



PARTICIPANT ELIGIBILITY CHECKLIST

Name of Participant	
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Please check all that apply:

Eligibility Criteria	
	Los Angeles City Resident (verified through Zip Code/Address) Link: http://neighborhoodinfo.lacity.org/
	At least 18 years of age
	Not currently enrolled in another LA:RISE Program (verify in CalJOBS)
	Unemployed or Underemployed (currently working less than 20 hours a week)
	Expressed interest in long-term employment and seeking employment in permanent job opportunity after completing the LA:RISE program
	Willing to work 300 hours within a social enterprise/ job training provider
	COVID-19 IMPACT: Please mark if applicable (collected for data purposes only) <input type="checkbox"/> Laid off due to coronavirus COVID-19 pandemic <input type="checkbox"/> Experienced a reduction in hours and/or pay due to COVID-19 <input type="checkbox"/> Unable to work due to COVID-19 related reasons: Subject to quarantine; need to care for children due to school or childcare provider closure, part of vulnerable or high risk health group <input type="checkbox"/> Other impact (explain):
	Meets one (1) Barrier Category listed below (Currently Homeless, History of Homelessness, or At-Risk of Homelessness)
	Meets CDBG income eligibility (if not currently homeless) Note: Currently Homeless presumed eligible

*To be eligible for LA:RISE CDBG-CV program, participant must meet all criteria listed above.

Please check barriers that apply:

Barrier Categories	
Currently Homeless	
	Lack a fixed, regular, and adequate nighttime residence
	Has a primary residence that is a public or private place not meant for human habitation (including in an automobile)
	Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
	Is exiting an institution where the individual has resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution
	Imminent Risk of Homelessness, defined as an individual or family who will imminently lose their primary nighttime residence, provided that: (i) residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing
	Homeless under other Federal Statutes, defined as unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experiences persistent instability as measured by two moves or more during the preceding 60 days and (iv) Can be expected to continue in such status for an

	extended period of time due to special needs or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment
	Fleeing/Attempting to flee domestic violence, defined as any individual or family who: (i) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against them; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

History of Homelessness

	Individual has previously met the definition of Homeless (as described above)
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At Risk of Homelessness

	Residing in Subsidized Housing: rapid rehousing, time-bound rental subsidy
	Residing in Permanent Supportive Housing, which is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities
	Residing in a half-way home
	Currently unstably housed, such as couch surfing with friends or family

IF CHECKED HISTORY OF HOMELESSNESS OR AT-RISK, SELECT APPROPRIATE INCOME LEVEL BELOW.

Information on annual family income is required to determine eligibility under the Community Development Block Grant (CDBG)

FAMILY SIZE -- Qualifying Maximum Income Levels

“Income” is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income whether or not the family member receives assistance. Types of income to be included are: wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income received on a regular basis such as VA payments, retirement benefits, unemployment compensation, etc.

INCOME LEVEL	1	2	3	4	5	6	7	8
Extremely Low	\$23,700	\$27,050	\$30,450	\$33,800	\$36,550	\$39,250	\$41,950	\$44,650
Very “Low”	\$39,450	\$45,050	\$50,700	\$56,300	\$60,850	\$65,350	\$69,850	\$74,350
Low “Mod”	\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

Race (check one of the following 10 categories):

Ethnicity (check one):

American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

American Indian or Alaskan Native AND White	
Asian AND White	
Black/African American AND White	
American Indian/Alaskan Native AND Black/African-American	
Balance / Other	

Hispanic / Latino	
Not Hispanic / Latino	

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles.

I acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and the U.S. Department of Housing and Urban Development. I therefore authorize such verification, and will provide supporting documents if requested. I acknowledge providing false information shall be grounds for termination from the program

Participant Signature:		Date:	
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Staff use only: PARTICIPANT IS ELIGIBLE FOR LA:RISE CDBG-CV YES NO

I agree and affirm the information listed above has been reviewed with the participant.

LA:RISE Partner:	
Staff Printed Name:	
Staff Signature:	Date:

WIOA: Eligible participants are to be referred to partnering WorkSource Center for WIOA program co-enrollment.



CDBG-COVID PY 20-21

WORKSITE AND JOB TRAINING ACKNOWLEDGEMENT FORM

WORKSITE INFORMATION

LA:RISE Contracted Partner:	
Worksite Name:	
Worksite Address:	
Worksite Telephone Number:	
Worksite Supervisor:	
To report absence or tardiness call:	

Name of Participant

LA:RISE is a job training program meant to provide you with paid work experience that you will be able to include on your resume and that will assist with the development of positive work habits and skills sets required for successful participation in the workforce. This is a temporary part/full-time position for up to 300 hours of job training and work experience. LA:RISE job training duties will include COVID-19 disaster relief and humanitarian aid such as sanitizing of public spaces, support with emergency food distribution, supporting COVID-19 testing sites, staffing emergency shelters to support COVID preparation, response, and prevention. This part/full-time job training position is at will and permits the LA:RISE contracted partner or worksite to terminate the work experience relationship at any time for any reason. LA:RISE participants are to be provided an orientation to familiarize them with his/her duties, work hours, worksite expectations and what to do in case of an emergency and provide clear emergency and evacuation procedures.

