

Youth Participant File Monitoring Checklist

Subrecipient Name	Contract Number	Program	Reviewer Name
		<input type="checkbox"/> Youth <input type="checkbox"/> In School <input type="checkbox"/> Out of School <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____	
Participant Name (First and Last Name)	CalJOBS WIOA App #	Participation Date Closure Date Exit Date	File Review Date

Medical Information	Yes	No	N/A	Documentation	Comments
Medical Information				<input type="checkbox"/> Secured separate file/e-File document bin <input type="checkbox"/> Does not contain any medical information <input type="checkbox"/> CalJOBS WIOA application attached case note contains: <input type="checkbox"/> Subject line: Collection of Eligibility Information <input type="checkbox"/> Reference to additional file with listed forms/documents	
Required Documentation	Yes	No	N/A	Documentation	Comments
Universal Participant Acknowledgement Form (UPAF) Grievance/EEO Complaint policy				<input type="checkbox"/> Correct version of the form/e-File <input type="checkbox"/> Signed on or prior to ECRF Date <input type="checkbox"/> Dated on or prior to ECRF Date <input type="checkbox"/> Dated on or prior to CalJOBS Participation Date	form date: CalJOBS date:
Multimedia and Communication Release Form (MCRF)				<input type="checkbox"/> Correct version of the form/e-File <input type="checkbox"/> Signed on or prior to ECRF Date <input type="checkbox"/> Dated on or prior to ECRF Date <input type="checkbox"/> Dated on or prior to CalJOBS Participation Date	form date: CalJOBS date:
Eligibility Certification and Review Form (ECRF)				<input type="checkbox"/> Correct version of the form/e-File <input type="checkbox"/> 1st Review signed and dated <input type="checkbox"/> 2nd Review signed and dated <input type="checkbox"/> Dated on or prior to CalJOBS Participation Date If applicable, <input type="checkbox"/> Stand-alone case note support changes to ECRF	form date: 1st review date: 2nd review date: 90 day date: Participation date:
ECRF CalJOBS Data Validation				<input type="checkbox"/> ECRF selections match CalJOBS WIOA Application <input type="checkbox"/> Support documents attached to CalJOBS WIOA Application	
ECRF Recertification (if applicable)				<input type="checkbox"/> Recertification 90 days after 2nd reviewer if not enrolled <input type="checkbox"/> Completed new ECRF <input type="checkbox"/> Completed new UPAF	1st date: 90 day date: 2nd date:
General Eligibility	Yes	No	N/A	Documentation	Comments
Region/Address Verification				<input type="checkbox"/> Proof of address verification	
Date of Birth & Age ISY: 14-24 OSY: 16-24				<input type="checkbox"/> Birth Certificate <input type="checkbox"/> License/State ID <input type="checkbox"/> Other: _____	
Selective Service Registration (If Applicable)				<input type="checkbox"/> Support documentation in file/e-File & CalJOBS <input type="checkbox"/> Required age 18 and over (Male) <input type="checkbox"/> Proof of exemption age 18 and over (Male) <input type="checkbox"/> Not Required age 17 and less (Male) <input type="checkbox"/> N/A (Female)	
Veteran Status (If applicable)				<input type="checkbox"/> Campaign <input type="checkbox"/> Disabled <input type="checkbox"/> Recently Separated <input type="checkbox"/> Eligible Spouse <input type="checkbox"/> Received DVOP Service	

