

PY 2020-2021
LA:RISE CDBG-COVID
Social Enterprise/ Job Training & WEX Provider
Participant File Checklist- Section 1

Participant: _____ **SS#: XXX-XX-** _____

Enrollment Date: _____ CalJOBS ID#: _____ Exit Date: _____

A. Eligibility Documentation/ Enrollment Application

- Participant Eligibility Checklist -CDBG-CV (signed and dated by participant)
- Income Determination and Verification Form (For participants who indicate "formerly homeless" or "at-risk of homelessness" on eligibility form)
- No Duplication of Benefit Affidavit
- LA:RISE Generic Module Application (printed copy, optional)
- Confirmation of WIOA Program eligibility - no ITA or OJT in past 24 months
- If not co-enrolled into WIOA, check here

B. Compliance & Authorization Forms

- Participant Testimonial and Photo Consent Forms (if applicable)

C. Job Training/ Work Experience (WEX) Services and Activities Verification

- Right to Work documents (as appropriate, and as required by funding source)
- Worksite Acknowledgement Form
 Worksite Supervisor Orientation Sheet and ADA Information Sheets (optional)
- LA:RISE Job Readiness Assessments (JRA)
 - JRA #1
 - JRA #2
 - JRA #3
- LA:RISE Personal Support / Job Retention Support Participant Referral Form
- Other Specific Assessments (Optional)

PY 2020-2021
LA:RISE CDBG-COVID
Social Enterprise/ Job Training & WEX Provider
Program Group-Participant File Checklist- Section 2

Participant: _____ **SS#: XXX-XX-**_____

A. Job Training/Work Experience (WEX) Verification

- Job Training Timesheet (signed by participant and reviewed by supervisor)
- Job Training Stipends
- Stipend register/ journal/spreadsheet and proof of payment/checks
- Print-out of payroll records for proof of 300 hours (if leveraging cost using other funds)

B. Services and Activities Verification

- Copy of Trainings / Certifications, if applicable
- Attendance records for group orientations/ workshops
- Copy of Referrals
- Supportive Services Documentation, if applicable
- Miscellaneous: _____

C. Case Notes

- Electronic print-outs from CalJOBS.org, as requested
- E-mails, Letters, Other
- Success Stories/ Testimonials

PY 2020-2021
LA:RISE CDBG-COVID
Workforce Partner (WSC/YSC)
Participant File Checklist- Section 1

Participant: _____ **SS#: XXX-XX-** _____

Enrollment Date: _____ CalJOBS ID#: _____ Exit Date: _____

A. All participants

- LA:RISE Title I WIOA Application (printed copy, optional)

B. Only WIOA CO-Enrolled Participants -- Eligibility Documentation

- State ID or Driver's License/ U.S. Passport
 - o Expiration Date: _____
- Social Security Card (must be signed)
- I-9 Form/ Birth Certificate
- Selective Service Registration (*males only- born after 1960*)
- Legal Right to Work (*if participant is a Non-US Citizen*): _____
- Applicant Statement
- Miscellaneous: _____

C. Program Application/ Enrollment

- WSC / YSC Application for Services/ Enrollment Forms (printed copy, optional)
- WSC / YSC Services Intake Assessment(s)

D. Compliance & Authorization Forms

- Participant Testimonial and Photo Consent Forms (if applicable)
- Summary of Complaint Resolution Procedures
- Complaint Resolution Procedures Signature Form
- E.O. is the Law Discrimination Policy Signature Form
- Sexual Harassment in the Work Place Form
- Program Follow-up Information Sheet
- What to Do If You Believe You Have Experienced Discrimination

Reviewed By: _____ Date: _____

PY 2020-2021
LA:RISE CDBG-COVID
Workforce Partner (WSC/YSC)
Participant File Checklist- Section 2

Participant: _____ **SS#:** XXX-XX-_____

A. Case Management/ Workforce Services (ALL WIOA co-enrolled participants)

- Individual Employment Plan (IEP)
- Assessments: CASAS, Basic Skills, Interests, etc.
- Supportive Service Request Form/ Proof of Issued Supportive Services
- Work Readiness Workshop(s) Attendance Sign- in Sheets
- Copy of Trainings/Certifications/Referrals/etc
- Training Documentation, including ITA, OJT, or Customized Training documentation
- Training Stipend, Proof of Issued Training Stipend (signed and dated by participant)
- Miscellaneous: _____

B. Job Placement (Unsubsidized Employment Verification Support Documents)

- Copy of Participant Pay Stub or Employer Verification Hire Letter
- Placement Services and retention follow-up documentation
- Other: _____

C. Case Notes- All Participants

- Electronic print-outs from CalJOBS.org, as requested
- E-mails, Letters, Other
- Success Stories/ Testimonials

PY 2020-2021
LA:RISE CDBG-COVID
Job Retention and Personal Support Provider
Participant File Checklist

Participant: _____ **SS#: XXX-XX-** _____

Enrollment Date: _____ CalJOBS ID#: _____ Exit Date: _____

A. Eligibility Documentation

- LA:RISE Job Retention Support Participant Referral Form

B. Job Retention and Personal Support Provider Services and Activities Verification

- Support Services support documents (participant signature confirming receipt of support services)
- Attendance record for group orientations/ workshops, as applicable
- Copy of Training Completions/Certifications, as applicable
- Referrals
- Miscellaneous: _____
- Participant Testimonial and Photo Consent Forms (if applicable)

C. Case Notes

- Electronic print-outs from CalJOBS.org, as requested
- E-mails, Letters, Other
- Success Stories/ Testimonials