



**Region III Workforce Investment Board
Application for WIOA Funding for
Youth (Ages 14-24)**

Personal Information:

First Name: _____ Last Name: _____ Middle Initial: _____

Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Ethnicity: _____

Are you a U.S. Citizen? Yes No If not, are you authorized to work in the U.S.? Yes No

Are you registered for Selective Service (Only men born after 12/31/59)? Yes No Selective Service Number: _____

School Status/Education (Check all that apply to you):

<input type="checkbox"/> Student	If currently attending school, highest grade completed: Name of School: _____
<input type="checkbox"/> Drop-Out	What year did you drop-out? _____
<input type="checkbox"/> GED/TASC Attained	What year did you attain your TASC/GED? _____
<input type="checkbox"/> High School Graduate	What year did you graduate? _____
<input type="checkbox"/> Attending Post High School/College	Where are you attending? _____ What Course? _____
<input type="checkbox"/> College Graduate	What year did you graduate? _____ What is your degree/certification? _____

Barriers (Check all that apply to you):

<input type="checkbox"/> Client of Rehab	<input type="checkbox"/> Low Income	<input type="checkbox"/> Basic Skills Deficient	<input type="checkbox"/> Runaway
<input type="checkbox"/> Limited English	<input type="checkbox"/> Disability	<input type="checkbox"/> Offender	<input type="checkbox"/> Pregnant or Parenting
<input type="checkbox"/> Homeless	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Child of Incarcerated Parent(s)	
<input type="checkbox"/> Aged-Out of Foster Care	<input type="checkbox"/> Out-of-Home Placement	<input type="checkbox"/> Eligible for Assistance under Section 477 of the Social Security Act	
<input type="checkbox"/> Requires Assistance to Enter or Complete an Educational Program or to Secure or Hold Employment		Explain: _____	

Number in Household/Income:

Number of residents in your household (including yourself): _____

Are you between the ages of 18 and 21? Yes No

If yes, are you claimed as a dependent on someone else's income tax? Yes No

Do you (or your parent or legal guardian) receive, or in the past 6 months received, food stamps? Yes No
If yes, amount: \$ _____

Do you (or your parent or legal guardian) receive:

TANF Yes No If yes, amount: \$ _____

SSI Yes No If yes, amount: \$ _____

Unemployment Compensation Yes No If yes, amount \$ _____

Total household income in the past 6 months (gross income before taxes): \$ _____

Amount the past 6 months _____ x 2 = _____

Employment Information:

Are you currently employed? Yes No If yes, please answer the questions below:

Name of Current/Most Recent Employer: _____

Job title: _____ Start Date: _____ Last Date of Work: _____

Hourly Wage: \$ _____ Hours per Week: _____

Military History

Are you a military veteran? Yes No (If yes, please provide **DD-214**)

Start date of active duty: _____ End date of active duty: _____

The confidential information contained in this application will be used for determination and verification of eligibility for enrollment. I certify that, to the best of my knowledge, the information given is true and accurate. My signature on this form gives authorization for this applicant to participate. I realize that the giving of false information is a crime and punishable by law.

Signature of Participant

Date

Signature of Parent or Guardian

Date

WIOA Case Manager

Date

WORKFORCE WV PRIVACY/DISCLAIMER STATEMENT

By enrolling with WORKFORCE West Virginia, you agree that the American Job Center (AJC) Partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex, and disability status is being required for federal recordkeeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

I have read the above statement and agree, indicating so below with my signature, that the WorkForce West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign, and notify the individual with whom I am conducting my business.

Applicant’s Signature

Date

Signature of Parent or Guardian

Date

INFORMATION VALUES AND PRIVACY POLICY STATEMENT

Our Consumer Information Values and Privacy Policy are provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choice about the management of personal information. Also there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

VALUES

Information security is a priority.

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

POLICY

How we keep your information secure.

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external suppliers and partners. Employees who violate our policies and procedures regarding privacy are subject to disciplinary action, and our partners and suppliers are bound to uphold our procedures regarding privacy under the terms of our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information. We limit access to personal information about you to those employees who need to know that information to provide products ad services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

CIVIL RIGHTS STATEMENT

EQUAL OPPORTUNITY IS THE LAW

As an APPLICANT/CLAIMANT, we welcome you to WorkForce West Virginia.

