

# Regional LA RISE 8.o – Agency Defined Program

Economic and Workforce Development Department Presented by: MIS Unit

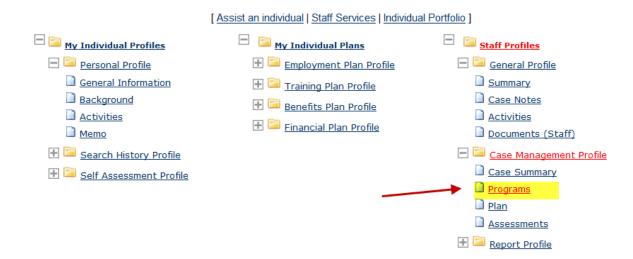
## **CalJOBS Home Page**



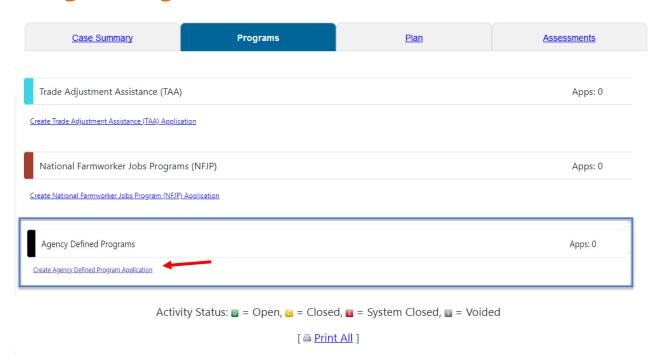
www.caljobs.ca.gov

## **Portfolio Section**

To create a WIOA application, navigate towards Staff Profiles > Case management Profile > Programs.



