-type: none"> <input type="checkbox"/> Meets high poverty 25% criteria <input type="checkbox"/> Print Out <input type="checkbox"/> CalJOBS <input type="checkbox"/> Income Verification AND 6. One or more of the following: <ol style="list-style-type: none"> a) <input type="checkbox"/> Basic Skills Deficient b) <input type="checkbox"/> An English language learner c) <input type="checkbox"/> An offender d) <input type="checkbox"/> A homeless individual, a runaway e) <input type="checkbox"/> An individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kingship guardianship or adoption, a child eligible for assistance under Section 477 of the Social Security Act, or in an out-of-home placement f) <input type="checkbox"/> Pregnant or parenting (custodial and non-custodial parent including noncustodial fathers) g) <input type="checkbox"/> Individual with disability h) <input type="checkbox"/> An individual who requires additional assistance* to complete an educational program or secure and hold employment <ul style="list-style-type: none"> <input type="checkbox"/> 5% limitation approval from County in file <p>Which one of the above was documented as the eligibility barrier (ex: a, b, c, d, e, f, g, or h)? _____</p> <p>Was documented eligibility barrier substantiated with proper documents: <input type="checkbox"/> Yes (If yes, list documents below) <input type="checkbox"/> No</p> <p>Documents collected: _____</p> | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| <input type="checkbox"/> WIOA Out-of-School Youth (OSY) | |
| <ol style="list-style-type: none"> 1. Not attending any school OR <ul style="list-style-type: none"> <input type="checkbox"/> Is a foster youth but in school (As allowed per P3 waiver)? <input type="checkbox"/> Is attending school through partnership with Title II Adult Education, Job Corps, YouthBuild, or High School Equivalency program. 2. Not younger than <u>16</u> nor older than <u>24</u> AND 3. One or more of the following: <ol style="list-style-type: none"> a) <input type="checkbox"/> School dropout (No diploma or equivalent) b) <input type="checkbox"/> Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. c) <input type="checkbox"/> Recipient of a secondary school diploma or its recognized equivalent who is low income and either basic skills deficient or/and English language learner d) <input type="checkbox"/> An individual who is subject to the juvenile or adult justice system e) <input type="checkbox"/> A homeless individual who meets the criteria defined in sec. 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), a homeless child or youth who meets the criteria defined in sec. 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a (2)) or a runaway f) <input type="checkbox"/> An individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kingship guardianship or adoption, a child eligible for assistance under Section 477 of the Social Security Act, or in an out-of-home placement. g) <input type="checkbox"/> An individual who is pregnant or parenting h) <input type="checkbox"/> A youth who is with disability i) <input type="checkbox"/> A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Consent and Release Agreement signed by the Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Consent and Release Agreement signed by parent or guardian if under 18? | | |
| Worksite Expectations Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Original Worksite Expectations Review is on file? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by the parent or guardian if under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by agency staff? <input type="checkbox"/> Yes <input type="checkbox"/> No The form is signed by worksite representative? | | |
| Personal Enrichment Training <input type="checkbox"/> Yes <input type="checkbox"/> No Participant completed Personal Enrichment Training (PET)? <input type="checkbox"/> Yes <input type="checkbox"/> No Time sheet is signed and dated? Number of PET hours completed: _____ | | |
| Timesheets: <input type="checkbox"/> Yes <input type="checkbox"/> No Signed by Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of the signed timesheet is in participant file. | | |
| Work Experience (cont.) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed by Agency staff to verify compliance of Labor Laws. <input type="checkbox"/> Yes <input type="checkbox"/> No Issues with whiteout usage? <input type="checkbox"/> Yes <input type="checkbox"/> No Issues with date alterations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Are changes/corrections initialed? <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? | | |
| Worksite: <input type="checkbox"/> Yes <input type="checkbox"/> No Current Worksite Agreement on file <input type="checkbox"/> Yes <input type="checkbox"/> No Current Worksite Checklist on file | | |
| Performance Evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Performance Evaluation signed & dated by worksite supervisor/case manager/youth? Date(s) evaluation was conducted: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Final Performance Evaluation signed & dated by worksite supervisor/case manager/youth? Date evaluation was conducted: _____ | | |
| Supportive Services Expenditures | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Need is documented <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive documentation is included (e.g. receipts) <input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate Supportive Services activity code opened <input type="checkbox"/> Yes <input type="checkbox"/> No Do Supportive Services timeline align with activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Supportive Services provided appropriate? | | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Documentation for Grievance/Complaint Procedures | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No WIOA Complaint and Resolution Policies/ Procedures (Dated 5/2011) <input type="checkbox"/> Yes <input type="checkbox"/> No WIOA Applicant Acknowledgement Statements (Dated 5/2011), signed and dated | | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Measurable Skills Gain | | |
| <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 the Measurable Skills Gain information printed and on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is support documentation on file to validate the type of achievement made? | | Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Follow-Up and Follow-Up Services | | |

| | | | | |
|------------------------------|-----------------------------|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is participant placement in a training related occupation? | 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 | Were Follow-Up Services offered to participant upon employment & program exit | |
| <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? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | 1 st Quarter Follow-Up Completed | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | 2 nd Quarter Follow-Up Completed | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | 3 rd Quarter Follow-Up Completed | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | 4 th Quarter Follow-Up Completed | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Is Supplemental data to support Follow-up status (Employment verification, check stubs, etc.) on file? | |

Section C: Level III Services – Academic and Career Development

| | | | |
|------------------------------|-----------------------------|--|---|
| Residence | | | Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| <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? | |

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

Last Updated:

10/16/17