



PARTICIPANT ELIGIBILITY CHECKLIST
LA:RISE 8.0 PARTICIPANTS

Name and Contact Information

Name			
Address			
Telephone		Alternate Telephone	
E-mail			

Please check all that apply:

Eligibility Criteria

<input type="checkbox"/>	Los Angeles City Resident (City General Fund)
<input type="checkbox"/>	Los Angeles County Resident (Measure H Fund) (verified through Zip Code/Address) Link: http://neighborhoodinfo.lacity.org/
	At least 18 years of age
	Not currently or previously enrolled in another LA:RISE Program (verify in via CalJOBS SM)
	Unemployed or Underemployed (currently working less than 20 hours a week)
	Willing to work 300 hours within a social enterprise or transitional employment provider
	Expressed interest in long-term employment and seeking employment in permanent job after social enterprise/ transitional employment opportunity
	Meets the Barrier Category listed below: <input type="checkbox"/> Currently Homeless, <input type="checkbox"/> History of Homelessness, or <input type="checkbox"/> At Risk of Homelessness

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

Please check the 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 Statues, 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 barriers		
	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)		
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		
Participant Acknowledgment			
My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the LA:RISE Program.			
Participant Signature		Date	

FOR OFFICE USE ONLY			
Staff use only: PARTICIPANT IS ELIGIBLE FOR LA:RISE <input type="checkbox"/> YES <input type="checkbox"/> NO			
Agency address used for enrollment <input type="checkbox"/> YES <input type="checkbox"/> 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.			
WIOA eligibility criteria:			
<input type="checkbox"/> Can provide right to work documents <input type="checkbox"/> Has not worked more than 20 hours a week for the past two weeks (verify with check stubs) <input type="checkbox"/> Has not received OJT/ITA within past two years (verify in CalJOBS SM) <input type="checkbox"/> Enrollment in Selective Service <input type="checkbox"/> Not currently enrolled in a current AJCC/WSC (verify in CalJOBS SM) <input type="checkbox"/> If currently enrolled in WIOA <ul style="list-style-type: none"> <input type="checkbox"/> Hasn't been enrolled for more than 3 months <input type="checkbox"/> Hasn't had supportive services dollars spent on client 			
PARTICIPANT IS ELIGIBLE FOR WIOA: <input type="checkbox"/> YES <input type="checkbox"/> NO			



**LA:RISE 8.0 CO-ENROLLEMENT (SE TO WSC)
WIOA PARTICIPANT REFERRAL FORM**

LA:RISE PROGRAM			
<input type="checkbox"/> LA:RISE 8.0 LA City General Fund (EWDD)		<input type="checkbox"/> LA:RISE 8.0 City Measure H (EWDD)	
DATE OF REFERRAL		E-MAILED TO: WSC STAFF MEMBER	
FROM SE STAFF MEMBER		PHONE	
REFERRAL FROM: ENROLLING SOCIAL ENTERPRISE		REFERRAL TO: WORKSOURCE PARTNER	
<input type="checkbox"/> Homeboy Industries <input type="checkbox"/> LA Conservation Corps		<input type="checkbox"/> Boyle Heights WSC (MCS)	
<input type="checkbox"/> LA LGBT Center <input type="checkbox"/> YWCA Digital Learning Academy		<input type="checkbox"/> Hollywood WSC (MCS)	
<input type="checkbox"/> Chrysalis <input type="checkbox"/> Goodwill Industries		<input type="checkbox"/> Northeast LA WSC (Goodwill)	
<input type="checkbox"/> Center for Living and Learning		<input type="checkbox"/> Sun Valley WSC (El Proyecto)	
<input type="checkbox"/> Anti-Recidivism Coalition (ARC) <input type="checkbox"/> CRCD Enterprises		<input type="checkbox"/> Vernon Central/LATTC WSC (CRCD)	
<input type="checkbox"/> Center for Employment Opportunities			
<input type="checkbox"/> Downtown Women's Center <input type="checkbox"/> GRID Alternatives			
<input type="checkbox"/> New Earth Organization		<input type="checkbox"/> West LA WSC (JVS)	
LAST NAME OF PARTICIPANT		FIRST NAME OF PARTICIPANT	
LAST FOUR SOCIAL	DOB	CalJOBS SM STATE ID #	
PHONE	E-MAIL		
PREFERRED DAYS AND TIMES TO MEET		BEST TIME TO REACH PARTICIPANT	
WIOA ELIGIBILITY VERIFICATION DOCUMENTS ON FILE: (Documents with personal identifiers must be sent in password protected e-mail , via fax, or mail)			
<input type="checkbox"/> Identification <input type="checkbox"/> Address Verification		<input type="checkbox"/> Other	
<input type="checkbox"/> Right to Work <input type="checkbox"/> Selective Service		<input type="checkbox"/> Other	
SE COMMENTS:		WSC COMMENTS:	
<input type="checkbox"/> CalJOBS SM Agency Defined App completed Date:		<input type="checkbox"/> CalJOBS SM WIOA Title 1 Completed Date:	