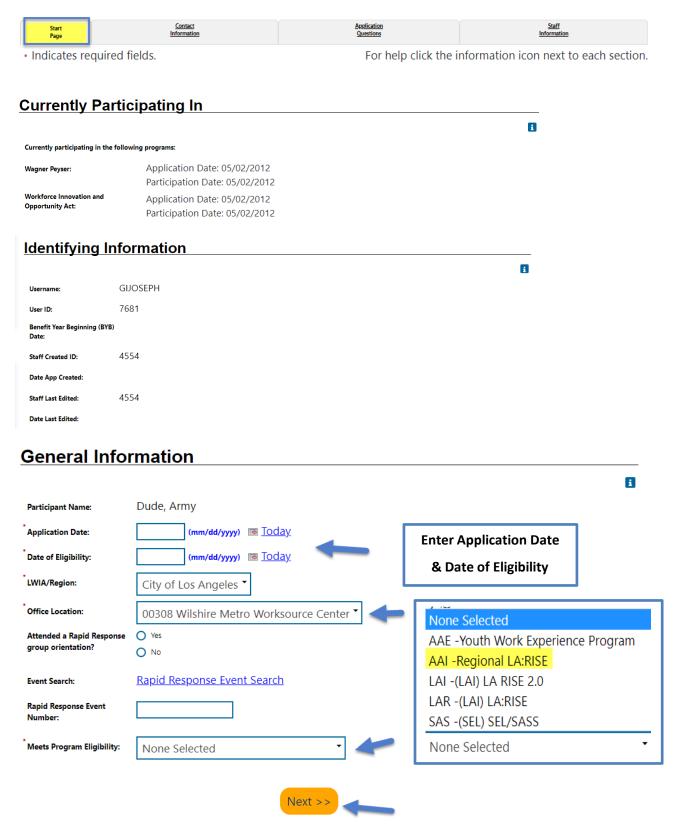
## **Program Page**



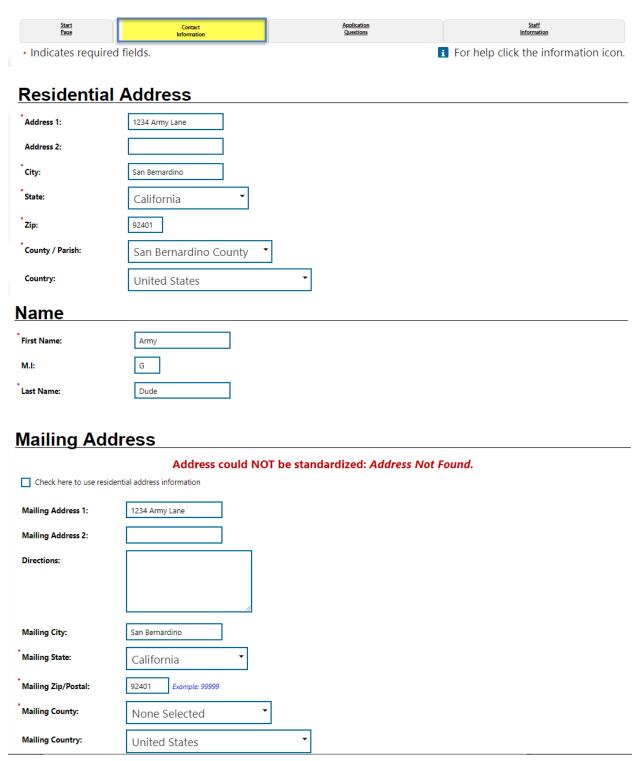


#### Step 1 of 4.

Enter your information below. When you are finished click the Next>> button.







## Phone Numbers **Primary Phone:** Cell/Mobile Phone 1234 Ext 333 Alternate Phon None Selected E-mail Address Primary E-mail: GIJ@email.com **Confirm Primary** GIJ@email.com E-mail Address: The e-mail address entered has been verified as being from a valid e-mail provider. Step 3 of 4. Callobs Enter your information below. When you are finished click the Next>> button. Contact Staff Start Information

## Regional LA: Rise

Indicates required fields.

REGIONAL LA:RISE is administered by the County of Los Angeles Workforce Development, Aging and Community Services department (County) and the City of Los Angeles. The REGIONAL LA:RISE program is modeled after and is an expansion of the Los Angeles: Regional Initiative for Social Enterprises (LA:RISE) program developed by the City of Los Angeles. The LA:RISE program is an innovative and collaborative partnership that unites the Workforce Development System with non-profit social enterprises and for-profit employers in order to help men and women, 18 years and older with high barriers to employment, attain jobs and stay employed. The LA:RISE model will operate Countywide in designated Los Angeles County Workforce Development Areas by providing transitional employment services and supportive services and career development services to combat homelessness in our region.

Questions

For help click the information icon.

# **Regional LA RISE 8.0 Application Questions**

Please review the questions below and answer all that apply.

\*1. LA:RISE Program Participation:

LA City General Fund (EWDD)

LA City Measure H (EWDD)

LA County Measure H (DEO)

\*2. Partnering AJCC/WorkSource:

Antelope Valley Comprehensive AJCC

Boyle Heights WorkSource Center

East San Gabriel Valley Comprehensive AJCC

East LA/West San Gabriel Valley Comprehensive AJCC

Hollywood WorkSource Center

Northeast Los Angeles WorkSource Center

Pacoima, Northeast Valley WorkSource Center

Pomona Valley Comprehensive AJCC

Rancho Dominguez Comprehensive AJCC

South Los Angeles AJCC

O sur varies works are center

Southeast LA Comprehensive AJCC

- O Vernon Central/LATTC WorkSource Center
- O Veterans AJCC

Santa Clarita AJCC

- West Adams WorkSource Center
- West Los Angeles AJCC
- West Los Angeles WorkSource Center

*3: Transitional Employer: (Please	0	Antelope Valley Partners for Health
select one response):	0	Anti-Recidivism Coalition (ARC)
	0	Center for Employment Opportunities (CEO)
	0	Center for Living and Learning (CLL)
	0	Chrysalis
	0	CRCD Enterprises
	0	Downtown Women's Center (DWC)
	0	Goodwill SoCal
	0	Goodwill East San Gabriel Valley
	0	Goodwill Santa Clarita
	0	Goodwill Veterans
	0	Good Soil Industries
	0	GRID Alternatives
	0	Hollywood WorkSource Center
	0	Homeboy Industries
	0	Los Angeles Conservation Corps (LACC)
	0	Los Angeles LGBT Center
	0	New Earth
	0	San Gabriel Valley Conservation Corps
	0	YWCA Digital Learning Academy (DLA)
*4. Was this participant referred to the LA:RISE program from another organization?		O Yes O No