--- **It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:**

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs under Title I of the Workforce Innovation Opportunity Act (WIOA), on the basis of citizenship/lawful residence/work status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any WIOA Title I-funded program or activity: Providing opportunities in, or treating any person with regard to, such as a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCE DISCRIMINATION

If you think that you have been subjected to discrimination under WIOA Title I-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient: **Vickie Elkins**, Equal Opportunity Officer, WorkForce West Virginia, 112 California Avenue, Charleston, WV 25305, 304-558-1600; 304-558-1549 (TDD) or the Director, Civil Rights Center, (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, 202-693-6502; 202-693-6516/16 (TTY).

If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passes (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I have read the above Civil Rights Statement and understand it.

Applicant - Print Name

Applicant – Signature

Date

Parent or Guardian – Print Name

Parent or Guardian – Signature

Date

Region III Workforce Investment Board

Authorization to Release Information

I hereby authorize Region III Workforce Investment Board and WorkForce WV permission to print the details of my accomplishments during my time in the WIOA program. I also agree to allow my picture to be used if necessary. I am fully aware that all information will be used in an attempt to highlight only my accomplishments. I am also aware that all information will be used for statistical data, reports, public relations, newsletters, or for general correspondences. If there are any questions, I may be contacted by the numbers listed on file. By signing this form, I also understand that the Region III Workforce Investment Board and WorkForce WV will track my progress in the WIOA program and authorize appropriate staff to contact myself and employers for a minimum of 1 year.

Applicant's Signature

Date

Signature of Parent or Guardian

Date

GRIEVANCE PROCEDURE

Workforce Innovation Opportunity Act

All WIOA program participants, WorkForce WV American Job Center Partners, Service Providers, and other interested parties have the right to file a grievance. Such parties may file a complaint concerning any aspect of the implementation of the Workforce Innovation Opportunity Act when they feel the provisions of the Act have not been followed.

Grievance: An actual or supposed circumstance regarded as just cause for protest or complaint.

GRIEVANCE PROCEDURE:

Step 1: The person having the complaint shall discuss it and put in writing to his/her immediate supervisor/instructor where applicable within two (2) working days of the alleged occurrence. A written response will be given to the grievant within three (3) working days. The grievant may request assistance from anyone in writing the complaint.

Grievant accepts the decision or proceeds to:

Step 2: Grievant requests an investigation by contacting the Workforce Investment Board of Kanawha County (WIB-KC) in writing within five (5) working days. Electronic mail and faxed complaints, as well as letters in any form, meet the definition of "in writing". Verbal complaints will not be accepted for investigation. The complaint should specify what the issue is; to the extent possible, indicate what provision of the Act the complainant feels has been violated; and what remedy the complainant is seeking to satisfy the complaint.

An investigator will be assigned from the WIB-KC staff to review and/or investigate the complaint. Written grievance should be sent to:

Complaints Review Officer
Workforce Investment Board of Kanawha County
PO Box 3726
Charleston, WV 25337
Fax: (304) 344-5762

The Complaints Review Office will review the complaint in a final attempt to reach an informal resolution. A written decision is rendered to all parties within ten (10) days.

APPEAL:

The decision of the Workforce Investment Board of Kanawha County may be appealed if either party is not satisfied by the action of the WIB-KC. Within five (5) working days from the date the decision was received, a completed Request for Hearing form, which is attached to the decision rendered by WIB-KC, must be forwarded to:

WorkForce West Virginia
Building 4, Room 610
112 California Ave.
Charleston, WV 25305
(304) 558-7024

The hearing officer will schedule a hearing to be held within twenty (20) working days of receipt of a request. Parties to the hearing may be represented at the hearing, but the hearing is not a legal proceeding. The hearing may be held either in person or by phone, at the complainant's discretion. Parties to the complaint may bring witnesses to present evidence at the hearing. The hearing officer will issue a final decision within twenty (20) working days of the hearing.

GRIEVANCE AWARENESS FORM

Participant's Name: _____

I hereby certify that I have received and am aware of the WIOA Grievance Procedure. I further understand that no adverse action can be taken against me for filing a grievance.

Participant's Signature

Date

Signature of Parent or Guardian

Date

WIOA Case Manager's Signature

Date