LA:RISE WORKSITE CHECKLIST

LA:RISE CONTRACTED PARTNER			
WORKSITE INFORMATION			
Worksite Agency Name			
Worksite Address			
Worksite Supervisor		Phone Number	
Worksite Type	<input type="checkbox"/> Regular <input type="checkbox"/> Virtual/Remote <input type="checkbox"/> Emergency Relief/Response <input type="checkbox"/> Other:		
<i>Note: For participants working remotely, centers must have the tools in place to track and supervise their reported work time.</i>			
WORKSITE ORIENTATION REQUIREMENTS			
Date of Worksite Orientation	Date of ADA Checklist Review	Date Met Emergency Plan Requirement	
AMERICANS WITH DISABILITIES (ADA) ACT			
ADA Checklist for Existing Facilities <i>(please note, ADA not required for virtual/remote placements: N/A)</i>			
The following must be in compliance with the four priorities below. Use the current ADA Checklist (version 2.1 Revised August 1995) as a guide to determine if the following criteria is met:			
Priority 1: Accessible approach and entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Priority 2: Access to goods and services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Priority 3: Access to rest rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Priority 4: Any other measures necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
For Technical Assistance on how to use the ADA Checklist, you may call 1-800-949-4ADA (232)			
HEALTH & SAFETY			
I. GENERAL <i>(please note, H&S not required for virtual/remote placements: N/A)</i>			
1. Workplace is clean and orderly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2. Are floors clean? Are aisles, hallways and exits unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3. Are floor surfaces dry and free of slip hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4. Are stairways, sidewalks and ramps in need of repair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5. Is lighting adequate in all common areas and workstations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
6. Are emergency evacuation plans clearly posted at every stairway and elevator landing and inside all public entrances to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
7. Are all containers, including non-hazardous chemicals and wastes, labeled with full chemical or trade name? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8. Are stored materials secured in limited in height to prevent collapse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
9. Is there a 36" clearance maintained for electrical panels? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10. Are electrical cords and plugs in good condition with proper grounding? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
11. Are extension cords and power strips used appropriately? (e.g. Not daisy chained and No permanent extension cords in use.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
12. Do portable electric heaters have at least 3 ft of clearance from combustible materials (e.g. paper)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
13. Does equipment and machines work properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
14. Are machines and other equipment in a clean condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

15. Is adequate ventilation provided to machines to prevent buildup of heat or gas emissions? Yes No N/A
16. Are emergency stop switches on machines identified and in proper working order? Yes No N/A
17. Are mechanical safeguards in place and in proper working order (e.g. paper cutter guards)? Yes No N/A

III. EARTHQUAKE (not required for virtual/remote placements: N/A)

1. Are bookcases, filing cabinets, shelves, racks, cages, storage cabinets and similar items over 4 feet tall anchored to the wall? Yes No N/A
2. Do shelves have lips or other seismic restraints? Yes No N/A
3. Are portable machines or equipment secured against movement using chains, lockable casters, or other appropriate means? Yes No N/A
4. Is top-heavy equipment bolted down or secured against movement using chains, lockable casters, or other appropriate means? Yes No N/A
5. Are large and heavy objects stored on lower shelves or storage areas? Yes No N/A
6. Is valuable equipment sensitive to shock damage, such as instruments, computer disks and glassware stored in latched cabinets or otherwise secured to prevent falling? Yes No N/A
7. Are storage areas uncluttered providing clear passages in the event of an emergency? Yes No N/A
8. Are cabinets and lockers containing hazardous materials equipped with positive latching or sliding doors?
 Yes No N/A

REQUIRED WORKPLACE POSTINGS

The following signs are required to be posted in clear view. (Labor Laws 2000)

1. A Minimum Wage poster available from any Division office or the Industrial Welfare Commission. Yes No
2. A **Pay Day Notice** specifying the regular pay days and the time and place of payment for employees [LC 207]. (Employers may take their own notice. A sample notice can be obtained from any Division of Labor Standards Enforcement office.) Yes No
3. A **Cal/OSHA Safety Rules and Regulations notice** available from the Division of Occupational Safety and Health [LC 6328]. Yes No
4. A **Workers' Compensation Insurance Coverage notice** available from the employer's worker's compensation insurance carrier [LC 3550]. Yes No
5. **Equal Opportunity Is the Law Posting** Yes No

CERTIFICATION OF REVIEW

I confirm that I have reviewed and discussed all worksite requirements as contained in this checklist with the identified worksite supervisor or authorized representative.

WORKSITE REPRESENTATIVE SIGNATURE	DATE	WORKSITE REPRESENTATIVE: PRINT NAME
LA:RISE PARTNER REPRESENTATIVE SIGNATURE	DATE	LA:RISE PARTNER REPRESENTATIVE: PRINT NAME



WORKSITE 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	
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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. 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 Duties and Expectations
		Training Schedule
		Work Schedule
		Break Schedule
		Pay Rate
		Timesheet
		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:	

WORKSITE AGREEMENT
FOR

CITY OF LOS ANGELES ECONOMIC & WORKFORCE DEVELOPMENT DEPARTMENT
(EWDD)- **NAME OF PROGRAM HERE** WORK EXPERIENCE (WEX) PROGRAM

This agreement between WSC OR PARTNER AGENCY NAME HERE Contractor and (Worksite Sponsor Agency) is entered into this _____ day of _____ 202__, and is effective through the duration of this project, unless otherwise amended by the WSC OR PARTNER AGENCY NAME HERE