5: If Yes was selected above, please	A Bridge Home Program
select Referral Source:	AJCC/WorkSource
	Alternative Staffing Organization (ASO)
	DPSS (GAIN, GROW, or another program)
	Friend or Family
	C LAHSA
	<b>Probation</b>
	Project Roomkey
	R-ICMS Provider
	Other Social Enterprise
	Other
6. If Other was selected above, please indicate below:	

7: If this participant is a referral from A Bridge Home site, please select the ABH site they are from:	O Aetna
	O Aviva Family and Children's Services
	O Beacon
	O Casa Azul
	O Civic Center
	O Downtown Women's Center
	O El Puente
	O Gardner Library
	O Hope St.
	O Imperial Hwy – Watts
	O La Cienega Motel
	O Los Feliz
	O Pacific Sunset
	Raymer
	O San Pedro – 8th Street
	O Schrader - 1533 Scharder
	O Sylmar Armory
	The Bread Yard at St. Andrews
	O Van Nuys/ DWP Storage Main Yard
	O Veterans Administration - West LA
	O Wallis House
	O Wilmington
	YWCA - Lodi Place

*8: Gender: (Please select one response):	<ul> <li>Male</li> <li>Female</li> <li>Transgender</li> <li>Agender</li> <li>Aliagender</li> <li>Androgyne</li> <li>Bigender</li> <li>Cisgender</li> <li>Prefer Not to Disclose</li> <li>Other</li> </ul>
9: If Other was selected above, please indicate below:	
*10: How do you self-identify? (Please select one response):	<ul> <li>Bi-Sexual</li> <li>Gay</li> <li>Lesbian</li> <li>Queer/Questioning</li> <li>Straight</li> <li>Prefer not to disclose</li> </ul>
*11: Do you have children in your custody under the age of 18?: (Please select one response):	O Yes O No

* 12: Housing Status at LA:RISE	
Enrollment: (Please select one response):	
	nancial assistance) ly unstably housed, subsidized housing ome, Staying at someone else's apartment,
* 13: Previous Involvement with the Criminal Justice System: (Please select all that apply):	Arrested, not charged Arrested, charges dropped/dismissed Charged, acquitted/not guilty Charged, convicted Incarcerated in prison or jail Parole Probation No previous history Prefer not to disclose
*14: Currently on Probation or Parole:	<ul> <li>No</li> <li>Yes - Adult Probation (18 &amp; over)</li> <li>Yes - Youth Probation (18 &amp; under)</li> <li>Yes - Parole</li> <li>Prefer not to disclose</li> </ul>

*15: Support Services Need	ASSISTATICE
Identified: (Please select all that	
apply):  Expungement Services	
Health Services	
☐ Housing Assistance	
Mental Health	
Public Assistance - Gene	eral Relief
Public Assistance – CalF	resh/SNAP
Public Assistance –CalW	ORKS/TANF
Public Assistance - Med	i-Cal
Substance Abuse Treatn	nent
☐ Transportation Assistance	ce
None	
Other	
Other	
16: If Other was selected above, please indicate below:	
16: If Other was selected above,	Assistance
16: If Other was selected above, please indicate below:  * 17: Support Services directly provided by Social Enterprise: Clothing Assistance	Assistance
16: If Other was selected above, please indicate below:  * 17: Support Services directly  Provided by Social Enterprises	
16: If Other was selected above, please indicate below:  * 17: Support Services directly provided by Social Enterprise: (Please select all that apply):	
16: If Other was selected above, please indicate below:  * 17: Support Services directly provided by Social Enterprise: (Please select all that apply):    Child/Dependent Care   Clothing Assistance   Expungement Services	
16: If Other was selected above, please indicate below:  * 17: Support Services directly provided by Social Enterprise: (Please select all that apply):  Child/Dependent Care Clothing Assistance Expungement Services Health Services	
* 17: Support Services directly provided by Social Enterprise: (Please select all that apply):  Child/Dependent Care Clothing Assistance Expungement Services Health Services Housing Assistance	
* 17: Support Services directly provided by Social Enterprise: (Please select all that apply):  Child/Dependent Care Clothing Assistance Expungement Services Health Services Housing Assistance Mental Health	ment
* 17: Support Services directly provided by Social Enterprise: (Please select all that apply):  Child/Dependent Care Clothing Assistance Expungement Services Health Services Housing Assistance Mental Health Substance Abuse Treat	ment