Eligibility Criteria	Yes	No	N/A	Documentation	Comments
School Status				<input type="checkbox"/> In-School Youth (Age 14-21) <input type="checkbox"/> Out-of-School Youth (Age 16-24)	
Employment Barriers				<input type="checkbox"/> School dropout (OSY) <input type="checkbox"/> Youth within age of compulsory school attendance but hasn't attended school for at least the most recent complete school year calendar (OSY) <input type="checkbox"/> Recipient of secondary diploma/equivalent who is low-income and is BSD or ELL (OSY) <input type="checkbox"/> ISY that is BSD OR ELL <input type="checkbox"/> An individual who is subject to the juvenile or adult justice system <input type="checkbox"/> Homeless individual, a homeless child or youth, or a runaway <input type="checkbox"/> An individual in foster care or who has aged out of the foster care system <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> Has a disability <input type="checkbox"/> A low-income individual who resides in a barrier area	
Low income Documentation (If Applicable)	Yes	No	N/A	Documentation	Comments
Low-Income Determination				<input type="checkbox"/> Support documentation in file/e-File & CalJOBS <input type="checkbox"/> Received, or is a member of a family which receives cash payments under a federal, state, or income-based public assistance program <input type="checkbox"/> Receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.) <input type="checkbox"/> Living in high poverty area <input type="checkbox"/> Refugee/immigrant <input type="checkbox"/> Receives SNAP or was determined eligible to receive food stamps in the six-month period prior to program application	
Low income Documentation <i>Refer to Attachment - Methods for Calculating Income/Family Size Determination</i>				<input type="checkbox"/> Support documentation in file/e-File & CalJOBS <input type="checkbox"/> Public Assistance <input type="checkbox"/> SDWP Lives in a Barrier Area Form <input type="checkbox"/> Employment Records (meets 70% LLSIL) <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Other: _____	
Family Size <i>Refer to Attachment - Methods for Calculating Income/Family Size Determination</i>				<input type="checkbox"/> Support documentation in file/e-File & CalJOBS	
Other Eligibility Documentation	Yes	No	N/A	Documentation	Comments
5% Eligibility Exception (If applicable)				<input type="checkbox"/> Correct version of the form <input type="checkbox"/> All sections complete <input type="checkbox"/> Low income calculation sheet over 70% LLISL <input type="checkbox"/> Dates & Signatures prior or at enrollment <input type="checkbox"/> Approved by SDWP Program Specialist	form date:
5% Eligibility ISY Exception (If applicable)				<input type="checkbox"/> Correct version of the form <input type="checkbox"/> All sections complete <input type="checkbox"/> ISY eligibility documentation not used as a barrier <input type="checkbox"/> Dates & Signatures prior or at enrollment <input type="checkbox"/> Approved by SDWP Program Specialist	form date:
Telephone Verification Form Usage				<input type="checkbox"/> Support documentation in file/e-File & CalJOBS <input type="checkbox"/> Correct version of the form <input type="checkbox"/> All sections complete <input type="checkbox"/> Dates & Signatures prior or at enrollment <input type="checkbox"/> Standalone case note includes: <ul style="list-style-type: none"> <input type="checkbox"/> Eligibility Criteria item <input type="checkbox"/> Attempts made but failed 	form date:

Other Eligibility Documentation	Yes	No	N/A	Documentation	Comments
Applicant Statement Usage				<input type="checkbox"/> Support documentation in file/e-File & CalJOBS <input type="checkbox"/> Correct version of the form <input type="checkbox"/> All sections complete <input type="checkbox"/> Dates & Signatures prior or at enrollment <input type="checkbox"/> Standalone case note includes: <input type="checkbox"/> Eligibility Criteria item <input type="checkbox"/> Attempts made but failed <input type="checkbox"/> Cause delay of services <input type="checkbox"/> Cause undue hardship <input type="checkbox"/> Separate Applicant Statement for each circumstance	form date:
Foster Youth Programs (If applicable)				<input type="checkbox"/> Enrolled in San Pasqual Academy <input type="checkbox"/> Enrolled in the County of San Diego's Independent Living Skills Program	form date:
Exited & Re-Enrollment	Yes	No	N/A	Documentation	Comments
Exited and Re-Enrolled Documentation				<input type="checkbox"/> Re-Enrollment Form completed <input type="checkbox"/> Eligibility determination prior to SDWP approval <input type="checkbox"/> Certification documentation in file/e-File <input type="checkbox"/> SDWP approval prior to secondary CalJOBS eligibility date	eligibility date: re-enrollment date:
CalJOBS Stand-Alone Case Note Exited & Re-Enrollment				<input type="checkbox"/> Standalone case note to indicating approval by SDWP	case note date:
Dual & Co-Enrollment	Yes	No	N/A	Documentation	Comments
Co-Enrolled				<input type="checkbox"/> Adult, Dislocated Worker and Youth (WIOA Title I) <input type="checkbox"/> Adult Education & Literacy (WIOA Title II) <input type="checkbox"/> Wagner-Peyser (WIOA Title III) <input type="checkbox"/> Vocational Rehabilitation (WIOA IV) <input type="checkbox"/> Other local workforce development board <input type="checkbox"/> Other state funded CBO	
Dual Enrollment Request Form				<input type="checkbox"/> Eligibility determination completed prior to SDWP approval <input type="checkbox"/> Certification documentation in file/e-File <input type="checkbox"/> Dual-Enrollment Form completed <input type="checkbox"/> Signed prior to secondary program CalJOBS eligibility date <input type="checkbox"/> SDWP approval date <input type="checkbox"/> Requesting Provider <input type="checkbox"/> Original Provider	eligibility date: approval date: Dual enrolled date:
CalJOBS OA Activity Code <i>(Dual Enrolled OA Initial Update)</i>				<input type="checkbox"/> Activity code 412 <input type="checkbox"/> Activity code Actual Begin Date matches Dual Enrolled Date	Dual enrolled date:
CalJOBS OA Activity Code Attached Case Note <i>(Dual Enrolled OA Initial Update)</i>				<input type="checkbox"/> Documented OAS Plan completed by original provider <input type="checkbox"/> Original service provider case manager name <input type="checkbox"/> Summary of barriers discussed	
CalJOBS Development of IEP/ISS Activity Code <i>(Dual Enrolled IEP/ISS Initial Update)</i>				<input type="checkbox"/> Activity code 413 <input type="checkbox"/> Activity code Actual Begin Date matches Dual Enrolled Date	Dual enrolled date:
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Dual Enrolled IEP/ISS Update)</i>				<input type="checkbox"/> Information from Attachment-Request for Dual Enrollment <input type="checkbox"/> SDWP approval date <input type="checkbox"/> Service Provider names <input type="checkbox"/> Summary of services provided by each Provider <input type="checkbox"/> Duplication of program services	