Please initial below

Supervisor	Participant	
		LA:RISE Program Guidelines (Case Management; Job Readiness Form; Support)
		Job Training Duties and Expectations
		Job Training Schedule
		Break Schedule
		Timesheets for LA:RISE Job Training Stipend or Pay
		Injury Prevention and Safety Procedures
		Procedure for complaints regarding safety and health
		Americans with Disabilities Act (ADA) Information
		Emergency and Evacuation Plan Information

I agree and affirm the above information has been reviewed and provided to me:

Participant Signature:	
Date:	

I affirm the above information has been reviewed with the participant named on this form:

Worksite Supervisor Signature:	
Date:	



JOB TRAINING AND WORK EXPERIENCE PROGRAM

WORKSITE SUPERVISOR ORIENTATION

I. Worksite Expectations

- A. Utilize LA:RISE job training program forms provided by LA:RISE contracted partner: timesheets, job readiness assessment, Worksite Acknowledgement Form.
- B. Adhere to all City of Los Angeles LA:RISE program regulations and program-related policies, and assure safe work conditions in accordance with Occupational Safety Health Act of 1970 (OSHA) and CDC COVID-19 safety guidelines.
- C. Adhere to American's With Disabilities Act (ADA), Health and Safety (General, Fire, and Earthquake), Emergency & Evacuation Plan, Workplace Postings and work restrictions required by Labor Laws.
- D. Assure that the conditions under which the LA:RISE program participants work ensures their safety and health.
- E. Adhere to the authorized work hours indicated on the LA:RISE Worksite Acknowledgment Form.
- F. Provide meaningful job training/ work experience designed to promote the development of positive work habits and specific skills required for successful participation in the workforce.
- G. Provide participants with an orientation to familiarize them with his/her duties, work hours, worksite expectations and what to do in case of an emergency and provide clear emergency and evacuation procedures.
- H. Always provide the participant with a clear line of supervision and accountability.
- I. Discuss any problems or conflicts that may arise from the participant's work performance immediately and review as part of their Job Readiness Assessment. Work with the LA:RISE SE Partner to resolve problems as they arise.
- J. Maintain accurate timecard records, verifying hours, and ensure that timecards are signed by the participant and the supervisor on a timely manner. Ensure any timecard alterations, changes or corrections are initialed by the Supervisor and the participant.
- K. Provide the participant with copies of signed timesheets and other work-related information as appropriate.
- L. Consider the possibility of hiring the participant, should they prove to satisfactorily meet performance expectations on the job, but so not to displace other workers or impede incumbent workers' chances for promotion although there is no requirement to do so.
- M. Provide materials and equipment necessary to perform the duties of the work assignment.
- N. Provide the LA:RISE SE partner with a copy of signed Job Readiness Assessments or Performance Evaluations.

II. LA:RISE Contracted Partner:

- A. Provides oversight of the LA:RISE program and will offer case management, barrier removal, and supportive services to the participant to support job readiness.
- B. Assumes the cost of job training stipends or wages and all appropriate benefits. Responsible for payment of the job training/work experience participant hours.
- C. Collects the timesheets of the participant in a timely manner. Issue job training stipend or paychecks to the participant according to verified time records and agency payroll procedures.
- D. Ensures the worksite provides materials and equipment necessary to perform the duties of the work assignment.
- E. Provides all program participant with an LA:RISE orientation, explaining the program's purpose, procedures and rules and also an overview of what to expect at the worksite.
- F. Ensures liability and accident coverage of participant during authorized work hours through workers' compensation or through agency's general liability, as applicable.
- G. Provides Worksite Supervisors with all required LA:RISE supervisory materials: supervisor orientation materials, timesheets, job readiness assessment form, and a copy of Worksite Acknowledgment Form.

III. Worksite and LA:RISE SE Partner Agency:

- A. Neither party shall incur costs from each other arising from participation in the LA:RISE Job Training Program.

