

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21  
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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<b>WIOA Application</b> <i>(Electronic Signatures Acceptable)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Staff /Case Manager Signature	Date: _____	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<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 Was documentation appropriately uploaded to CalJOBS?		

<b>Residence</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is participant a resident of Los Angeles County?	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments:</b>
<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?		

<b>Right to Work</b> <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:	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<b>OR</b>		
<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:		
<b>Right to Work Documents:</b> <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?		

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

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

<b>Income/ Public Assistance Determination for Priority of Services (Adult Only)</b> <i>(Basic Skills Deficiency Determination captured in next section)</i>			
<b>Public Assistance Determination</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is participant a public assistance recipient?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>		
<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 uploaded to CalJOBS?			
<b>Income Determination</b>			
<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?			

<b>Initial Assessment &amp; Basic Skills Testing</b>		
<i>(Basic skills &amp; Aptitudes Needed if Prior to Covid-19. If enrolled during COVID-19 period, these assessments Only needed for those 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	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>	
<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 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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools uploaded to CalJOBS?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools uploaded to CalJOBS?		

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 <b>Comments:</b>
<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?: <b>OAS (203)</b> <input type="checkbox"/> <b>IEP (205)</b> <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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Are the IEP and OAS uploaded to CalJOBS?: <b>OAS</b> <input type="checkbox"/> <b>IEP</b> <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 <b>Comments:</b>
<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 4/2020) properly filled out, signed, dated and uploaded to CalJOBS	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		WIOA Applicant Acknowledgement Statements (Dated 1/2019), 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 <b>Comments:</b>
<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 <b>Comments:</b>
<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 requirement met? 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)		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Employer Name/ Address		
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	Total hours _____; Hrly Wage \$ _____; Reimbursement Rate: _____%; Maximum Reimbursement \$ _____.	
Job Description	Job title _____; Hrs. per Week: _____	
<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 agreement with employer and participant signed/dated and uploaded to CalJOBS?	
<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 uploaded to CalJOBS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation uploaded to CalJOBS? 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"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is documentation supporting unsubsidized employment during exit uploaded to 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 a secondary school diploma, or its recognized equivalent, during participation 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 and uploaded to CalJOBS? (ADW 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 the type of Measurable Skills gain uploaded to CalJOBS?(ADW 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 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>th</sup> 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? Employer Name: _____ Start Date: _____	
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	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.)?	

<b>Follow-Up Services</b>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Were Follow-Up Services offered to participant upon employment & program exit <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> Are any Follow-up services provided? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> If so, are Follow-up services fully documented and uploaded to CalJOBS, in case notes, with appropriate CalJOBS codes?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

<b>Co-Enrollment:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____ <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is need documented and accurately reported in CalJOBS? (customer choice, customer benefit, funding) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Are services provided without duplication between programs?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b>

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