Educational Functioning Level (EFL) (If applicable)	Yes	No	N/A	Documentation	Comments
Basic Skills Assessment				<input type="checkbox"/> Youth was assessed <input type="checkbox"/> Assessment Usage: <input type="checkbox"/> BSD Eligibility <input type="checkbox"/> Objective Assessment test <input type="checkbox"/> Measurable Skill Gain Performance indicator <input type="checkbox"/> Assessment test results within past six (6) months	
Basic Skills Assessment Documentation				<input type="checkbox"/> Support documentation in CalJOBS Type of Test: <input type="checkbox"/> CASAS <input type="checkbox"/> TABE <input type="checkbox"/> Original answer sheet (online/paper) <input type="checkbox"/> Answer sheet is dated <input type="checkbox"/> Pre Test OR <input type="checkbox"/> Post Test	Pre Test Date: Pre Test Results: Post Test Date: Post Test Results:
CalJOBS Objective Assessment Activity Code <i>(Assessment Results)</i>				<input type="checkbox"/> Activity code 412 <input type="checkbox"/> Separate from the Objective Assessment Summary Plan	412 OS date: Pre Test Results:
CalJOBS Objective Assessment Activity Code Attached Case Note <i>(Assessment Results)</i>				<input type="checkbox"/> Assessment Summary Case Note includes: <input type="checkbox"/> Assessment Usage <input type="checkbox"/> Type of test <input type="checkbox"/> Type of assessment <input type="checkbox"/> Test version <input type="checkbox"/> Test results	Pre Test Date: Post Test Date:
Educational Functioning Level Form (If applicable, MSG Documentation)				<input type="checkbox"/> CalJOBS date matches assessment sheet date <input type="checkbox"/> EFL attached case note includes: <input type="checkbox"/> Test usage <input type="checkbox"/> Type of test <input type="checkbox"/> Type of assessment <input type="checkbox"/> Test version <input type="checkbox"/> Test results	Pre Test Date: Post Test Date:
Objective Assessment Summary (OAS)	Yes	No	N/A	Documentation	Comments
Development of the OAS <i>(Initially Established)</i>				<input type="checkbox"/> All applicable sections completed <input type="checkbox"/> Program expectations <input type="checkbox"/> Educational history and expectations <input type="checkbox"/> Basic skills <input type="checkbox"/> Occupational skills <input type="checkbox"/> Prior work experience <input type="checkbox"/> Employability & work readiness <input type="checkbox"/> Interests <input type="checkbox"/> Aptitudes <input type="checkbox"/> Supportive service needs and barriers to employment <input type="checkbox"/> Developmental needs	Plan date:
OAS Plan				<input type="checkbox"/> Create date after the CalJOBS participation date <input type="checkbox"/> Established/completed within 30 days of CalJOBS participation date <input type="checkbox"/> No updates after 30 days of CalJOBS participation date	OAS date:
CalJOBS Objective Assessment Activity Code <i>(Initial OA Service)</i>				<input type="checkbox"/> First activity entered <input type="checkbox"/> Activity code 412 <input type="checkbox"/> Activity Actual Begin Date matches OAS Plan Create Date <input type="checkbox"/> Activity Last Day of Service within 30 days of CalJOBS participation date	
CalJOBS Objective Assessment Activity Code Attached Case Note <i>(Initial OA Service)</i>				<input type="checkbox"/> Status of OAS Plan	

