

PY 2020-2021

LA:RISE 6.0

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

Measure H Fund – County

City General Fund –City

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

Enrollment Date: _____ CalJOBS ID#: _____

A. Eligibility Documentation/ Enrollment Application

- Participant Eligibility Checklist (signed and dated by participant)
- LA:RISE 6.0 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 2020-2021
LA:RISE 6.0
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 6.0 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
2020	\$15.00	\$14.25

D. Case Notes

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

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LA:RISE 6.0

**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 6.0 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
- What to Do If You Believe You Have Experienced Discrimination

Reviewed By: _____ Date: _____

PY 2020-2021
LA:RISE 6.0
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

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LA:RISE 6.0

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

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

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

Enrollment Date: _____ CalJOBS ID#: _____

A. Eligibility Documentation

- LA:RISE 6.0 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