I. The Worksite agrees to:

- A. Adhere to all City, (WSC Name), EWDD partner programs, partner WSC agencies and COVID NDWG 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.
- B. Adhere to all requirements in the Worksite Checklist including but not limited 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.
Note: All Worksite Checklist requirements shall be met before any participant can begin work.
- C. Attend Worksite Supervisors' orientation conducted by the EWDD-Operated WSCs, City-Operated programs, or partner agencies.
- D. Provide, or otherwise assure, that the conditions under which the EWDD-WEX Program participants work ensures their safety and health.
- E. Adhere to the authorized work hours indicated on the Worksite Expectations Review form.
- F. Comply with California and Federal Labor Laws (maximum hours, breaks, etc.) and acknowledge the penalties for violating Federal Labor Laws.
- G. Provide meaningful work experience designed to promote the development of positive work habits and specific skills required for successful participation in the workforce.
- H. Assure that this agreement will not displace currently employed worker(s) or impose on their promotional opportunities.
- I. 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.
- J. Complete a Worksite Expectations Form for each participant when there is a change in the Worksite schedule or location.
- K. Always provide the participant with a clear line of supervision and accountability.
- L. Discuss any problems or conflicts that may arise from the participant's job performance immediately and review as part of their Performance Evaluation. Work with the EWDD-Operated WSC, or partner WSC agencies to resolve problems as they arise.
- M. Cooperate fully with monitors from: WSC Contractor, with accessibility to the worksite staff and information pertaining to worksite operation.
- N. Maintain accurate timecard records, verifying hours, and ensure that timecards are

signed by the participant and the supervisor prior to payment. Ensure any timecard alterations, changes or corrections are initialed by the Supervisor and the participant **(THE USE OF WHITE OUT IS STRICTLY PROHIBITED)**.

- O. Provide the participant with copies of signed timesheets and other program or work-related information as appropriate.
- P. Utilize only authorized timesheets which are provided by the EWDD-Operated WSC, or partner WSC.
- Q. Ensure that timesheets are consistent with EWDD-Operated WSC or City-Operated America's Job Centers of California procedures; it is not your responsibility to deliver the timesheets. It is the responsibility of the EWDD-Operated WSC or partner WSC to collect timesheets in a timely manner.
- R. 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.
- S. Provide materials and equipment necessary to perform the duties of the work assignment.
- T. Provide the EWDD-Operated WSC or partner WSC case manager with copy of signed Performance Evaluation upon the completion of participant's WEX (optional).

II. The WSC or PARTNER NAME HERE Agency agrees to:

- A. Provide the worksite with WSC and/or City of Los Angeles Employment Program regulations, WEX and program-related EWDD- Operated WSC or partner WSC agency policies.
- B. Verify the worksite is in compliance with requirements in the Worksite Checklist. *Note: All Worksite Checklist requirements shall be met before any participant can begin work.*
- C. Provide orientation to the Worksite Supervisors.
- D. Document the orientation provided to the Worksite Supervisor by the WSC.
- E. Ensure that the worksite adheres to the authorized work hours indicated on the Worksite Expectations Review form.
- F. Assign and maintain only those EWDD- WEX participants who are approved by the Worksite.
- G. Ensure that the worksite adheres to the California and Federal Labor Laws (Maximum hours, breaks, etc.) and acknowledges the penalties for violating Federal Labor Laws.
- H. Ensure that the worksite provides meaningful work experience consistent with the goals of the EWDD-WEX Program.
- I. Ensure that the worksite provides participant with an orientation to familiarize the participant with his/her duties, work hours, worksite expectations and what to do in case of an emergency and ensure clear emergency and evacuation procedures are in place.
- J. Verify that a Worksite Expectations Form is completed for each participant.
- K. A Worksite Expectations form must be completed when there is a change in the Worksite or Worksite schedule.
- L. Assume the cost of wages and all appropriate benefits. The WSC is responsible for payment of EWDD-WEX Program participant hours as indicated in the Worksite

Expectations Form.

- M. Verify that the participant is supervised at all times and ensure participant is provided a clear line of supervision and accountability.
- N. Review the Performance Evaluation with the participant, once participant completes the EWDD-WEX Program and provide additional guidance for any needed improvements (if applicable).
- O. Discuss any problems or conflicts that may arise from the participant's job performance immediately and review as part of the Performance Evaluation. Work with the Worksite to resolve problems as they arise.
- P. Maintain accurate timesheet records, verify hours, and ensure that timesheets are signed by the participant and the supervisor prior to payment. Ensure any timecard alterations, changes or corrections are initialed by the Supervisor and the participant. **(THE USE OF WHITE OUT IS STRICTLY PROHIBITED).**
- Q. Ensure that the worksite provides the participant with copies of signed timesheets and other program or work related information as appropriate.
- R. Ensure the worksite utilizes only authorized timesheets.
- S. Collect the timesheets of the participant in a timely manner. Issue paychecks to the participant according to verified time records and agency payroll procedures.
- T. Ensure the worksite provides materials and equipment necessary to perform the duties of the work assignment.
- U. Maintain a copy of the Worksite Expectations Review, Worksite Agreement, job description, all submitted timesheets, and other relevant forms for a minimum of five (5) years for audit purposes.
 - *All records related to activities funded by Coronavirus Relief Fund monies must be maintained for five (5) years.*
- V. Provide oversight of the EWDD-WEX Program and supportive services to the participant.
- W. Provide all EWDD-WEX Program participant with an orientation, explaining the program's purpose, *procedures and rules and also an overview of what to expect at the worksite.*
- X. Ensure liability and accident coverage of participant during authorized work hours through workers' compensation as provided by EWDD-Operated WSC or partner WSC agencies.
- Y. Provide Worksite Supervisors with appropriate written materials: Supervisor Manual, timesheets, performance evaluations, and a copy of Worksite Agreement. Worksite Agreement is valid through the duration of the EWDD-WEX Program.

III. Worksite and WSC or PARTNER NAME HERE agree that:

- A. Neither party shall incur costs from each other arising from participation in the EWDD-WEX Program.
- B. This Agreement may be terminated at any time only by mutual consent. Any modifications to this agreement shall be approved by EWDD and/or the City of Los Angeles.

Employer:

You are entering into agreement between your company and the **AGENCY NAME HERE** Contractor listed below and agree to all terms as listed on this agreement.

Worksite Name: _____

Worksite Address: _____

Representative Name: _____

Title: _____

Signature: _____ **Date:** _____

NAME OF AGENCY HERE Representative:

By signing this document, you are entering into agreement with said worksite location and agree to all terms as listed on this agreement.

AGENCY NAME : _____

AGENCY Address: _____

Representative Name: _____

Title: _____

Signature: _____ **Date:** _____



Job Readiness Assessment Tool

Employee Name:		Prior Assessment Score:	
Title:		Prior Assessment Score:	
Review Date:		Reviewers:	

JOB READINESS CRITERIA to be completed by the supervisor

In this first section, the supervisor evaluates the employee's job readiness and work experience on a scale of 1 to 4 (1=Unsatisfactory, 2=Inconsistent, 3=Proficient, 4=Exemplary). For each job readiness standard, there are descriptions of performance at each score level. Whenever possible, it is important to use data such as attendance records, write-ups, or tangible accomplishments to guide scoring. Once the supervisor has finished scoring the standard requirements, an overall "Job Readiness Rating" score will automatically be calculated in the summary section at the end of this form.

Attendance & Punctuality

Attendance	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Understanding work expectations for attendance and adhering to them. Notifying supervisor in case of absence. Completing any required paperwork.	Excessive absences. Insufficient notice provided. Some or all of absences are unexcused.	Below 90% attendance. Usually provides advance notice of absence. Most absences are for valid reasons in accordance with employer policy.	Maintains 90% attendance; notifies supervisor ahead of time prior to absence. Any absences are for valid reasons in accordance with employer policy.	Perfect attendance (no absences, including excused).	<i>please select</i>
Punctuality	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Understanding work expectations for punctuality and adhering to them. Arriving on time for work, taking and returning from breaks and meals on time, and calling supervisor prior to being late.	Excessively late for start of work and returning from breaks/meals. No notice provided in advance of tardy arrival/return.	Inconsistent in arriving to work, returning from breaks on time, and calling supervisor to provide notice.	Arrives to work and returns from breaks on time with only rare exceptions. If late, notifies supervisor ahead of time.	Perfect or near-perfect in arriving for work and returning from breaks on time. Model for other workers.	<i>please select</i>

Workplace Performance

Performance	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Completes tasks accurately and on time. Quality and quantity of work product meets or exceeds expectations.	Tasks are rarely completed accurately or on time. Quality and quantity of work product is consistently substandard. Additional training needed.	Inconsistent in meeting standards around work quality and quantity.	Quality and quantity of work usually meets expectations.	Quality and quantity of work often exceeds expectations.	<i>please select</i>
Effort & Productivity	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Pursues work with energy, drive, and intent to accomplish tasks. Fulfills or exceeds expectations around timely completion of tasks.	Easily distracted from task at hand. Rarely completes tasks on time without supervisor intervention.	Inconsistent in dedication to, and focus on, assigned tasks. Timeliness of completion cannot be depended upon.	Usually pursues work with energy and drive. Regularly completes tasks within designated timeframe.	Consistently pursues work with energy and drive. Often exceeds expectations around timely completion of tasks.	<i>please select</i>
Compliance	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Complying with rules, policies, and procedures, including those related to health and safety. Following written and verbal directions.	Consistently fails to follow directions or violates workplace policies and procedures. May be risking safety of self or colleagues.	Inconsistent in following directions or complying with workplace policies or procedures.	With few exceptions, follows directions and complies with workplace policies and procedures.	Consistently follows directions and complies with workplace policies and procedures. Is proactively aware of safety issues and seeking to ensure a safe work environment.	<i>please select</i>
Responsibility	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Demonstrating dependability and reliability. Fulfilling obligations, completing assignments, and meeting deadlines. Acting with integrity and honesty.	Cannot be depended upon to fulfill obligations and/or behave ethically.	Inconsistent in demonstrating dependability, ability to fulfill obligations, and integrity.	With rare exception, can be relied upon to fulfill obligations and act with integrity.	Consistently demonstrates dependability and exceeds expectations in regards to obligations. Can be trusted. Limited, if any, supervision necessary.	<i>please select</i>

Initiative	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Engaging in task or activity from commencement to completion. Asking appropriate questions. Identifying, or seeking out assignment of, new task upon completion of prior one.	Reluctant or unable to begin tasks without supervision. Needs frequent reminders of assigned responsibilities.	Inconsistently begins or remains on task. Needs occasional prompting. Often satisfied with bare minimum performance.	Usually begins and remains on task until completion. Can work independently. Upon completion, initiates interaction requesting next assignment.	Consistently begins /remains on task until completion. Regularly identifies and begins or initiates interaction requesting next task. Can work independently.	<i>please select</i>
Skill Development	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Demonstrating a willingness to learn and consider new ways of doing things. Proactively seeking out opportunities for the development of new skills.	Fails to identify or participate in opportunities to gain knowledge and new skills. Repeatedly performs tasks in a manner that is incorrect, inefficient, or unsafe.	Participation or engagement in skill development opportunities is inconsistent. Does not proactively seek out opportunities for on-the-job skill building.	Actively participates in skill development opportunities. Identifies or seeks out opportunities for learning and skill building.	Consistently demonstrates willingness to learn and consider new ways of doing things. Seeks out opportunities to gain new skills or knowledge.	<i>please select</i>
Critical Thinking	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Identifying and defining a problem, using knowledge and information to generate possible solutions. Effectively managing time to complete tasks.	Makes little or no effort to use reasoning or knowledge to solve workplace problems. Needs guidance to resolve any little issue or challenge.	Inconsistent in using sound reasoning to solve work problems. Shows potential for improvement.	Uses sound reasoning, and job knowledge to solve workplace problems.	Consistently applies sound reasoning to solve work problems. Identifies and troubleshoots potential problems before they can occur.	<i>please select</i>

Workplace Appearance

Attire	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Dressing appropriately for position and duties. If relevant, all components of uniform are clean and being worn appropriately.	Has not yet demonstrated appropriate appearance for position and duties. Clothing is not clean or workplace-appropriate. If applicable, regularly forgets uniform components.	Inconsistent in demonstrating appropriate appearance for workplace. Clothing may not always be clean or appropriate. May sometimes be missing uniform components.	Usually dresses appropriately for position and duties. Clothing/uniform is clean and worn appropriately.	Consistent display of professional appearance in accordance with position and duties.	<i>please select</i>
Grooming	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Practicing personal hygiene appropriate for position and duties.	Has not yet complied with policy regarding personal hygiene appropriate for workplace, position, or duties.	Inconsistent in demonstrating appropriate personal hygiene for workplace or role.	Usually grooms and practices hygiene appropriate for position and duties.	Consistently meets or exceeds expectations in regards to professional grooming and hygiene.	<i>please select</i>

Communication & Attitude

With Peers	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Communicating effectively – verbally and non-verbally. Using language appropriate for work environment. Maintaining respectful and trustworthy relationships.	Repeatedly uses inappropriate language for the workplace and/or is in conflict with peers. Is not often clear or accurate in conveying or understanding information.	Inconsistent in communicating in manner and language appropriate for workplace. Does not consistently speak clearly or accurately convey information.	Usually uses workplace appropriate language and tone. Listens attentively. Accurately and understandably conveys information.	Consistently communicates in tone and manner appropriate for workplace. Can be counted upon to listen attentively and speak clearly. Can effectively present to a group.	<i>please select</i>
With Supervisors	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Respecting authority. Accepting instruction and constructive criticism. Speaking clearly and communicating effectively and appropriately for the work environment, both verbally and non-verbally.	Reluctant to accept feedback and constructive criticism from supervisor. Responds inappropriately or with poor verbal or non-verbal communication.	Inconsistent in constructively accepting direction and feedback from supervisor. Does not consistently demonstrate good verbal or non-verbal communication.	Usually accepts direction and feedback from supervisors with positive attitude. Uses feedback to improve work performance. Good and professional verbal and nonverbal communicator.	Consistently accepts direction and constructive criticism with positive attitude. Uses feedback to improve work performance. Communication skills exceed expectations.	<i>please select</i>

With Public / Customers	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
(If relevant) Communicating and behaving appropriately as a representative of employer. Recognizing and prioritizing customer needs.	Verbal or non-verbal communication is inappropriate for role and setting. Information conveyed is rarely accurate.	Does not consistently strike the correct tone in communications. Does not always convey accurate or sufficient information.	With rare exception, maintains a friendly and professional demeanor. Usually communicates appropriate and accurate information in intelligible manner.	Consistently demonstrates a positive rapport with public or customers. Listens well, is articulate and accurate in conveying relevant information.	<i>please select</i>
Teamwork & Cooperation	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Relating positively with co-workers. Encouraging others. Working productively with individuals and teams.	Has not yet demonstrated appropriate group behaviors. Improvement needed in treating others with respect. Rarely contributes to group efforts.	Inconsistent in promoting positive group behaviors amongst coworkers, and in contributing to group efforts.	Usually works well with co-workers, is respectful, and contributes to group efforts with rare exception. Respects diversity within the workplace.	Consistently facilitates positive group dynamics. Demonstrates leadership that plays a significant role in success of group efforts. Promotes larger group unity.	<i>please select</i>
Conflict Mitigation	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Using appropriate strategies and solutions for dealing with or diffusing workplace differences. Ensuring that they don't affect productivity or work quality.	Does not diffuse and, occasionally escalates, workplace differences.	Inconsistent in seeking to diffuse workplace differences.	Usually seeks to diffuse differences using appropriate strategies and solutions. Tries to prevent differences from affecting productivity.	Consistently seeks to use appropriate strategies for dealing with or diffusing workplace differences. Does not let differences affect productivity.	<i>please select</i>
Positivity	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Conveying a positive, pleasant, and "can-do" attitude.	Regularly displays a negative attitude that inhibits productivity of self or team.	Inconsistently displays a positive, constructive attitude. Occasional negativity may affect productivity and performance.	Usually conveys a positive and constructive attitude.	Consistently demonstrates a positive and "can-do" attitude in interactions with peers, supervision, and public/customers.	<i>please select</i>
Motivation	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING
Trying to continuously improve performance.	Does not demonstrate interest in or commitment to achieving performance above minimal standards.	Irregularly seeks out opportunities and feedback that can contribute to improving performance. Does not consistently apply.	Regularly seeks out opportunities and feedback that can contribute to improving performance. Tries to apply lessons learned.	Has tried and succeeded at continuously improving workplace performance.	<i>please select</i>

SOCIAL ENTERPRISE SPECIFIC SKILLS AND BEHAVIORS
to be completed by the supervisor

Your social enterprise may customize this form by adding a few categories for evaluation that are specific to your social enterprise. These categories should be used consistently across the enterprise's employees or categories of employees (if differing by transitional job type). The categories should not be unique to any one individual.

	Unsatisfactory (1)	Inconsistent (2)	Proficient (3)	Exemplary (4)	RATING

EXPRESSED AREA OF INTEREST / PROFESSIONAL FOCUS
to be completed by the supervisor or case manager

PERSONAL READINESS CHECKLIST
to be completed by the case manager

In this section, the case manager evaluates the employee's personal readiness by indicating whether the employee has met each of the 5 personal readiness standards, with room for comments. These results should not be shared with the employee's supervisor. If personal readiness standards are not met, the case manager should highlight areas to help obtain resources.

Personal Readiness Category	Standard	Current Status	Comments	Level of Readiness
Housing	Housing situation is stable and there is no risk of becoming homeless	<i>please select</i>		<i>please select</i>
Childcare	Has access to consistent and affordable childcare services. Unlikely to be late or miss work due to childcare issues.	<i>please select</i>		<i>please select</i>
Health	Physical and mental health needs are taken care and should not affect employment or performance	<i>please select</i>		<i>please select</i>
Legal Status	All legal issues (if any) have been resolved before seeking outside employment. Should not have to miss work to handle legal issues.	<i>please select</i>		<i>please select</i>
Transportation	Able to get to consistently get to and from work without assistance from the social enterprise	<i>please select</i>		<i>please select</i>

JOB READINESS ASSESEMENT SUMMARY
automatically calculated

Employee Assessment Score	incomplete form
Employee has received an "unsatisfactory" in any job readiness category	incomplete form
Employee "meets standard" for every personal readiness category	incomplete form
Employee has earned Job Readiness Rating of 3+ for two evaluations	incomplete form

Job Readiness Assessment:

COMMENTS / NEXT STEPS

*This assessment **should not** be sent to employers, but act as an internal tool in determining readiness for placement. Once the evaluation is complete, the case manager should review the assessment with the employee, highlighting areas for improvement.*

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SUPPORT SERVICES AND VERIFICATION FORM

Participant Name:		CalJOBSSM ID #	
LA:RISE Partner Agency:			
Assigned Staff Member:		Phone	

Participant Request for Support Services: The participant requested the following support services necessary to engage in LA:RISE program activities. The cost of the service is reasonable and allowable per City of LA/ LA:RISE contract or policy directives. Other non-LA:RISE funds or resources were unavailable. It was necessary to use LA:RISE funds to pay for these support services.

VERIFICATION OF SUPPORT SERVICES RECEIVED

Participant Signature: Client acknowledges receipt of Support Service(s) listed below.

DATE	TYPE OF SUPPORT SERVICE:	AMOUNT	TRACKING DETAILS	Participant signature:
	<input type="checkbox"/> Tap Card	\$	Tap Card No:	
	<input type="checkbox"/> Tokens	\$	No. of bags:	
	<input type="checkbox"/> Gas Card	\$	Card No:	
	<input type="checkbox"/> Reimbursement	\$	For:	
	<input type="checkbox"/> Clothing/Uniform	\$	Item:	
	<input type="checkbox"/> Needs-based	\$	For:	
	<input type="checkbox"/> Other	\$	Provider/Type:	
	<input type="checkbox"/> Other	\$	Specify item:	
	<input type="checkbox"/> Other	\$	Specify item:	
	<input type="checkbox"/> Other	\$	Specify item:	

Notes:	



SUPPORT SERVICES AND VERIFICATION FORM

Participant Name:		CalJOBSSM ID #	
LA:RISE Partner Agency:			
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	<input type="checkbox"/> Tap Card	\$	Tap Card No:	
	<input type="checkbox"/> Tokens	\$	No. of bags:	
	<input type="checkbox"/> Gas Card	\$	Card No:	
	<input type="checkbox"/> Reimbursement	\$	For:	
	<input type="checkbox"/> Clothing/Uniform	\$	Item:	
	<input type="checkbox"/> Needs-based	\$	For:	
	<input type="checkbox"/> Other	\$	Provider/Type:	
	<input type="checkbox"/> Other	\$	Specify item:	
	<input type="checkbox"/> Other	\$	Specify item:	
	<input type="checkbox"/> Other	\$	Specify item:	

Notes:	



City of Los Angeles – Individual Training Account (ITA)