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Individual Employment Plan/Service Strategy (IEP/ISS)	Yes	No	N/A	Documentation	Comments
IEP/ISS Paper Documentation <i>(if applicable)</i>				<input type="checkbox"/> Established date on/after participation date <input type="checkbox"/> All sections completed <input type="checkbox"/> Goals/objectives established (Action plan) <input type="checkbox"/> Updated Goals/objectives <input type="checkbox"/> Successful/unsuccessful goals/objectives	
Development of the IEP/ISS <i>(Initially Established)</i>				<input type="checkbox"/> Identified Goals and Objectives <input type="checkbox"/> Short term goals <input type="checkbox"/> Long term goals <input type="checkbox"/> Career Pathways <input type="checkbox"/> Education <input type="checkbox"/> Training <input type="checkbox"/> Employment Goals	Plan date:
IEP/ISS Plan <i>(Initially Established)</i>				<input type="checkbox"/> Prior to providing any program services <input type="checkbox"/> Plan Creation Date: <input type="checkbox"/> After CalJOBS participation date <input type="checkbox"/> On or after the OAS Plan <input type="checkbox"/> Within the first 30 days of participation	OAS form date:
CalJOBS Develop Service Strategies Activity Code <i>(Initial IEP/ISS Service)</i>				<input type="checkbox"/> Second activity entered <input type="checkbox"/> Activity code 413 <input type="checkbox"/> Activity Actual Begin Date matches IEP/ISS Plan Start Date	IEP/ISS code date:
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Initial IEP/ISS Service)</i>				<input type="checkbox"/> Status of Initial IEP/ISS Plan	
Development of the IEP/ISS <i>(Updates to IEP/ISS Plan)</i>				<input type="checkbox"/> Goals/objectives tied to program services <input type="checkbox"/> Plan updated every 3 months or sooner if needed <input type="checkbox"/> Comment box includes: <input type="checkbox"/> Dates of update to Plan <input type="checkbox"/> Update to Plan dates matches IEP/ISS activity code <input type="checkbox"/> Status update: <input type="checkbox"/> Education/Employment/Training progress <input type="checkbox"/> Challenges/Accomplishments	
CalJOBS Develop Service Strategies Activity Code <i>(Updates to IEP/ISS Service)</i>				<input type="checkbox"/> IEP/ISS activity every 3 months from previous IEP/ISS activity begin date, or sooner if needed <input type="checkbox"/> Attached case note includes which goals/objectives were added and/or updated	IEP/ISS Code dates:
IEP/ISS Plan <i>(Closeout IEP/ISS Plan)</i>				<input type="checkbox"/> Goals and Objectives closed prior to program exit <input type="checkbox"/> Comment box includes: <input type="checkbox"/> Date of Plan Closeout <input type="checkbox"/> Plan dates matches IEP/ISS activity code <input type="checkbox"/> Participant Goals/Objective status: <input type="checkbox"/> Successful/Unsuccessful <input type="checkbox"/> Accomplishments <input type="checkbox"/> Program outcomes	IEP/ISS Plan date:
CalJOBS Develop Service Strategies Activity Code <i>(Closeout of IEP/ISS Activity)</i>				<input type="checkbox"/> Activity code 413 <input type="checkbox"/> Activity Actual Begin Date matches IEP Plan Closed Date	IEP/ISS Code date:
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Closeout of IEP/ISS Activity)</i>				<input type="checkbox"/> Status of IEP/ISS Plan <input type="checkbox"/> Includes outcomes for Goals/Objectives	

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Selective Service (If Applicable)	Yes	No	N/A	Documentation	Comments
Register for Selective Service during participation				<input type="checkbox"/> Support documentation in CalJOBS <input type="checkbox"/> Turned 18 while receiving program services <input type="checkbox"/> Registered within 30 days of 18th birthday	Registration date:
Selective Service Documentation Stand Alone Case Note				<input type="checkbox"/> Stand alone case note verification	
Employment Services	Yes	No	N/A	Documentation	Comments
Determination of Need of Employment Services <i>(IEP/ISS Plan)</i>				<input type="checkbox"/> Support documentation in file/CalJOBS <input type="checkbox"/> Tied to IEP/ISS Plan goals/objectives <input type="checkbox"/> Documented on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes date of update	
Social Security Number <i>data validation purposes only</i>				<input type="checkbox"/> Proof of Social Security Number OR <input type="checkbox"/> CalJOBS Pseudo Social format entered	
18 years or older				<input type="checkbox"/> Birth Certificate <input type="checkbox"/> License/State ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____	
US Work Authorization <i>Verification required after February 2020</i>				<input type="checkbox"/> Any 1 from List A OR <input type="checkbox"/> 1 from List B <u>AND</u> 1 from List C <i>Verification documents as listed on the USCIS Form I-9</i>	
CalJOBS Employment Related Service Activity Code <i>(Initially Established)</i>				<input type="checkbox"/> Appropriate activity code entered <input type="checkbox"/> Actual Begin Date matches IEP/ISS Plan	
CalJOBS Employment Related Service Activity Code Attached Case Note <i>(Initially Established)</i>				<input type="checkbox"/> Case Note Subject line: Right to Work Verification <input type="checkbox"/> Case note includes type of documents collected	
Program Services	Yes	No	N/A	Documentation	Comments
Provision of Youth Program Elements <i>Includes required 14 service elements</i>				<input type="checkbox"/> Program service tied to IEP/ISS Plan <input type="checkbox"/> Educational Services <input type="checkbox"/> Career Pathways <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Work Experience Opportunities <input type="checkbox"/> Youth Development	
Provision of Program Services				<input type="checkbox"/> Individualized services and/or updates once every quarter <input type="checkbox"/> Follow-up services and/or updates once every quarter	
CalJOBS Activity Code Data Entry				<input type="checkbox"/> Each activity has an attached case note <input type="checkbox"/> Activity code dates are accurate <input type="checkbox"/> Create date within 7 calendar days of Actual Begin Date	
CalJOBS Activity Code Data Usage				<input type="checkbox"/> Appropriate activity code used <input type="checkbox"/> Reciprocated communication	
CalJOBS Case Note Data Entry				<input type="checkbox"/> Case note includes individualized details <input type="checkbox"/> Case note is not an exact copy of activity code definition	
Attempts to Re-Engage				<input type="checkbox"/> Standalone case notes document contact attempts	
90-Day No Service				<input type="checkbox"/> No 90 day gap in program services <input type="checkbox"/> System generated Closure Form	