18: If Other was selected above, please indicate below:	
*19: Meets Job Readiness Standards (Scored 3 or higher on TWO JRAs) (Please select one response):	<ul> <li>Not Complete – Minimum two assessments have not been completed</li> <li>Not Pass – Assessments completed and did not pass two</li> <li>Pass – Two assessments completed and passed both</li> </ul>
20: Job Readiness Standards Pa Date:	Today
*21: Hours Worked in Transitional Subsidized Employment:	<ul> <li>Transitional Employment not started</li> <li>1-100 hours</li> <li>101-200 hours</li> <li>201-299 hours</li> <li>300 hours or more</li> </ul>
22: 300 Hours of Transitional Subsidized Employment Comp Date:	pletion Today
23: Total Number of Transitiona Subsidized Employment hours worked:	al

24: Employment Initiative Refe	erral: C4C
	Hire LAX
	LA City Targeted Local Hire Program
	Metro Target Hire Program
	TempLA
	Other County Employment Initiative
	Other City Employment Initiative
	_ , , ,
25: Employment Initiative	O C4C
Placement:	O Hire LAX
	O LA City Targeted Local Hire Program
	Metro Target Hire Program
	○ TempLA
	Other County Employment Initiative
	Other City Employment Initiative
26: Received Job Retention Services?	○ Yes
(City Program Only):	No, participant chose to forgo referral retention services
	No, participant left LA:RISE program early
	O No, participant cannot be contacted
27: Has this participant been referred to the Restoration L. Center? (City Program Only):	aw

28: Housing Status changes after	Hallway nouse/transitional nouse
enrollment:	Homeless in shelter
0	Homeless on street
0	Own apartment, room or house
0	Rent apartment, room or house
0	Staying at someone else's apartment, room or house
0	Permanent Supportive housing (subsidized rent)
0	Rapid Rehousing (time-bound subsidized rent)
0	Residential Treatment
0	No change in Housing Status
29: If housing status changes after enrollment, please indicate date of change:	<u>™</u> <u>Today</u>
30: Retention Provider: (City	Anti-Recidivism Coalition (ARC)
Program Only) (Please select one	Center for Employment Opportunities (CEO)
response) (Questions 30 - 37 for Job	Center for Living and Learning
Retention Providers only):	O Chrysalis
	O CRCD Enterprises
	O Downtown Women's Center
	O Goodwill SoCal
	O GRID Alternatives
	O Homeboy Industries
	O Homeboy Industries O Los Angeles Conservation Corps (LACC)
	<ul><li>Homeboy Industries</li><li>Los Angeles Conservation Corps (LACC)</li><li>Friends Outside of Los Angeles (FOLA)</li></ul>
	<ul> <li>Homeboy Industries</li> <li>Los Angeles Conservation Corps (LACC)</li> <li>Friends Outside of Los Angeles (FOLA)</li> <li>Los Angeles LGBT Center</li> </ul>
	<ul><li>Homeboy Industries</li><li>Los Angeles Conservation Corps (LACC)</li><li>Friends Outside of Los Angeles (FOLA)</li></ul>

31: Job Retention Financial Incentive #1 Provided – First Paycheck:	O Yes O No
32: Job Retention Financial Incentive #2 Provided – First Month:	O Yes O No
33: Job Retention Financial Incentive #3 Provided – Second Month:	O Yes O No
34: Job Retention Financial Incentive #4 Provided – Third Month + program component:	O Yes O No
35: Job Retention Financial Incentive #5 Provided – Sixth Month + program component:	O Yes O No

36: Support Services directly provided by Job Retention Provider: (Please select all that apply):	<ul> <li>□ Child/Dependent Care Assistance</li> <li>□ Clothing Assistance</li> <li>□ Health Services</li> <li>□ Housing Assistance</li> <li>□ Mental Health</li> <li>□ Substance Abuse Treatment</li> <li>□ Transportation Assistance</li> <li>□ None</li> </ul>
	Other
37: If Other was selected above, please indicate below:	
*38: "Unaccompanied Woman" experiencing homelessness? (A woman over 18 living without a partner or children; includes transgender women): (Please select one response):	Yes No

39: Certificated training program or	Retail Management
job readiness workshop provided by Transitional Employment Provider: (Please select all that apply):	☐ Janitorial Training
	OSHA Safety Training
( least select all time apply).	CPR/First Aid
	Culinary Arts
	Safe Food Handling
	Solar Installation
	Construction
	Multi-Craft Core Curriculum (MC3)
	Pet Grooming Vocational Track
	Social Service Vocational Track
	■ IT / Technical Project Management
	Life Skills 101
	Customer Service
	Workplace Etiquette
	Effective Communication Skills
	Stress Management
	Money Management
	Computer Skills
	Conflict Resolution
	Anger Management
	Other
	None

40: If Other was selected above, please indicate below:	
41: Job readiness workshop/service provided by Friends Outside in LA County: (City Program Only) (Please select all that apply):	Workplace Etiquette and Professionalism Effective Communication Skills Stress Management Money Management Computer Skills Talking Circle/Support Group Peer Navigation/ Coaching Other None
42: If Other was selected above, please indicate below:	



#### Step 4 of 4.

Enter your information below. To save your changes and continue, click the *Finish>>* button.



# **Staff Information**

#### Staff Attestation:

I certify that all the entries made by me are true, complete and accurate; supported by written documentation, which I have in my possession. I have checked the application against the relevant eligibility rules and this individual is eligible for the program selected. Further, I UNDERSTAND THAT ANY FRAUDULENT OR IRREGULAR ENTRIES ON THIS DOCUMENT MAY BE PUNISHABLE BY LAW (U.S. CODE - TITLE 18 - CRIMES AND CRIMINAL PROCEDURE 665. THEFT OR EMBEZZLEMENT FROM MANPOWER FUNDS, IMPROPER INDUCEMENT.) ,33, Department Of Employment Services.

Staff Position:

Staff Created ID: 4554

Date Created: 08/27/2019

Staff Edited ID: 4554

Date Last Edited: 08/27/2019

Current Case Manager: Case currently Not Assigned to a Case Manager

<u>Assign Case Manager</u>

**Assign Me** 

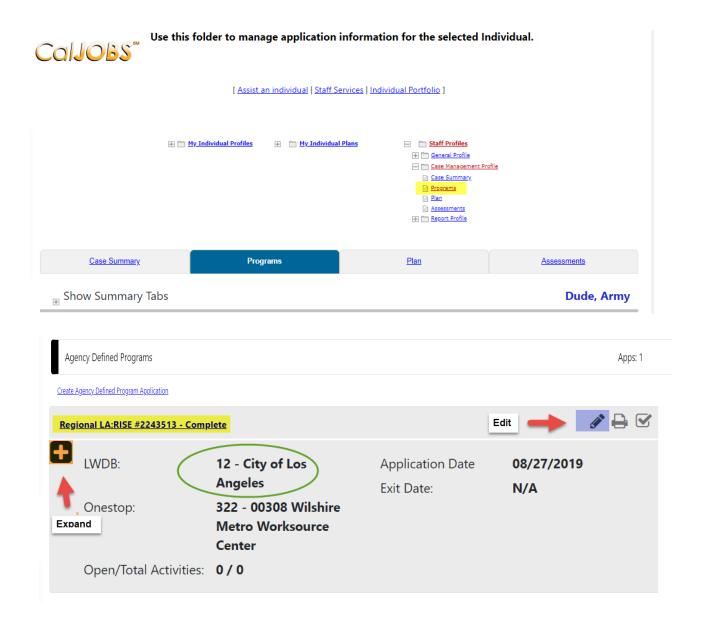
Remove Case Manager

LA City Contractors are not required to assign a Case Manager.

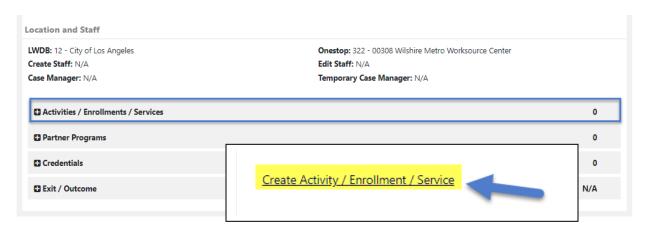
Previous Case Manager:

#### Case Note:





Click on the "+" to expand and add the activity code.