For Completion by LA:RISE Service Provider

The Individual identified below has been determined eligible for the City of Los Angeles LA:RISE Program funded Individual Training Account (ITA) and is interested in a course(s) of instruction offered by your institution. As such, this individual is being referred to you for possible enrollment:

A. Date of Referral: _____

B. Referring Service Provider: _____

Contact person: _____ Phone No: _____

E-Mail: _____ Fax No.: _____

C. Potential Customer Name: _____

D. School Name: _____

Course of Instruction: _____

D1. I-Train/ETPL Course Code: _____ **Provider Code:** _____
(if applicable)

For Completion by School

E. Admission Status

1. Does the individual qualify for admission? Yes: _____ No: _____

If no, explain why _____

2. What is the cost of tuition? \$ _____

2a. What are the fees? \$ _____

2b. What are the expenses? \$ _____

2c. Total Costs \$ _____

2d. Less School Deduction (Pell Grant/Other) (\$ _____)

3. Class start date: _____

4. Class end date: _____

F. School Representative:

Name and Title: _____

Phone No: _____ Fax No: _____

E-Mail: _____

Signature and Date: _____

Upon completion, e-mail or fax this form to the LA:RISE Service Provider

Do not begin training this participant until you have an executed written agreement with the City of Los Angeles LA:RISE Service Provider.



**CITY OF LOS ANGELES
TRAINING AGREEMENT**

WITNESSETH

WHEREAS, the LA:RISE Service Provider has designated School as an entity to provide training for its LA:RISE customer.
NOW, THEREFORE, it is agreed by and between the parties as follows:

SECTION 1 – PARTIES TO THE AGREEMENT

By executing this agreement all parties agree to the terms identified herein

<p>A. SCHOOL LEGAL NAME: _____</p> <p>Administrative Office Address: _____</p> <p>Training Site Address: _____</p> <p>FAX Number: _____ Telephone Number: _____</p> <p><i>Approved by:</i></p> <p>Authorized Signer Name (print): _____</p> <p>Authorized Signer Title: _____</p> <p>Signature: _____ Date: _____</p>
<p>B. LA:RISE SERVICE PROVIDER NAME: _____</p> <p>Address: _____</p> <p>Assigned Case Manager Name: _____</p> <p>Telephone Number: _____ Fax Number: _____</p> <p><i>Approved by (agreement must be executed by Executive Director or designee):</i></p> <p>Executive Director Name (print): _____</p> <p>Signature: _____ Date: _____</p>
<p>C. LA:RISE CUSTOMER NAME: _____</p> <p>Address: _____</p> <p>Telephone Number: _____ Alternate Number: _____</p> <p><i>Approved by:</i></p> <p>Signature: _____ Date: _____</p>

ATTACH- ENTIRE TRAINING AGREEMENT



Certificate of Completion

This is to certify that:

Customer Name

Has satisfactorily completed:

Course Name

Offered by:

School Name

And has acquired industry recognized occupational skills in: XXXX

Name of School Representative

Signature

Date

Verified by:

Name of LA:RISE Service Provider Representative and Title

Signature

Date



EDUCATION & VOCATIONAL TRAINING

“STIPEND VERIFICATION FORM”

Participant Name:		CalJOBSSM ID #	
LA:RISE Partner Agency:			
Assigned Staff Member:		Phone:	

Upon EWDD approval, education stipends/incentives may be provided to individuals participating in virtual job readiness and other skill building on-line training. EWDD recommends that the dollar amount not exceed \$400 and funds should be distributed in increments of \$50 per workshop upon completion.

VERIFICATION OF EDUCATION STIPENDS/INCENTIVES RECEIVED

Participant Signature: Client acknowledges receipt of stipends listed below.

Date	Name of Training	Stipend \$ Amount	Check #/ Unique Number	PARTICIPANT SIGNATURE

NOTES:



**LA:RISE 8.0 JOB PLACEMENT SERVICES (SE TO WSC)
PARTICIPANT REFERRAL FORM**

LA:RISE PROGRAM

- LA:RISE 7.0 LA City General Fund (EWDD) LA:RISE 7.0 City Measure H (EWDD)
 LA:RISE 8.0 LA City General Fund (EWDD) LA:RISE 8.0 City Measure H (EWDD)

DATE OF REFERRAL		E-MAILED TO: WSC STAFF MEMBER	
FROM SE STAFF MEMBER		PHONE	
REFERRAL FROM: SOCIAL ENTERPRISE		REFERRAL TO: WORKSOURCE	
<input type="checkbox"/> Homeboy Industries <input type="checkbox"/> LA Conservation Corps		<input type="checkbox"/> Boyle Heights WSC (MCS)	
<input type="checkbox"/> LA LGBT Center <input type="checkbox"/> YWCA Digital Learning Academy		<input type="checkbox"/> Hollywood WSC (MCS)	
<input type="checkbox"/> Chrysalis <input type="checkbox"/> Goodwill Industries		<input type="checkbox"/> Northeast LA WSC (Goodwill)	
<input type="checkbox"/> Center for Living and Learning		<input type="checkbox"/> Sun Valley WSC (El Proyecto)	
<input type="checkbox"/> Anti-Recidivism Coalition (ARC) <input type="checkbox"/> Center for Employment Opportunities <input type="checkbox"/> CRCD Enterprises <input type="checkbox"/> Downtown Women's Center <input type="checkbox"/> GRID Alternatives		<input type="checkbox"/> Vernon Central/LATTC WSC (CRCD)	
<input type="checkbox"/> New Earth Organization		<input type="checkbox"/> West LA WSC (JVS)	
LAST NAME OF PARTICIPANT		FIRST NAME OF PARTICIPANT	
LAST FOUR SOCIAL	DOB	CalJOBSSM STATE ID #	
PHONE		E-MAIL	
PREFERRED DAYS AND TIMES TO MEET		BEST TIME TO REACH PARTICIPANT	
HAS PARTICIPATED COMPLETED TRANSITIONAL EMPLOYMENT?	IF YES, DATE OF COMPLETION	IF NO, ANTICIPATED DATE OF COMPLETION:	TOTAL NUMBER OF TRANSITIONAL WORK HOURS COMPLETED TO DATE:
<input type="checkbox"/> Yes <input type="checkbox"/> No			
COPY OF RESUME AVAILABLE FOR REVIEW?		PASSED JOB READINESS ASSESSMENTS (JRAs)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, needs resume TA		<input type="checkbox"/> Yes <input type="checkbox"/> No	
JOB READY? IF NO, EMPLOYMENT BARRIERS/ ISSUES TO BE AWARE OF/ SKILL BUILDING NEEDED:			
<input type="checkbox"/> Unstable Housing <input type="checkbox"/> Unstable Health <input type="checkbox"/> Lacks Child Care <input type="checkbox"/> Legal Status <input type="checkbox"/> Lacks Dependable Transportation <input type="checkbox"/> Other: <input type="checkbox"/> Additional skill building needed:			
PARTICIPANT'S EMPLOYMENT OBJECTIVE:			
<input type="checkbox"/> Construction <input type="checkbox"/> Film & Digital Media <input type="checkbox"/> Education <input type="checkbox"/> Health Care Services <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Solar <input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Transportation & Logistics <input type="checkbox"/> Professional Services <input type="checkbox"/> Other:			
JOB READINESS WORKSHOPS COMPLETED WHILE IN TRANSITIONAL EMPLOYMENT, IF ANY:			
<input type="checkbox"/> Jobs Search Skills <input type="checkbox"/> Resume Writing <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Computer Basics <input type="checkbox"/> Customer Service <input type="checkbox"/> Work Etiquette <input type="checkbox"/> Communication/People's Skills <input type="checkbox"/> Money Management <input type="checkbox"/> Other:			
INDUSTRY CERTIFICATIONS OR TRANSFERRABLE SKILLS TO HIGHLIGHT WITH EMPLOYERS:			
COMMENTS:			

Employment Verification Form

PARTICIPANT INFORMATION

Name: _____ Last four # of Social: _____

EMPLOYMENT VERIFICATION

The City of Los Angeles, X LA:RISE Partner/ WorkSource Center is requesting information on “work verification and/ or follow up” for the person mentioned above, in order to confirm job placement, title, dates of employment, salary, and/or any other information your company allows to release to X LA:RISE Partner/ WorkSource Center.

Employer Name: _____

Employer Address: _____

Supervisor Name: _____

Telephone Number: _____ Fax: _____

Employment Status

Date Employed: _____ Job Title: _____ Hours Per Week: _____

Starting Wage: _____ Ending Wage: _____

Still Employed: Yes / No Last Date of Employment: _____

Status (check all that apply)

Full Time _____ Part time _____ Permanent _____ Temporary _____ Seasonal _____

Additional Comments: _____

Form filled out by: _____ Date: _____



LA:RISE 8.0 JOB RETENTION REFERRAL FORM
(For Job Placed Participants)

LA:RISE PROGRAM

- | | |
|--|---|
| <input type="checkbox"/> LA:RISE 7.0 (City General Fund) | <input type="checkbox"/> LA:RISE 8.0 LA City (General Fund) |
| <input type="checkbox"/> LA:RISE 7.0 (City Measure H) | <input type="checkbox"/> LA:RISE 8.0 LA County (City Measure H) |

DATE

WORKSOURCE PARTNER

REFERRAL TO: SE JOB RETENTION PROVIDER:

- Anti-Recidivism Coalition (ARC)
- Center for Employment Opportunities (CEO)
- Center for Living and Learning
- Chrysalis
- CRCD
- Downtown Women’s Center
- Goodwill Industries
- GRID Alternatives
- Homeboy Industries
- Los Angeles Conservation Corps
- Los Angeles LGBT Center
- Managed Career Solutions -Hollywood WSC
- New Earth Organization
- YWCA Digital Learning Academy
- None, participant chose to forgo services**

LAST NAME OF PARTICIPANT

FIRST NAME OF PARTICIPANT

CalJOBSSM USER ID

DOB

PREFERRED DAYS AND TIMES TO MEET

BEST TIME TO REACH PARTICIPANT

NAME OF EMPLOYER

DATE HIRED (Month/Year)

COMMENTS

LA:RISE Employment Retention Incentives Tracking Log

Participant Name _____

CalJOBS Application Number _____

Date	Reason For Incentive	Amount	Unique Number	Participant's Signature	Comments
	First Paycheck	\$ 75.00			
	First Month on the Job	\$ 75.00			
	Second Month on the Job	\$ 75.00			
	Third Month on the Job	\$ 75.00			
	Sixth Month on the Job	\$ 100.00			