Supportive Services	Yes	No	N/A	Documentation	Comments
Received				<input type="checkbox"/> Child/Dependent Care <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Tools/Clothing <input type="checkbox"/> Housing Assistance/Temporary Shelter <input type="checkbox"/> Educational Testing <input type="checkbox"/> Post-Secondary Academic Materials <input type="checkbox"/> Seminar/Workshop Allowance <input type="checkbox"/> Job Search Allowance <input type="checkbox"/> Training Allowance <input type="checkbox"/> Other	
Determination of Need of Supportive Service <i>(IEP/ISS Plan)</i>				<input type="checkbox"/> Tied to IEP/ISS goal/objective <input type="checkbox"/> Documented on IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comment box includes date of update	
CalJOBS Develop Service Strategies Activity Code <i>(Referral for Supportive Service)</i>				<input type="checkbox"/> 413 activity code entered <input type="checkbox"/> Actual Begin Date matches Purchase Date on Supportive Services Log and Receipt Form	form date:
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Referral for Supportive Service)</i>				<input type="checkbox"/> Updated Goal/Objective for Supportive Service referral	type:
CalJOBS Supportive Service Activity Code <i>(Distribution of Supportive Service)</i>				<input type="checkbox"/> Appropriate supportive service activity code entered <input type="checkbox"/> Actual Begin Date matches Receive Date on Supportive Services Log and Receipt Form <input type="checkbox"/> Last Day of Service date matches Date Received on Supportive Services Log and Receipt Form	form date:
CalJOBS Supportive Service Activity Code Attached Case Note <i>(Distribution of Supportive Service)</i>				<input type="checkbox"/> Required language included <input type="checkbox"/> Type of supportive service <input type="checkbox"/> Amount provided <input type="checkbox"/> how it was calculated (if applicable) <input type="checkbox"/> Type of WIOA Youth Activity <input type="checkbox"/> Exhausted all resources <input type="checkbox"/> Funding source (WIOA, non-WIOA, In-Kind, etc.) <input type="checkbox"/> Program year remaining balance	type:
Supportive Services Log and Receipt Form <i>(Purchased/Referral/Received Acknowledgement)</i>				<input type="checkbox"/> Form is completed and up-to-date in file/e-File <input type="checkbox"/> Appropriate signatures completed <input type="checkbox"/> Signature dates match Referral and Distribution dates <input type="checkbox"/> Signature dates match supportive service activity dates <input type="checkbox"/> Copy of gift card/bus pass w/ serial number As applicable: <input type="checkbox"/> Gas Card: Determination of distance (map)	form date:
Supportive Service Receipts				<input type="checkbox"/> Support documentation in file/e-File/CalJOBS <input type="checkbox"/> Proof of expenditure/Itemized receipt of purchase <input type="checkbox"/> Gift Card Serial number Identified on receipt <input type="checkbox"/> Participant signature on receipt <input type="checkbox"/> Bus Pass: Itemized receipt of bulk buss pass purchase <input type="checkbox"/> Gas Card: Mileage Tracking Log	
Supportive Service Missing Documentation and Receipts (If applicable) Attached Case Note (Missing Documentation)				<input type="checkbox"/> No additional supportive service provided w/o receipt <input type="checkbox"/> Proof of contact (letter/email) documentation within five (5) days after receive date <input type="checkbox"/> Stand alone case note attempt(s) to contact	