# COIJOBS Activity Enrollment - General Information This page displays activity information for the specified participant.

					•			
General Service Information Provider	Enrollment Cost	<u>Financial</u> <u>Aid</u>	<u>Enrollment</u> <u>Budget</u>	<u>Budget</u> <u>Planning</u>	<u>Closure</u> <u>Information</u>			
General Information								
Participant User Name:	GIJOSEPH							
Participant State ID:	1126							
Last Name, First Name MI:	Dude, Army G							
Social Security Number:	0016							
Address:	1234 Army Lane San Bernardino, CA 92401							
Application Summary	Applica	n:Regional LA: tion Date:08/27, ty Date:08/27,	27/2019					
*Customer Program Group:	AAIA	- Regional LA:I	RISE 🔻					
*LWDB:		f Los Angeles	d if staff has local re	gion assignment.				
*Office Location:	00308 Wilshire Metro Worksource Center							

**Click Here** 

**Agency Code Search:** 

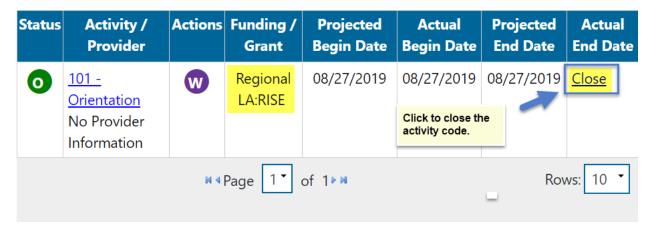
**Agency Code:** 

Click on the **Select Activity Code** link to select the appropriate activity for the enrollment. Make sure to include all dates for the activity.



Do not assign a Case Manager in Agency Defined Program if your CalJOBS username begins with LAI.

Only one Activity Code will be reported in the Agency Defined Program. Below is a sample of the activity code.



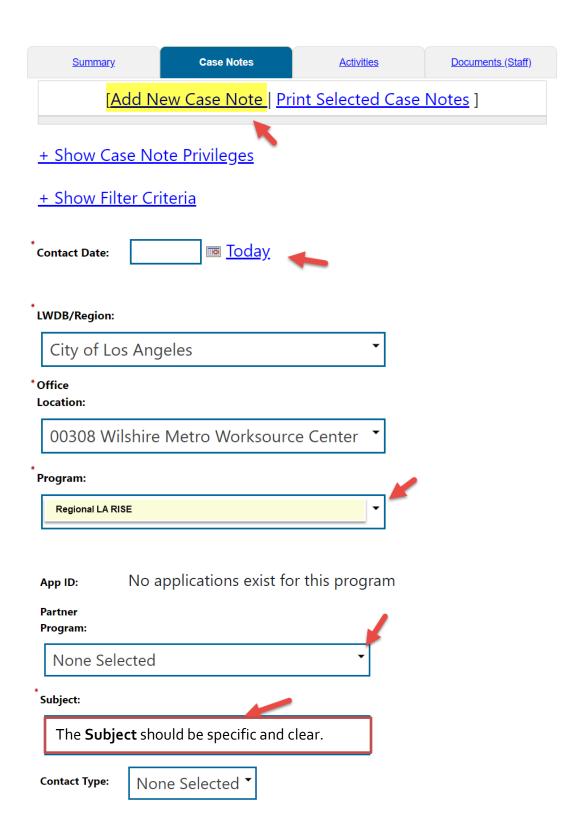
When the activity is ready to be closed enter the Last Activity Date for this individual's enrollment in the field provided, using a MM/DD/YYYY format (e.g. o6/30/2019). You can also click the calendar icon to select a date, or click the Today link to enter today's date.

## **Case Notes**



#### Case Notes are required for all LA RISE enrollments.

Staff can create a Case Note within the Title I Application, Agency Defined Program Application, Activities or closures sections.



# **Exit/Outcome - Required**



- **The Exit/Outcome** information tab is the final tab that will eventually need completion for case closure requirements.
- The Exit tab consists of three tabs. In the first **General Information tab**, enter a date in the Date of Exit field. You can click Today link to enter today's date. Also, confirm or select the **One Stop Location** and select the appropriate **Exit Reason**.
- Skip the **Employment Information** tab; it is not required. The Employment Information will be reported in the participant's WIOA Title I Application.