

**PY 2019-2020**

**LA:RISE 5.0**

Measure H Fund – County

City General Fund –City

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

**Participant:** \_\_\_\_\_ **SS#:** XXX-XX-\_\_\_\_\_

Enrollment Date: \_\_\_\_\_ CalJOBS ID#: \_\_\_\_\_

**A. Eligibility Documentation/ Enrollment Application**

- Participant Eligibility Checklist (signed and dated by participant)
- LA:RISE 5.0 Generic Module Application (printed copy, optional)
- Confirmation of WIOA and 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)
- Coordinate with Workforce Partner to ensure the following are on file:
  - 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

**PY 2019-2020**  
**LA:RISE 5.0**  
**Social Enterprise/ Transitional Employment Provider**  
**Program Group-Participant File Checklist- Section 2**

**Participant:** \_\_\_\_\_ **SS#: XXX-XX-** \_\_\_\_\_

Exit Date: \_\_\_\_\_

**A. Transitional Employment Services and Activities Verification**

- Right to Work documents (as appropriate, and as required by funding source)
- Worksite Acknowledgement Form
- LA:RISE Job Readiness Assessments (JRA)
  - JRA #1
  - JRA #2
  - JRA #3
- LA:RISE 5.0 Job Retention Support Participant Referral Form
- SE Other Specific Assessments (Optional)

**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
- Employment Verification (Optional)
- Miscellaneous: \_\_\_\_\_

**C. Transitional Employment Verification**

- Print-out of payroll records for proof of 300 hours at City's minimum wage (as requested)

City of Los Angeles Minimum Wage Schedule		
July 1	26+ Workers	25 or fewer
2019	\$14.25	\$13.25
2020	\$15.00	\$14.25

**D. Case Notes**

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

**PY 2019-2020**

**LA:RISE 5.0**

**Workforce Partner (WSC/YSC)  
Participant File Checklist- Section 1**

- |  |
|--|
| <input type="checkbox"/> Measure H Fund – County |
| <input type="checkbox"/> City General Fund –City |

**Participant:** \_\_\_\_\_ **SS#: XXX-XX-** \_\_\_\_\_ **Age:** \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ CalJOBS ID#: \_\_\_\_\_

**A. All participants**

- LA:RISE 5.0 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 (Optional)
- What to Do If You Believe You Have Experienced Discrimination

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**PY 2019-2020**  
**LA:RISE 5.0**  
**Workforce Partner (WSC/YSC)**  
**Participant File Checklist- Section 2**

**Participant:** \_\_\_\_\_ **SS#: XXX-XX-** \_\_\_\_\_ **Age:** \_\_\_\_\_

**A. Case Management/ Supportive Services (ALL 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 2019-2020**

**LA:RISE 5.0**

**Job Retention and Personal Support Provider  
Participant File Checklist**

Measure H Fund– County

City General Fund –City

**Participant:** \_\_\_\_\_ **SS#:** XXX-XX-\_\_\_\_\_

Enrollment Date: \_\_\_\_\_ CalJOBS ID#: \_\_\_\_\_

**A. Eligibility Documentation**

- LA:RISE 5.0 Job Retention Support Participant Referral Form

**B. Job Retention Support (Support Documents)**

- Employment Verification (Check Stubs and / or Employer Hire Verification Letter)
- Employment Retention Incentives Tracking Log; dated and signed by participant

**C. 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/Referrals/etc., as applicable
- Miscellaneous: \_\_\_\_\_
- Participant Testimonial and Photo Consent Forms (if applicable)

**D. Case Notes**

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