Incentives	Yes	No	N/A	Documentation	Comments
Received incentives					
Approved Plan				<input type="checkbox"/> Approved incentive plan <input type="checkbox"/> Current and up to date incentive plan	Plan date:
Determination of Need of Incentive <i>(IEP/ISS Plan)</i>				<input type="checkbox"/> Justification for incentive prior to received date <input type="checkbox"/> Linked to IEP/ISS Plan goals/objectives <input type="checkbox"/> Documented on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes date of update	Justification date: Incentive type:
CalJOBS Develop Service Strategies Activity Code <i>(Initial Incentive)</i>				<input type="checkbox"/> Activity code 413 entered <input type="checkbox"/> Actual Begin Date match Purchase Date on Incentive Log & Receipt Form	
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Initial Incentive)</i>				<input type="checkbox"/> Goal/Objective listed for Incentive	
Incentive Log & Receipt Log Form				<input type="checkbox"/> Form is completed and up-to-date in file/e-File <input type="checkbox"/> Incentive match Incentive Policy <input type="checkbox"/> Appropriate signatures completed <input type="checkbox"/> Incentive receipts: <input type="checkbox"/> Gift Card w/ serial number <input type="checkbox"/> Check <input type="checkbox"/> Non-cash award <input type="checkbox"/> No gift cards for entertainment activities	
Acknowledgement of Receipt				<input type="checkbox"/> Youth acknowledgement of receipt <input type="checkbox"/> Signature dates match distribution dates <input type="checkbox"/> Signature dates match service activity dates <input type="checkbox"/> Proof acknowledgement form	
Incentive Documentation				<input type="checkbox"/> Support documentation in file/e-File/CalJOBS <input type="checkbox"/> Proof successfully completion of Milestone <input type="checkbox"/> Not used for participation in a service/activity <input type="checkbox"/> Time Sheets signed by participant and supervisor <input type="checkbox"/> Attendance Records signed by participant and supervisor <input type="checkbox"/> Any changes signed by participant and supervisor	
CalJOBS Develop Service Strategies Activity Code <i>(Incentive Update)</i>				<input type="checkbox"/> Activity code 413 entered <input type="checkbox"/> Actual Begin Date matches IEP/ISS Plan update	
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Incentive Update)</i>				<input type="checkbox"/> Goal/Objective update for Incentive	
CalJOBS Incentive Activity Code <i>(Incentive Distribution)</i>				<input type="checkbox"/> Appropriate activity code entered <input type="checkbox"/> Actual Begin Date match Date Received on Incentive Log and Receipt Form	
CalJOBS Incentive Activity Code Attached Case Note <i>(Incentive Distribution)</i>				<input type="checkbox"/> Required language included <input type="checkbox"/> Type of incentive: Check or Gift Card <input type="checkbox"/> Amount Incentive <input type="checkbox"/> Reason for incentive	

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Stipends	Yes	No	N/A	Documentation	Comments
Received stipend					
Approved Plan				<input type="checkbox"/> Approved stipend plan <input type="checkbox"/> Current and up to date stipend plan	Plan date:
Determination of Need for Stipend <i>(IEP/ISS Plan)</i>				<input type="checkbox"/> Justification for stipend prior to received date <input type="checkbox"/> Linked to IEP/ISS Plan goals/objectives <ul style="list-style-type: none"> <input type="checkbox"/> High School Diploma/GED or equivalent <input type="checkbox"/> Occupational/technical skills training <input type="checkbox"/> Pre-apprenticeship skills/trades training <input type="checkbox"/> Career pathway/occupational skills training combined with work-based learning <input type="checkbox"/> Documented on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes date of update	Justification date:
CalJOBS Develop Service Strategies Activity Code <i>(Stipend Update)</i>				<input type="checkbox"/> Activity code 413 entered <input type="checkbox"/> Actual Begin Date matches IEP/ISS Plan update	
CalJOBS Develop Service Strategies Activity Code Attached Case Note <i>(Stipend Update)</i>				<input type="checkbox"/> Goal/Objective update for Stipend	
Stipend Log & Receipt Log Form				<input type="checkbox"/> Stipends Log & Receipt Log Form completed <input type="checkbox"/> Proof of method of payment: <ul style="list-style-type: none"> <input type="checkbox"/> Matches amount paid <input type="checkbox"/> Proof of timesheet/attendance records <ul style="list-style-type: none"> <input type="checkbox"/> matches hours recorded 	
Acknowledgement of Receipt				<input type="checkbox"/> Youth acknowledgement of receipt <input type="checkbox"/> Proof acknowledgement form	
Stipend Documentation/Records				<input type="checkbox"/> Calculation Worksheet (proof of payments) <input type="checkbox"/> Time Sheets signed by participant and supervisor <input type="checkbox"/> Attendance Records signed by participant and supervisor <input type="checkbox"/> Any changes signed by participant and supervisor <input type="checkbox"/> Participation/achievement records <ul style="list-style-type: none"> <input type="checkbox"/> High School Diploma, GED or official Transcript <input type="checkbox"/> Certificate of completion 	
CalJOBS Stipend Activity Code <i>(Stipend distribution)</i>				<input type="checkbox"/> Activity code 413 entered <input type="checkbox"/> Actual Begin Date matches Date Received on Stipend Log & Receipt Form	
CalJOBS Stipend Activity Code Attached Case Note <i>(Stipend distribution)</i>				<input type="checkbox"/> Case note attached to activity code for which the participant is receiving the stipend <input type="checkbox"/> Attached case note details stipend <ul style="list-style-type: none"> <input type="checkbox"/> Method of payment <input type="checkbox"/> Amount paid <input type="checkbox"/> Received date 	