LA:RISE CDBG-CV JOB RETENTION SUPPORT

PARTICIPANT REFERRAL FORM

DATE		REFERRAL FROM: ENROLLING SOCIAL ENTERPRISE OR WSC/YSC	
SE/WSC Staff		Phone	
REFERRAL TO: RETENTION SUPPORT PROVIDER			
<input type="checkbox"/> Anti-Recidivism Coalition (ARC) <input type="checkbox"/> Friends Outside of Los Angeles (FOLA)			
<input type="checkbox"/> Archdiocesan Youth Employment Services (AYE) Youth Source Center <input type="checkbox"/> Center for Employment Opportunities (CEO) <input type="checkbox"/> Center for Living and Learning <input type="checkbox"/> Chrysalis <input type="checkbox"/> Downtown Women's Center <input type="checkbox"/> El Proyecto -Sun Valley Youth Source Center <input type="checkbox"/> Managed Career Solutions -Hollywood WSC <input type="checkbox"/> Los Angeles LGBT Center <input type="checkbox"/> UCLA YouthSource Center <input type="checkbox"/> YWCA Digital Learning Academy <input type="checkbox"/> Restoration Law Center			
<input type="checkbox"/> None, participant chose to forgo services			
LAST NAME OF PARTICIPANT		FIRST NAME OF PARTICIPANT	
CALJOBS USER ID		DOB	
PHONE		E-MAIL	
PREFERRED DAYS AND TIMES TO MEET		BEST TIME TO REACH PARTICIPANT	
NAME OF EMPLOYER		DATE HIRED (Month/Year)	
REFERRAL METHOD			
<input type="checkbox"/> Retention Support Provider Orientation <input type="checkbox"/> SE or WSC 1-on-1 meeting <input type="checkbox"/> Individual reached out			
COMMENTS			

PY 20-21 LA:RISE CDBG-CV Income Determination & Family Size Worksheet

Income Earned Past 6 Months

Starting from: (previous six months) _____ / _____
 Month Year

To: (today) _____ / _____
 Month Year

INCOME CALCULATION

Fill in the income earned for each month, for the PAST 6 months.

Names of all family members living in household	Relationship to Applicant	Age	Month	Month	Month	Month	Month	Month	Gross Income
			Year	Year	Year	Year	Year	Year	
			Income	Income	Income	Income	Income	Income	
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
Family Size	Total Gross Income for the 6-month period prior to application date:								\$
	LA:RISE CDBG-CV: Total Gross Income for the 12-month period prior to application date:								\$

Comments/ Calculations of Earnings:

For Office Use Only: Instructions

Income Determination Using the Income Determination and Family Size Worksheet

Family size will be determined by counting the maximum number of family members in the residence during the 6 month period immediately prior to the individual's application for services.

The worksheet captures all reportable income for each family member for the prior six (6) months, not including the current month. **This amount multiplied by two (2) is the total annualized family income.**

CDBG Instructions

"Income" is the total **annual income** of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income whether or not the family member receives assistance. Types of income to be included are: wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income received on a regular basis such as VA payments, retirement benefits, unemployment compensation, etc.

Calculating Income

An individual's income may be calculated using the following methods:

Salary

6 Month Income Prior to Determination: Salary is income received without variation in gross pay from pay period to pay period. Salary information may be provided in a series of pay stubs or one, cumulative pay stub.

To determine an individual's gross income for the most recent six-month time period, multiply the individual's weekly gross pay by 26, bi-weekly pay by 13, bi-monthly pay by 12 or monthly pay by 6.

Example Bi-weekly pay stubs indicate a gross amount of \$548.

$\$548 \times 13 = \$7,124$, the income for the most recent six-month time period

To determine an individual's gross income for the most recent six-month time period, multiply the individual's weekly gross pay by 26, bi-weekly pay by 13, bi-monthly pay by 12, or monthly pay by 6. Example: Bi-weekly pay stubs indicate a gross amount of \$548.

$\$548 \times 13 = \$7,124$, the income for the most recent six-month period

This amount multiplied by two (2) is the total for the 12 month period.

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: 02/24/2021

Effective Date:

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

<input checked="" type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040	<input type="radio"/> American Community Survey
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Beneficiary Information

Last Name:	Beneficiary ID: LARISE001
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Member Information

First Names:	Member IDs:	HH	CH	DIS	62+	S≥18	<18	<15
	001	X				X		
	002							X

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

Contact Information

Address Line 1:	City:
Address Line 2:	State: Zip Code:

Income Information

Annual gross income (total of all members) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: 02/24/2021 *Effective Date:*

Beneficiary ID: LARISE001

HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



LA:RISE CDBG-COVID JOB TRAINING PROGRAM

DUPLICATION OF BENEFITS AFFIDAVIT

Duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). This DOB Affidavit is required per HUD Community Development Block Grant (CDBG) guidelines.

By executing this Affidavit, the Applicant acknowledges and signifies that the undersigned did not receive additional assistance from COVID 19 relief funding provided through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Any information provided that proves undersigned received said benefits will lead to forfeiture of any funds granted and cause for termination from the LA:RISE CDBG-CV Job Training Program.

CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Today's Date:	
Name of LA:RISE CDBG-CV Applicant:	
LA:RISE Applicant signature:	

