

Community Jobs Assessment File Checklist

Participant's Name: _____
E-JAS Number: _____

Participants file contents shall include but not limited to:

- | | |
|--|---|
| <input type="checkbox"/> File checklist | <input type="checkbox"/> IRP (signed by participant only) |
| <input type="checkbox"/> Grievance Procedure –Signed | <input type="checkbox"/> Emergency Contact information |
| <input type="checkbox"/> EEO Form | <input type="checkbox"/> Case Notes |
| <input type="checkbox"/> Consent Form/Confidentiality Agreement- Signed | <input type="checkbox"/> Personal Resource Worksheet |
| <input type="checkbox"/> Individual Development Plan-current copy, updated and signed | <input type="checkbox"/> Social Security Card (copy)/I-9 |
| <input type="checkbox"/> Participant/Employer Handbook forms – Signed | <input type="checkbox"/> WDL/Photo ID |
| <input type="checkbox"/> Worksite Agreement – Signed | <input type="checkbox"/> Payroll Information/Time Sheet/Attendance |
| <input type="checkbox"/> Participant's work-site evaluations (WMS & JSS) | <input type="checkbox"/> Resume |
| <input type="checkbox"/> Earned Income Tax Credit | |
| <input type="checkbox"/> Confidential Notes | |
| <input type="checkbox"/> Criminal Background Check (if completed for job site) | |
| <input type="checkbox"/> Payment Point Billing Form(s) | |
| <input type="checkbox"/> Exit Survey Documentation | |
| <input type="checkbox"/> Workplace Readiness/Soft Skills Completion Certificate | |
| <input type="checkbox"/> Support Services, to include exceptions, ETR's and CTED's email exceptions, supporting documentation with approval. | |

Other Optional Items:

- | | |
|--|---|
| <input type="checkbox"/> CJ Completion Certificate | <input type="checkbox"/> Participant Check In Sheet |
| <input type="checkbox"/> Job Search/Job Readiness (required in IDP) | <input type="checkbox"/> Medical Precautions |
| <input type="checkbox"/> Certificates of Accomplishment (Should be noted in IDP) | <input type="checkbox"/> Budget Worksheet |
| <input type="checkbox"/> Safety Evaluation (Worksite) | <input type="checkbox"/> Assessment/Intake |
| <input type="checkbox"/> Participant Evaluations/Self Reports | |

File Reviewer's Name

Date