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Work Experience	Yes	No	N/A	Documentation	Comments
Received Work Experience					
Determination of Need of Work Experience				<input type="checkbox"/> Justification for Work Experience prior to received date <input type="checkbox"/> Linked to IEP/ISS Plan goals/objectives <input type="checkbox"/> Documented on the IEP/ISS Plan under corresponding goal/objective <input type="checkbox"/> Comments box includes date of update	
Work Experience Checklist Documentation				<input type="checkbox"/> Work Experience Checklist completed <input type="checkbox"/> Duration of Work Experience match Training Plan <input type="checkbox"/> Work Permit for Minors (if applicable) <input type="checkbox"/> Completed/Valid I-9 (not expired) <input type="checkbox"/> Completed W-4 <input type="checkbox"/> Timesheets and proof of payment match	
Worksite Agreement & Training Plan Documentation				<input type="checkbox"/> Established Worksite & Training Plan <input type="checkbox"/> Work site organization name <input type="checkbox"/> Supervisor contact information <input type="checkbox"/> Job title <input type="checkbox"/> Description of main job responsibilities <input type="checkbox"/> Hourly rate	
Worksite/Employer Orientation Documentation				<input type="checkbox"/> Proof Employer Orientation provided <input type="checkbox"/> Health and safety standards <input type="checkbox"/> Poster Requirements <input type="checkbox"/> Reasonable accommodations	
Training Progress Documentation (Timesheet Records)				<input type="checkbox"/> Subsidized per work experience minimum 40 hours <input type="checkbox"/> Hours does not exceed 240 hours <input type="checkbox"/> SDWP written approval exceeding 240 hours <input type="checkbox"/> Proof timesheets (paper or electronic) <input type="checkbox"/> Youth service provider records <input type="checkbox"/> Third party staffing agency <input type="checkbox"/> Payroll processing agency Timesheets must include: <input type="checkbox"/> Start and end time of each work period <input type="checkbox"/> Meal period taken <input type="checkbox"/> Split shift interval <input type="checkbox"/> Total hours worked daily and for total pay period <input type="checkbox"/> Signature/electronic approval or authorization hours worked <input type="checkbox"/> Initials from participant and supervisor if changes made <input type="checkbox"/> No white out <input type="checkbox"/> Timesheets approved by supervisor	
Training Progress Reports Documentation				<input type="checkbox"/> Progress report for each work period <input type="checkbox"/> Attachment - Progress Report Form <input type="checkbox"/> YSP Progress Report must contain all of the following: <input type="checkbox"/> Punctuality and attendance <input type="checkbox"/> Work habits <input type="checkbox"/> Appearance <input type="checkbox"/> Communication <input type="checkbox"/> Task completion <input type="checkbox"/> Follows direction	
Employer Evaluation				<input type="checkbox"/> Date of employer evaluation <input type="checkbox"/> Completed Agreement & Training Plan duration of hours <input type="checkbox"/> Safe worksite conditions <input type="checkbox"/> Overall effectiveness of the work experience	
CalJOBS Work Experience Training Activity Code				<input type="checkbox"/> Appropriate training activity code entered <input type="checkbox"/> Actual Begin Date matches training start date <input type="checkbox"/> Actual End Date matches training end date <input type="checkbox"/> One activity code per agreement and training plan	
CalJOBS Training Attached Case Note (Work Experience Begin Date)				<input type="checkbox"/> Attached case note details Work Experience <input type="checkbox"/> Employer Name <input type="checkbox"/> Participant's Job title <input type="checkbox"/> Pay rate <input type="checkbox"/> Hours per week <input type="checkbox"/> Start Date <input type="checkbox"/> Funding Source (WIOA, non-WIOA, etc.) <input type="checkbox"/> Date of Employer/Worksite Orientations <input type="checkbox"/> Employer Evaluation at completion	
CalJOBS Work Experience Training Activity Code Attached Case Note (Work Experience Update)				<input type="checkbox"/> Monthly attached case notes <input type="checkbox"/> Participant training update/progress <input type="checkbox"/> Training hours worked	

