Measure H Fund - County
City General Fund -City

Social Enterprise/ Transitional Employment Provider Participant File Checklist- Section 1

Particip	ant:	SS#: <u>XXX-XX-</u>	
	Enrollment I	Date:	CalJOBS SM ID#:
A. Elig	gibility Do	cumentation/ Enrollment	Application
		Co-Enrollment WIOA Referral Fo	
B. Ge	neral Cust	tomer Orientation and Onb	oarding
As s	specified by	City of LA EWDD's Policies or Dir	ectives
		Agency Complaint Resolution P	rocedures
		Equal Opportunity is the Law D	iscrimination Policy
		Sexual Harassment in the Work	Place Policy
C. Tra	nsitional	Employment Services and	Activities Verification
	Worksite Re	eview Checklist (Compliance- AD	A, Health & Safety)
	Worksite W	EX Agreement (as applicable)	
	Participant I	Notification Letter (optional)	
	Worksite Ac	cknowledgement Form (new hire	orientation & onboarding)
	LA:RISE Job	o Readiness Assessment (JRA)/ E	valuation Form
	□ JRA #1		
	□ JRA #2		
	□ JRA #3		
	Other Spec	cific Assessments (Optional)	

Social Enterprise/ Transitional Employment Provider Program Group-Participant File Checklist- Section 2

	Parti	icipant: SS#: <u>XXX-XX-</u>
D.	Trans	sitional Employment Hours Worked Verification
		Print-out of payroll records for proof of 300 hours at City's minimum wage
		Timesheets
		Copies of Participant Check Stubs or other receipts of payments received by participant
		Job Placement Services Referral Form (SE to WSC)
		LA:RISE Graduation/ Certificate
E.	Servi	ces and Activities Verification
		Copy of Trainings / Certifications, as applicable
		Attendance records for group orientations/ workshops
		Copy of Referrals
		Supportive Service Verification Form and Support Documentation, as applicable
		Education Stipend/Incentives Verification, as applicable
		Training Agreement and Certificate of Completion, as applicable
		Miscellaneous:
_		
F.	Case	Notes
		Electronic print-outs from CalJOBS.org, monthly notes, as requested by EWDD
		E-mails, Letters, Other
		Success Stories/ Testimonials
		Participant Testimonial and Photo Consent Forms
G	I A · D¹	ISE Partner Shared Forms
J.	LAIK	ISE PAI LIIEI SIIAI EU FUI IIIS

☐ Other Skills Assessments or Individual Employment Plan (IEP)

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WORKFORCE PARTNER (WSC) Participant File Checklist- Section 1

	Participant:		SS#: <u>XXX-XX-</u>	
	Enrollm	nent Date:	CalJOBS SM ID#:	
A.	WIOA Tit	tle 1 or WIOA Application	on (Co-Enrollment)	
		Co-Enrollment WIOA Referr	al Form (SE to WSC)	
		WIOA Title 1 Application (re	quired for all applicants)	
		WIOA Co-Enrollment		
		 Application and support of 	documents (printed copy optional or as requested by EWDD)	
		 Eligibility and Right to V 	Vork documents (ID, social security card, US passport, I-9	
		form, selective service, e	etc.)	
В.	WIOA G	eneral Customer Orient	ation and Onboarding	
As	specified by	EWDD's Policies or Directive	s	
		Agency Complaint Resoluti	on Procedures	
		Equal Opportunity is the La	aw Discrimination Policy	
		Sexual Harassment in the	Work Place Policy	
C.	Work Re	adiness Services and Ad	ctivities Verification	
		Participant Resume		
		WIOA IEP and Assessments	: Basic Skills, Interests, etc. (optional)	
		Work Readiness Workshop(s) Attendance Sign- in Sheets (as applicable)	
		Training Documentation, inc	cluding ITA, OJT, training cohort, etc. (as applicable)	
		Copy of Trainings/Certificati	ons/Referrals/etc. (as applicable)	
		Miscellaneous:		

WORKFORCE PARTNER (WSC) Participant File Checklist- Section 2

	Particip	ant: SS#: <u>XXX-XX-</u>
D.	Joh Place	ement (Unsubsidized Employment Verification Support Documents)
٥.		
		Job Placement Services Referral Form
		Job Placement Verification (Copy of Pay Stub or Employer Verification Hire Letter)
		Placement Services (Job Referrals, Job Club, Industry Recruitments, etc.)
		Other support documents
E.	Other Se	rvices and Activities
		Supportive Service Verification Form/ Proof of Issued Supportive Services (as applicable)
		Other Referrals or supports (as applicable)
F.	Case Not	es & Testimonials
• •	case not	
		Electronic print-outs from CalJOBS.org, monthly notes, as requested by EWDD
		Success Stories/ Testimonials
		Participant Testimonial and Photo Consent Forms
G.	Partner S	Shared Forms
		Other Skills Assessments or Individual Service Plan
		Job Readiness Assessments

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Job Retention and Personal Support Provider Participant File Checklist

Paı	rtic	cipant:	SS#: <u>XXX-XX-</u>
		Enrollment Date:	CalJOBS SM ID#:
A.	Eli	gibility Documentation	
		LA:RISE Job Retention Sup	port Participant Referral Form
В.	Jo	b Retention Support a	nd Support Documents for Job Placed Participants
			Check Stubs and / or Employer Hire Verification Letter) entives Tracking Log; dated and signed by participant
	Ш	Employment Retention inc	entives tracking Log, dated and signed by participant
C.	Se	rvices and Activities V	erification
		Attendance record for grou	ip orientations/ workshops, as applicable
		_	p orientations, workshops, as applicable
		Referrals	
		Supportive Service Verifica	ition Form and Support Documentation
		Workshops provided in-hou	use (flyer, sign-in sheets, etc.)
		Training Agreement and Co	ertificate of Completion, if applicable
		Education Stipend/Incentiv	res Verification, if applicable
		Miscellaneous:	
D.	Ca	se Notes & Testimonia	ls
		Case Notes Electronic prin	t-outs from CalJOBS.org, monthly notes, as requested by EWDD
		E-mails, Letters, Other	
		Success Stories/ Testimon	ials
		Participant Testimonial and	l Photo Consent Forms

E. Partner Shared Forms