



## PARTICIPANT ELIGIBILITY CHECKLIST

<b>Name of Participant</b>	
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*Please check all that apply:*

Eligibility Criteria	
	Los Angeles City Resident (verified through Zip Code/Address) Link: <a href="http://neighborhoodinfo.lacity.org/">http://neighborhoodinfo.lacity.org/</a>
	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) <ul style="list-style-type: none"> <li><input type="checkbox"/> Laid off due to coronavirus COVID-19 pandemic</li> <li><input type="checkbox"/> Experienced a reduction in hours and/or pay due to COVID-19</li> <li><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</li> <li><input type="checkbox"/> Other impact (explain):</li> </ul>
	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	
<b>Currently Homeless</b>	
	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

<b>Participant Signature:</b>		<b>Date:</b>	
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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.

<b>LA:RISE Partner:</b>	
<b>Staff Printed Name:</b>	
<b>Staff Signature:</b>	<b>Date:</b>

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**

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

**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:**

<b>Participant Signature:</b>	
<b>Date:</b>	

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

<b>Worksite Supervisor Signature:</b>	
<b>Date:</b>	



## **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			