Youth Participant File Monitoring Checklist

Program Closure	Yes	No	N/A	Documentation	Comments
Closure Form				<input type="checkbox"/> Form created by a staff member	
Employed at Exit Employment Information <i>(Closure Form)</i>				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Closure Form Attached Case Note <i>(Follow-Up Service Plan)</i>				<input type="checkbox"/> Detail of program outcomes <input type="checkbox"/> Summary of IEP/ISS outcomes <input type="checkbox"/> Summary of continuation of services in follow-up	
Outcome Form Global Exclusion (If applicable)				<input type="checkbox"/> Health/Medical <input type="checkbox"/> Incarcerated <input type="checkbox"/> Deceased <input type="checkbox"/> Reservist called to Active Duty Youth Only: <input type="checkbox"/> Relocated to a Mandated Program (Foster Youth)	
Follow-Up Services	Yes	No	N/A	Documentation	Comments
Follow-Up Services Quarter 1				<input type="checkbox"/> Employment status during quarterly follow up <input type="checkbox"/> Provision of appropriate services If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 1 Supportive Services & Incentives				<input type="checkbox"/> Linked to a performance measure <input type="checkbox"/> Documented in the F-Code attached case note <input type="checkbox"/> Incentive Log updated <input type="checkbox"/> Support documentation complete <input type="checkbox"/> Supportive log completed <input type="checkbox"/> Support documentation complete <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 2				<input type="checkbox"/> Employment status during quarterly follow up <input type="checkbox"/> Provision of appropriate services If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 2 Supportive Services & Incentives				<input type="checkbox"/> Linked to a performance measure <input type="checkbox"/> Documented in the F-Code attached case note <input type="checkbox"/> Incentive Log updated <input type="checkbox"/> Support documentation complete <input type="checkbox"/> Supportive log completed <input type="checkbox"/> Support documentation complete <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 4				<input type="checkbox"/> Employment status during quarterly follow up <input type="checkbox"/> Provision of appropriate services If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Follow-Up Services Quarter 4 Supportive Services & Incentives				<input type="checkbox"/> Linked to a performance measure <input type="checkbox"/> Documented in the F-Code attached case note <input type="checkbox"/> Incentive Log updated <input type="checkbox"/> Support documentation complete <input type="checkbox"/> Supportive log completed <input type="checkbox"/> Support documentation complete <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	

Performance Outcomes	Yes	No	N/A	Documentation	Comments
CalJOBS Quarterly Follow-Up Forms				Complete: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Incomplete: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Not Due: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
CalJOBS Quarterly Follow-Up Forms Attached Case Notes				Complete: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> Case note includes individualized details OR <input type="checkbox"/> Case note documenting attempts to contact participant	
CalJOBS Follow-Up Form Quarter 1 Employment Information				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
CalJOBS Follow-Up Form Quarter 2 Employment Information				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
CalJOBS Follow-Up Form Quarter 4 Employment Information				<input type="checkbox"/> Yes, Employed or Yes, Employed w/ Recall Employer If applicable: <input type="checkbox"/> Documentation in file matches CalJOBS Data Entry	
Measurable Skill Gains (MSG) Documentation				<input type="checkbox"/> Progress Report Form (SDWP or Training provider) <input type="checkbox"/> Telephone verification	form date:
CalJOBS Measurable Skill Gains (MSG)				<input type="checkbox"/> Documentation is in file <input type="checkbox"/> Date Skill Attained: _____ <input type="checkbox"/> MSG section in CalJOBS completed <input type="checkbox"/> Attached case note <input type="checkbox"/> Documentation date matches CalJOBS Date Skill Attained	
Educational Functioning Level (EFL) MSG Documentation				<input type="checkbox"/> Assessment Post Test Result	form date:
CalJOBS Educational Functioning Level (EFL)				<input type="checkbox"/> Documentation is in file <input type="checkbox"/> Date of Post Test: _____ <input type="checkbox"/> EFL section in CalJOBS completed <input type="checkbox"/> Attached case note <input type="checkbox"/> Documentation date matches CalJOBS Date Post Test	form date:
CalJOBS Credential Attainment				<input type="checkbox"/> Documentation is in file <input type="checkbox"/> Date Credential Attainment Received: _____ <input type="checkbox"/> Credential section in CalJOBS completed <input type="checkbox"/> Activity code attached to credential in CalJOBS <input type="checkbox"/> Documentation date matches CalJOBS Date Credential Received	form date: