

Please bring all required documents and completed forms to the initial meeting. If you are unable to print the WIOA Intake Packet from home, visit the Virginia Career Works center. All required documents and completed forms must be provided at your scheduled meeting or you will need to reschedule for a later date.

All individuals must be registered on the VAWC (www.vawc.virginia.gov) website prior to initial meeting.

ALL applicants must provide documents 1-12:

- 1. Social Security Card
- 2. Driver's License/Government ID (e.g. DMV ID)
- 3. Proof of US Citizenship or Legal authorization to work in the US (birth certificate, passport, INS card, valid work permit—should be valid for at least one year)
- 4. HS Diploma, GED, or Degree
- 5. Current Resume
- 6. Pre-Application *Page 3-4 of this packet*
- 7. Participant Responsibility Form *Page 5-6 of this packet*
- 8. Disclosure & Release Form *Page 7 of this packet*
- 9. Equal Opportunity Rights Notification *Page 8 of this packet*
- 10. Confidentiality Form *Page 9 of this packet*
- 11. Grievance & Complaint Procedure *Page 10-11 of this packet*
- 12. Follow-Up Agreement with three (3) Alternate Contacts *Page 12 of this packet*

IF APPLICABLE, provide documents 13-16:

- 13. Selective Service Registration verification or status letter (for males born after 1960) – sss.gov
- 14. Veteran Status (DD214, military ID)
- 15. Offender Status (Court order, Police Report, Letter from Probation Officer)
- 16. Verification of disability (letter from DARS or Disability Agency or Doctor's letter)

****To be eligible for WIOA, you must qualify as an Adult OR Dislocated Worker category. Refer to page 2 for details.***

Enrollment Requirements for the Adult and Dislocated Worker Programs

*You will only need to provide documentation for **ONE** of these program areas.*

| Adult Program <i>Please provide documents for one of the following.</i> | OR | Dislocated Worker Program <i>Please provide documents for one of the following.</i> |
|--|-----------|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Public Assistance verification Food Stamp Notification Letter, TANF information <i>Note: If you are receiving public assistance, you do NOT need to bring the documents listed below</i> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Income verification – based on the charts below 6-months of pay stubs, bank statements, alimony statement, SSI/SSDI statement, etc. of <u>ALL</u> family members in the household <u>who were working</u> during the last 6 months <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family Size Verification Most recent tax return, lease, etc. <input type="checkbox"/> Verification of disability – <i>if applicable</i> Letter from DARS or Disability Agency or Doctor’s letter regarding disability. <input type="checkbox"/> Verification of Homelessness – <i>if applicable</i> Letter from shelter, etc. <input type="checkbox"/> Verification of Foster Care Child – <i>if applicable</i> Court custody, etc. | | <ul style="list-style-type: none"> <input type="checkbox"/> Verification of UI and DW status Termination letter from employer, news media regarding plant closure AND Letter from Virginia Employment Commission or other State’s Unemployment Insurance Office regarding approval to receive Unemployment Insurance compensation. <input type="checkbox"/> Verification of business closure due to current economic conditions or natural disaster – <i>if applicable</i> Business license, bankruptcy documents, Tax returns, bank statements, etc. <input type="checkbox"/> Verification of Displaced Homemaker status – <i>if applicable</i> Divorce/Separation papers, death papers, documents proving that you have totally relied on the other family member’s income and have not worked during the cohabitation/marital relationship, etc. <input type="checkbox"/> Verification that you are the spouse of a member of the Armed Forces on active duty and have experienced loss of employment as a direct result of relocation to accommodate a permanent change in duty station. – <i>if applicable</i> Paystub from previous employer and active duty document. <input type="checkbox"/> Verification that you are the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. – <i>if applicable</i> Paystub from previous/current employer and active duty document. |

Funded in part through the Workforce Innovation and Opportunity Act by the Bay Consortium Workforce Development Board. BCWDB is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



**Workforce Innovation and Opportunity Act (WIOA)
Adult/Dislocated Worker Eligibility Application**

| ELIGIBILITY INFORMATION | | | |
|--------------------------|------------------------------|---|--|
| Application Date | | Eligibility Date | |
| Local Area/Region | Bay Consortium Region | <input type="checkbox"/> Adult Basic Career Services Eligibility | |
| Office Location | | <input type="checkbox"/> Adult Eligibility | |
| | | <input type="checkbox"/> Dislocated Worker Eligibility | |
| | | <input type="checkbox"/> Youth Eligibility | |

| CONTACT INFORMATION | | | |
|------------------------|---------------|--|--|
| First Name | | | |
| Middle Initial | | | |
| Last Name | | | |
| S.S. Number | | | <input type="checkbox"/> DD-214 Report of Transfer or Discharge <input type="checkbox"/> Employment Records <input type="checkbox"/> IRS Form Letter 1722 <input type="checkbox"/> Letter from Social Service agency <input type="checkbox"/> Pay Stub <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Social Security Card <input type="checkbox"/> W-2 Form <input type="checkbox"/> Letter/Printout from Social Security Office <input type="checkbox"/> Public Assistance Record/Printout <input type="checkbox"/> Agency Award Letter <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Unemployment Wage Records <input type="checkbox"/> Other Applicable Documentation (specify) |
| Mailing Address | | | <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Computer Printout from Government Agency <input type="checkbox"/> Driver's License <input type="checkbox"/> Food Stamp Award Letter <input type="checkbox"/> Homeless – Primary Nighttime Residence <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Insurance Policy (Residence and Auto) <input type="checkbox"/> Landlord Statements <input type="checkbox"/> Lease <input type="checkbox"/> Letter from Social Service Agency or School <input type="checkbox"/> Library Card <input type="checkbox"/> Medicaid/Medicare Card <input type="checkbox"/> Phone Directory <input type="checkbox"/> Property Tax Record <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Rent Receipt <input type="checkbox"/> School Identification Card <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Applicant Statement w/ Witness <input type="checkbox"/> Postmarked Mail Addressed to Applicant <input type="checkbox"/> Other Applicable Documentation (specify) |
| Street Address | | | |
| Country | United States | | |
| Phone Number | | | <input type="checkbox"/> Home <input type="checkbox"/> Mobile |



**Workforce Innovation and Opportunity Act (WIOA)
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| | | |
|----------------------|--|---|
| Email Address | | <input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> School |
|----------------------|--|---|

ALTERNATIVE CONTACTS

| | | | | |
|----------------------------|---------------------|--|---------------------|--|
| Alternate Contacts: | Contact Name | | Contact Name | |
| | Phone # | | Phone # | |
| | Email Address | | Email Address | |
| | Relationship | | Relationship | |
| | Contact Name | | Contact Name | |
| | Phone # | | Phone # | |
| | Email Address | | Email Address | |
| | Relationship | | Relationship | |

DEMOGRAPHIC INFORMATION

| | | |
|--|--|---|
| Date of Birth | | <input type="checkbox"/> Baptismal Record with Date of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State, or Local Government ID Card <input type="checkbox"/> Hospital Birth Record <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Record <input type="checkbox"/> School Records/Identification <input type="checkbox"/> Work Permit <input type="checkbox"/> Decree of Court <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Tribal Record with Date of Birth <input type="checkbox"/> Other Applicable Documentation (specify) |
| Gender | | |
| Registered for the Selective Service? | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Selective Service Acknowledgement Letter <input type="checkbox"/> Contact Selective Service (847) 688-6888 <input type="checkbox"/> DD-214 <input type="checkbox"/> Selective Service Status Information Letter <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Selective Service Request for Registration Acknowledgement Letter <input type="checkbox"/> Internet www.sss.gov <input type="checkbox"/> Selective Service Registration Card |
| Selective Service Registration # | | |
| Selective Service Registration Date | | |



**Workforce Innovation and Opportunity Act (WIOA)
Adult/Dislocated Worker Eligibility Application**

| | | |
|--|---|--|
| Authorization to Work in US | <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to the U.S. <input type="checkbox"/> None of the Above | <input type="checkbox"/> Alien Registration Card (USCIS Forms I-151, I-551, I-94, I-668A, I-197, I-179) <input type="checkbox"/> Baptismal Certificate with Place of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 <input type="checkbox"/> Social Security Card (Work Eligible) <input type="checkbox"/> Foreign Passport Stamped Eligible to Work <input type="checkbox"/> Hospital Birth Record <input type="checkbox"/> Naturalization Certification <input type="checkbox"/> School Records <input type="checkbox"/> United States Passport <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Alien Registration Card Indication Right to Work E-Verify – https://e-verify.uscis.gov/emp <input type="checkbox"/> Handgun Permit w/ valid State photo I.D. <input type="checkbox"/> Other Applicable Documentation (specify) |
| Considered to be of Hispanic Heritage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Race/Ethnicity | <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I do not wish to answer. | |
| Considered to have a disability? List Diagnosis(es) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Letter from drug/alcohol rehabilitation agency <input type="checkbox"/> Letter from child study team stating specific disability <input type="checkbox"/> Medical Records <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Psychiatrist's Statement <input type="checkbox"/> Psychologist's Diagnosis <input type="checkbox"/> Rehabilitation Evaluation <input type="checkbox"/> School Records <input type="checkbox"/> Sheltered Workshop Certification <input type="checkbox"/> Workers' Compensation Record <input type="checkbox"/> Social Security Admin. Disability Records <input type="checkbox"/> Veterans Administration Letter/Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Certification <input type="checkbox"/> Observable and/or obvious conditions (Applicant Statement with the interviewer serving as the corroboration witness) <input type="checkbox"/> Other Applicable Documentation (specify) |
| Type of Disability | <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Emotional/Mental Impairment <input type="checkbox"/> Learning/Intellectual Impairment | |
| VETERAN INFORMATION | | |
| Transitioning Service Member? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Type of Transitioning Service Member | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Within 24 months of retirement <input type="checkbox"/> Within 12 months of discharge | |
| Estimated Discharge Date | | |



**Workforce Innovation and Opportunity Act (WIOA)
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|--|--|---|
| Eligible Veteran Status | <input type="checkbox"/> Yes - <= 180 days <input type="checkbox"/> Yes – Eligible Veteran <input type="checkbox"/> Yes – Other Eligible Person <input type="checkbox"/> No | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> DD-214 <input type="checkbox"/> Military Document (ID, other DD form) indicating dependent spouse <input type="checkbox"/> VA records/printout <input type="checkbox"/> Other Applicable Documentation (specify) |
| Served more than 1 tour of duty | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Military Service Entry Date | | |
| Military Service Discharge Date | | |
| Campaign Veteran | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Disabled Veteran | <input type="checkbox"/> Yes – Disabled <input type="checkbox"/> Yes – Special Disabled (greater than 30%) <input type="checkbox"/> No | |
| Recently Separated Veteran (within the last 48 months) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Attended a Transition Assistance Program (TAP) workshop within the last 3 years | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| EMPLOYMENT INFORMATION | | |
|--|---|--|
| Employment Status | <input type="checkbox"/> Employed <input type="checkbox"/> Employed – but received notice of termination of employment or military separation <input type="checkbox"/> Not Employed | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> UI Records <input type="checkbox"/> Employer Contact <input type="checkbox"/> Other Applicable Documentation (specify) |
| If Employed, Individual is Under-Employed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Receiving Unemployment Compensation | <input type="checkbox"/> Yes- Claimant <input type="checkbox"/> Yes – Exhaustee <input type="checkbox"/> No – Neither Claimant nor Exhaustee <input type="checkbox"/> Unknown | <input type="checkbox"/> UI Records (Benefit History, Wage Record) <input type="checkbox"/> Other Applicable Documentation (specify) |
| Meets Long Term Unemployment Definition— 27 consecutive weeks or longer | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Current or Most Recent Hourly Rate of Pay | | |



**Workforce Innovation and Opportunity Act (WIOA)
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| | | |
|---|---|--|
| Occupation of Most Recent Employment Prior to WIOA Participation | | |
| Farmworker Status | <input type="checkbox"/> Farmworker <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> No | |
| Type of Qualifying Farmwork | <input type="checkbox"/> Agricultural Production and Services <input type="checkbox"/> Food Processing Establishments | |

DISLOCATED WORKER INFORMATION (Only for use in Dislocated Worker Applications)

| | | |
|-----------------------------------|--|---|
| Dislocated Worker Category | <input type="checkbox"/> <u>Category 1:</u> Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation. <input type="checkbox"/> <u>Category 2:</u> Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings <u>or</u> the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation. <input type="checkbox"/> <u>Category 3:</u> Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the permanent closure of <u>or</u> substantial layoff at a plant, facility or enterprise. <input type="checkbox"/> <u>Category 4:</u> Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below. <input type="checkbox"/> <u>Category 5:</u> Individual was previously self-employed (including farmers, ranchers and fishermen), but is unemployed due to general economic conditions in the community of residence or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date. <input type="checkbox"/> <u>Category 6:</u> Displaced Homemaker. An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a | <input type="checkbox"/> 1 or 2: Separation Notice <input type="checkbox"/> 1 or 2: UC Records <input type="checkbox"/> 3: WARN Notice or letter of authorization from the State WIOA Administrative Department <input type="checkbox"/> 4: Documentation of "General Announcement" <input type="checkbox"/> 5: Receipt of Notice of foreclosure or intent to foreclose <input type="checkbox"/> 5: Proof of failure of the farm, business or ranch to return a profit during preceding 12 months <input type="checkbox"/> 5: Entry of individual into bankruptcy proceedings <input type="checkbox"/> 5: Inability to make payments on loans secured by tangible business assets <input type="checkbox"/> 5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch or business <input type="checkbox"/> 5: Other events indicative of the likely insolvency of the farm, ranch or business <input type="checkbox"/> 6: Is verified in Barriers – Displaced Homemaker <input type="checkbox"/> 7: Case file documents active duty Armed Forces spouse employment loss related to duty station change <input type="checkbox"/> 8: Case file documents active duty Armed Forces spouse is unemployed/underemployed and having difficulty obtaining/upgrading employment. <input type="checkbox"/> 1-8: Other Applicable Documentation (specify) |
|-----------------------------------|--|---|



**Workforce Innovation and Opportunity Act (WIOA)
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| | | |
|---|--|--|
| | <p>call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed <i>and</i> is experiencing difficulty in obtaining or upgrading employment.</p> <p><input type="checkbox"/> <u>Category 7</u>: The spouse of a member of the Armed Forces on active duty, <i>and</i> who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.</p> <p><input type="checkbox"/> <u>Category 8</u>: The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed <i>and</i> is experiencing difficulty in obtaining or upgrading employment.</p> | |
| Projected Layoff Date | | |
| Actual Layoff Date (if date is in the future, leave empty) | | |
| Attended a Group Orientation (Rapid Response) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dislocation Event | | |
| Dislocation Employer Information | Employer Name | |
| | Address 1 | |
| | Address 2 | |
| | City | |
| | State | |
| | Zip Code | |
| | Dislocation Hourly Wage | |



**Workforce Innovation and Opportunity Act (WIOA)
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| EDUCATION INFORMATION | | |
|---|---|--|
| Current Highest School Grade Completed (from Registration) | <input type="checkbox"/> No School Grade Completed <input type="checkbox"/> 1 st Grade Completed <input type="checkbox"/> 2 nd Grade Completed <input type="checkbox"/> 3 rd Grade Completed <input type="checkbox"/> 4 th Grade Completed <input type="checkbox"/> 5 th Grade Completed <input type="checkbox"/> 6 th Grade Completed <input type="checkbox"/> 7 th Grade Completed <input type="checkbox"/> 8 th Grade Completed <input type="checkbox"/> 9 th Grade Completed <input type="checkbox"/> 10 th Grade Completed <input type="checkbox"/> 11 th Grade Completed <input type="checkbox"/> 12 th Grade Completed & Did not Receive Diploma <input type="checkbox"/> High School Equivalency Diploma (GED) <input type="checkbox"/> High School Diploma <input type="checkbox"/> 1 year at College/Technical/Vocational School <input type="checkbox"/> 2 years at College/Technical/Vocational School <input type="checkbox"/> 3 years at College/Technical/Vocational School <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (e.g. MD, DDS) | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> School Records |
| Federally Reported Highest School Grade Completed | <input type="checkbox"/> 1 st Grade Completed <input type="checkbox"/> 2 nd Grade Completed <input type="checkbox"/> 3 rd Grade Completed <input type="checkbox"/> 4 th Grade Completed <input type="checkbox"/> 5 th Grade Completed <input type="checkbox"/> 6 th Grade Completed <input type="checkbox"/> 7 th Grade Completed <input type="checkbox"/> 8 th Grade Completed <input type="checkbox"/> 9 th Grade Completed <input type="checkbox"/> 10 th Grade Completed <input type="checkbox"/> 11 th Grade Completed <input type="checkbox"/> 12 th Grade Completed & Did not Receive Diploma <input type="checkbox"/> Attained High School Diploma <input type="checkbox"/> Attained GED or Equivalent <input type="checkbox"/> Attained Certificate of Attendance/Completion <input type="checkbox"/> Associate's Diploma or Degree <input type="checkbox"/> 1 year of College/Vocational School Completed <input type="checkbox"/> 2 years of College/Vocational School Completed <input type="checkbox"/> 3 years of College/Vocational School Completed <input type="checkbox"/> Bachelor's Degree or Equivalent <input type="checkbox"/> Education Beyond a Bachelor's Degree | <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> School Records |
| School Status | <input type="checkbox"/> In School – High School or Less <input type="checkbox"/> In School – Alternative School <input type="checkbox"/> In School – Post High School <input type="checkbox"/> High School Dropout <input type="checkbox"/> High School Graduate | <input type="checkbox"/> School Records <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out Letter <input type="checkbox"/> Applicant Statement or Attestation <input type="checkbox"/> Other Applicable Documentation (specify) |



**Workforce Innovation and Opportunity Act (WIOA)
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| | | |
|--|---|---|
| Attending any School (per state definition) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> School Records <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Other Applicable Documentation (specify) |
| Name of School | | |
| Program of Study | | |

PUBLIC ASSISTANCE

Individual or member of a family that is receiving, or in the past 6 months has received, the following:

| | | |
|---|---|---|
| TANF | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance information card showing cash grant status <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Refugee Assistance Records <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify) |
| Supplemental Security Income (SSI) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Public assistance records/printout (SSI) <input type="checkbox"/> Copy of authorization to receive cash public assistance (SSI) <input type="checkbox"/> Copy of public assistance check (SSI) <input type="checkbox"/> Medical card showing cash grant status (SSI) <input type="checkbox"/> Public assistance information card showing cash grant status (SSI) <input type="checkbox"/> Statement from Social Service Agency (SSI) <input type="checkbox"/> Other Applicable Documentation (specify) |
| State or Local Income-Based Public Assistance (General Assistance) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance information card showing cash grant status <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Other Applicable Documentation (specify) |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Current authorization to obtain food stamps <input type="checkbox"/> Current food stamp receipt <input type="checkbox"/> Food stamp card with current date <input type="checkbox"/> Letter from food stamp disbursing agency <input type="checkbox"/> Postmarked food stamp mailer with applicable name and address <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Self-certification <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify) |



**Workforce Innovation and Opportunity Act (WIOA)
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| | | |
|--------------------------------------|---|---|
| Refugee Cash Assistance (RCA) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance identification card showing cash grant status <input type="checkbox"/> Statement from Social Service agency <input type="checkbox"/> Refugee assistance <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Other Applicable Documentation (specify) |
|--------------------------------------|---|---|

Individual receives, or in the last 6 months received:

| | | |
|--|---|--|
| Receiving Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Public assistance records/printout <input type="checkbox"/> Copy of authorization to receive cash public assistance <input type="checkbox"/> Copy of public assistance check <input type="checkbox"/> Medical card showing cash grant status <input type="checkbox"/> Public assistance information card showing cash grant status <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Cross-match with public assistance database <input type="checkbox"/> Other Applicable Documentation (specify) |
|--|---|--|

Individual currently meets the following:

| | | |
|---|---|--|
| Receiving, or has been notified will receive, Pell Grant | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|---|--|

INDIVIDUAL BARRIERS

| | | |
|--|---|--|
| English Language Learner | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Test Scores <input type="checkbox"/> Staff Observation <input type="checkbox"/> Other Applicable Documentation (specify) |
| Basic Skills Deficient— 8th grade level or below in math or English | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copy of any generally accepted standardized test <input type="checkbox"/> School record of reading and/or math skills determined within the previous 12 months of application <input type="checkbox"/> Other indication that the applicant cannot read sufficiently to complete forms and/or indicating applicant has math skills below the ninth grade level <input type="checkbox"/> Other Applicable Documentation (specify) |
| Homeless-- lacks fixed, regular nighttime adequate residence or staying in a shelter or institution (jail not included) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Written statement from shelter <input type="checkbox"/> Written statement from an individual providing temporary assistance <input type="checkbox"/> Written statement from Social Service agency <input type="checkbox"/> Applicant Statement/Self-Attestation, in limited cases <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify) |



**Workforce Innovation and Opportunity Act (WIOA)
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|---|---|---|
| Offender – individual has been arrested/convicted of a crime | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Police records <input type="checkbox"/> Court documents <input type="checkbox"/> Halfway house resident <input type="checkbox"/> Letter of parole <input type="checkbox"/> Letter from probation officer <input type="checkbox"/> Applicant Statement/Self-Attestation, in limited cases <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify) |
|---|---|---|

BARRIERS TO EMPLOYMENT

| | | |
|--|---|--|
| Displaced Homemaker - Unemployed/ stay at home AND spouse became unemployed | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Divorce decree or legal separation <input type="checkbox"/> Employer Statement <input type="checkbox"/> Statement from family member or ex-spouse of non-support (Notarized) <input type="checkbox"/> Applicant Statement and Unemployment Wage Record <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Applicant Statement of the continuous effort to seek employment and a recent job search that shows a minimum of ten (10) employer contacts documenting that a reasonable effort has been made to obtain employment <input type="checkbox"/> In depth assessment with Case Manager <input type="checkbox"/> Other Applicable Documentation (specify) |
| Within 2 years of exhausting TANF lifetime eligibility | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hawaiian Native | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| American Indian/Alaskan Native | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Single Parent (including single pregnant women) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual facing substantial cultural barriers | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Eligible Migrant Season Farmworker as defined in WIOA Sec 167 (i) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Meets Governor's special barriers to employment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

INCOME INFORMATION

| | | |
|--|---|--|
| Due to the individual's disability, they qualify as a Family of 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|---|--|



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| | | |
|---------------------------------|--|--|
| Family Size | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 | <input type="checkbox"/> Public Assistance/S.S. Agency Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Decree of court <input type="checkbox"/> Disabled <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Most recent tax return supported by IRS documents (e.g. form letter 1722) <input type="checkbox"/> Public housing letter (if resident or waiting list) <input type="checkbox"/> Written statement from a publicly supported 24-hour care facility or institution (e.g. mental, prison) <input type="checkbox"/> Applicant Statement/Self-Attestation, in limited cases <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other Applicable Documentation (specify) |
| Annualized Family Income | | <input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Unemployment Insurance documents and/or printout <input type="checkbox"/> Award letter from Veterans Administration <input type="checkbox"/> Bank statements (direct deposit) <input type="checkbox"/> Compensation award letter <input type="checkbox"/> Court award letter <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Farm or business financial records <input type="checkbox"/> Housing authority verification <input type="checkbox"/> Pay stubs <input type="checkbox"/> Pension/Annuity statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Quarterly estimated tax for self-employed persons (Schedule C) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Applicant Statement/Self-Attestation, in limited cases <input type="checkbox"/> Business Financial Records <input type="checkbox"/> Workers' Compensation Records <input type="checkbox"/> Other Applicable Documentation (specify) |



**Workforce Innovation and Opportunity Act (WIOA)
Adult/Dislocated Worker Eligibility Application**

APPLICANT CERTIFICATION

I certify that the information provided in the attached application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records and unemployment compensation information) and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of WIOA Applicant

Date

I have reviewed all of the attached information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of the interview.

Signature of WIOA Case Manager

Date

I certify that I have reviewed the source document(s) indicated or have made contact with the individual listed to verify eligibility of this customer.

Signature of Eligibility Reviewer

Date



**Workforce Innovation and Opportunity Act (WIOA)
Adult/Dislocated Worker Eligibility Application**

Supplemental Income Verification

List all members of the family who have had income in the past 6 months.

| Family Member | Source/Type of Income | Excluded Income* | Included Income |
|---------------|-----------------------|------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

***Excluded income includes TANF, Pell grant, needs-based scholarships, active duty military pay, tax refunds, & foster care payments**

Total Income: \$_____ 6 Months: \$_____ Annualized Income: \$_____

Comments:

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Virginia Career Works
Workforce Innovation and Opportunity Act (WIOA)
PARTICIPANT RESPONSIBILITY FORM

Review the information below and sign to acknowledge your understanding. The WIOA staff will answer any questions on the information below during your scheduled screening.

Enrollment Requirements

Requirements are outlined in the WIOA information session and on Page 2 of the WIOA Enrollment Packet. Documents will be collected to verify eligibility prior to enrollment.

Program Objectives

The goal of the WIOA Program is employment. WIOA Career Services Specialist will connect participants with job referrals, workshops, job fairs, and possibly training to assist in reaching this goal.

Responsibilities of participants

Participants are responsible for maintaining monthly contact with their Career Services Specialist and notifying Career Services Specialist of anything affecting employment or services being provided while in the program. If a participant does not meet with their Career Services Specialist for more than thirty (30) days during enrollment, the WIOA case will be closed and they may not be eligible for enrollment in the future.

Length of participation

Program participation varies based on the employment and training needs of each client but is usually less than one year.

Vocational Guidance

WIOA Career Services Specialist will provide vocational guidance to include review of Labor Market Information (LMI) to identify in-demand jobs and will discuss services needed to assist participants in finding employment.

Individual Employment Plan (IEP)

Participants will work with their WIOA Career Services Specialist to create an Individual Employment Plan (IEP) outlining the services needed to find employment and to act as a guide while in the program.

Assessments

Participants will need to complete interest and aptitude testing. Information on these assessments will be provided by Career Services Specialist.

Validation of employment or employment verification

Participant will provide Career Services Specialist validation of employment once obtained to include paystubs, offer letter, or bank statements (if applicable).

☐ Training

After completing assessment(s), IEP, and job development, if applicable, participants can request training if determined appropriate. **Training must be in-demand based on LMI and take into consideration participant's experience, education, and skills.** Training providers and courses must be listed on the Eligible Training Provider List (ETPL) and should be completed in less than one year. Trainings should be related to an industry-recognized credential that will assist participants in meeting employment goals as outlined in the IEP.

The following must be completed **PRIOR** to starting training:

Promise To Pay – A signed authorization form must be completed by the WIOA Career Services Specialist and signed by the Career Services Coordinator to approve training. *This will be sent directly to participant's chosen training provider.*

Authorization to Enroll – The Career Services Specialist will give the go ahead for participant to enroll in training.

If training is enrolled in and/or taken without signed approval prior to the start date, participant will be responsible for the training costs.

The following must be completed **DURING** training:

Keep In Touch – Participants will provide status updates while in training and provide copies of any transcripts or certificates received. Participant will inform Career Services Specialist of any changes, concerns, or supports needed during training.

The following must be completed **AFTER** training:

Credential – Upon successful completion of training, participant will complete at least one of the required industry-recognized licenses or credentials and provide verification to Career Services Specialist.

Follow-Up – Participant will be contacted once a month by the Follow-up Specialist for an update on status. During that time, if participant's employment status changes, job development services will be available.

I UNDERSTAND THE ABOVE WIOA REQUIREMENTS AND PROVISIONS.

Participant Signature: _____ Date: _____

WIOA Staff Signature: _____ Date: _____



BAY CONSORTIUM WIOA PROGRAM DISCLOSURE AND RELEASE FORM

The following declarations are made pursuant to PUBLIC LAW 91-579 (PRIVACY ACT of 1979).

The disclosure of this information is voluntary; however, omission of an item means you might not receive full consideration for services for which this information is needed. I hereby release WIOA Service Provider and its representative from all legal responsibilities or liability that may arise from this act.

1. I hereby approve the release of all information that is determined pertinent for verification and other services, employment and training purposes to the Bay Consortium Workforce Development Board and its program contractors, and any other agency, organization or institute needing such information for verification for services, employment and training purposes. This includes, but is not limited to: employment, previous income, receipt of public assistance (TANF/SNAP), financial aid, Social Security or SSI benefits, medical records and history to include psychological evaluations, and educational and criminal records and history.

2. I hereby authorize the appropriate county Department of Social Services and/or Social Security Administration to release information concerning the amounts and types of assistance I receive from that agency. I understand that this information will be used to determine my eligibility for services and employment/training programs sponsored by the Bay Consortium Workforce Development Board and its program contractors. I acknowledge that this consent is voluntary and that I may revoke my consent.

3. I hereby grant to the Bay Consortium Workforce Development Board, and its program contractors the absolute right to use photographs of me, and/or statements made by or about me without compensation to me, during and after the time I may be a participant of any program or services sponsored by the Bay Consortium Workforce Development Board, and its program contractors for the purpose of publicity of the Bay Consortium Workforce Development Board programs or activities, including the One Stop Career Centers.

4. Disclosure by you of your Social Security Number (SSN) is beneficial in obtaining the services, benefits, or training that you are seeking. Solicitation of the SSN by the Bay Consortium Workforce Development Board, and its program contractors is authorized under provisions of Executive Order 9397 dated November 22, 1943. Your SSN will be used as an indicator for your records as a customer or while as a participant. It will also be used in connection with lawful requests for information about you from other agencies and employers. The information collected through the use of the SSN will be used only as necessary in personnel administrative processes carried out in accordance with established regulations.

5. I understand that any of the following items of payroll information that may be determined with my eligibility determination and enrollment into any services or program sponsored by the Bay Consortium Workforce Development Board, and its program contractors will become public information at that time.

6. I hereby authorize you to release any information pertaining to wages earned, public assistance, Unemployment Insurance benefits, interest on savings, child support, alimony, annuities, pensions, participation with Vocational Rehabilitation, Veteran's benefits, criminal records to include juvenile records, mental health and substance abuse counseling, or school records. I understand that this information is solely for the purpose of verifying eligibility for services provided by the Workforce Innovation and Opportunity Act (WIOA) and will not be released for any other purpose without my written permission.

7. I authorize the release of information for the purpose of verification and termination from the WIOA program and/or follow up to WIOA participation. This may include, but is not limited to, information from employers and official academic transcripts from training programs, including technical schools, colleges and universities, or trade schools, which I have attended under the WIOA program.

8. This disclosure and release form is valid for **three years** following the signature date.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND AND WILL COMPLY WITH THE ABOVE STATEMENTS.

| | |
|--|--|
| PRINTED NAME | _____ |
| SIGNATURE | _____ |
| DATE | _____ |
| PARENT/GUARDIAN SIGNATURE <i>(if under 18 years old)</i> | _____ |
| WIOA STAFF SIGNATURE | _____ |
| COPY GIVEN TO PARTICIPANT | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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**Bay Consortium Workforce Development Board
Workforce Innovation and Opportunity Act
EQUAL OPPORTUNITY (EO) RIGHTS NOTIFICATION**

Equal Opportunity is the Law

This recipient is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Innovation and Opportunity Act (WIOA) in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA-funded program or activity. If you think that you may have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: Steven G. Golas, Operations Manager, Bay Consortium Workforce Development Board, 479 Main Street, Warsaw, VA 22572 or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW Room N-4123, Washington, DC 20219. If you elect to file your complaint with the recipient, you must wait for the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with the DCR. Such complaint must be filed within 20 days of the date you received notice of the recipient's proposed resolution.

***Recipient-** means any entity to which federal financial assistance under any title of WIOA is extended either directly or through the Governor or through another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIOA-funded program or activity and the Governor. Recipient includes, but is not limited to: Job Corps Centers and Center operators (excluding federally-operated Job Corps Centers), State Employment Security Agencies, State-level agencies that administer WIOA-funds, WIOA grant recipients, Sub state grant recipients and service providers, as well as National Program recipients.

I, THE PARTICIPANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPALINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION.

Signature of Applicant / Participant

Date

I, AS A REPRESENTATIVE OF _____, HAVE EXPLAINED THE INFORMATION CONTAINED IN THE THIS NOTIFICATION TO THE WIOA APPLICANT/PARTICANT.

Signature of Representative

Date

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Bay Consortium Workforce Development Board CONFIDENTIALITY FORM

It is the policy of the Bay Consortium Workforce Development Board to protect the confidentiality of all Workforce Innovation and Opportunity Act customer information.

Maintenance and Release of Data: Program Operators must collect data in order to document eligibility and provide services for Workforce Innovation and Opportunity Act programs. The Bay Consortium Workforce Development Board and its Program Operator and subcontractors will make every effort to collect and store data in a manner that ensures it will not be accessible to anyone without authorized access. Data collected will only be used to document eligibility or provide WIOA services. Any other use of customer data will require written consent from the customer or customer's parent/legal guardian. Upon request, data can be released to the subject of the information.

Access to Data: Upon request, Program Operators shall make available to the Virginia Community College System and its designated agents, as well as to government authorities and its designated agents, access to all documents and working papers. Access includes the right of designated agents to obtain copies of working documents, as is reasonable and necessary to determine compliance with and ensure enforcement of the provisions of the Workforce Innovation and Opportunity Act.

Disclosure of Individual Identity: The identity of any individual who furnishes information relating to an investigation, compliance review, or customer satisfaction survey, including the identity of any individual who files a complaint, must be kept confidential to the extent possible, consistent with a fair determination of the issue. If it is deemed necessary to disclose an individual's identity, this individual must be protected from retaliation.

By signing below, I acknowledge that I have read and understand this policy. WIOA Staff have explained this policy and have answered any questions I may have had.

Client Signature: _____

Date: _____

By signing below, I acknowledge that I have explained this policy to the WIOA customer.

WIOA Staff Signature: _____

Date: _____

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Bay Consortium Workforce Development Board

Grievance and Complaint Procedures

The grievance and complaint procedures for the Bay Consortium Workforce Development Board (“BCWDB”) apply to alleged violations of the requirements of the Workforce Innovation and Opportunity Act (WIOA). These grievances or complaints may be submitted by participants and other interested parties affected by the BCWDB system, including one-stop partners and service providers.

Filing a Grievance or Complaint

All grievances or complaints must be submitted in writing to the BCWDB Executive Director at the following address:

BCWDB Executive Director
P.O. Box 1117
Warsaw, VA 22572

OR

Grievances or complaints may be submitted directly with the U.S. Equal Employment Opportunity Commission at the following address:

Director, Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, N.W. Room N-4123
Washington, D.C. 20210
(202) 219-8927

Examples of who may file a grievance or complaint include the following:

1. Applicants and/or registrants for aid, benefits, services or training
2. Eligible applicants/registrants
3. Participants
4. Employers
5. Applicants for employment under WIOA
6. Service providers
7. Eligible service providers

Each grievance or complaint must be filed, in writing, within thirty (30) calendar days of the alleged situation and must contain the following information:

1. The name, address, email and telephone number of the person filing the grievance or complaint;
2. The date of the alleged situation and the date the grievance or complaint was filed;
3. The identity of the respondent (i.e. the individual or entity against whom the grievance or complaint is alleged);
4. A description of the allegation(s). This description must include enough detail to allow the reviewer to decide whether the allegation(s), if true, would violate any of the provisions of WIOA; and
5. The signature of the person filing the grievance or complaint.

Methods of Resolution/Disposition of Complaints

The reviewer will provide, within ten (10) business days of receipt, written notice to the grievant or complainant that the grievance or complaint has been received. Such notice will include:

1. A summary of the allegation(s) submitted;
2. A notice that the Executive Director may arrange for an informal resolution to the complaint prior to an official meeting or hearing;
3. A proposed date, time and place of the meeting or hearing with the reviewer.

4. A notice that the grievant or complainant may be represented by an attorney; and
5. A notice that the grievant or complainant may present witnesses and documentary evidence.

The Commonwealth of Virginia’s discrimination complaint process includes sixty (60) days for the BCWDB Executive Director to investigate and thirty (30) days for a review at the State level, if warranted. If the complainant files with both the BCWDB Executive Director and the DOL Civil Rights Center (CRC), the complainant shall be informed that the BCWDB Executive Director has 90 days to process the complaint and that CRC shall not investigate until the 90 day period has expired.

Notice of Final Action

Once the investigation is complete and a decision has been reached, a Notice of Final Action must be sent to the grievant or complainant. If an informal resolution was provided, the Notice of Final Action must summarize the resolution agreed upon. If no informal resolution was provided, the Notice of Final Action must contain the following information:

1. The reviewer’s decision and the reasons supporting the decision;
2. A brief description of the investigation process implored to reach the decision;
3. A notice that, if no decision is reached within sixty (60) days or if dissatisfied with the decision, the grievant or complainant may appeal to the Commonwealth of Virginia within ten (10) business days of receipt of the Notice of Final Action; and
4. A notice that the grievant or complainant may seek a remedy authorized under another Federal, State or local law. A complaint may be filed with the CRC within thirty (30) days of receiving the Notice of Final Action.

Record Keeping Requirements

Records regarding grievances and complaints must be maintained for at least three (3) years from the date of resolution of the grievance or complaint. All records must include the following:

1. The name and address of the grievant or complainant;
2. A description of the grievance or complaint;
3. The date the grievance or complaint was filed;
4. The disposition (final action);
5. The date of disposition of the grievance or complaint; and
6. Any other pertinent information.

To the maximum extent possible, the identity of any person who has furnished information relating to, or assisting in, an investigation of a possible violation of the WIOA shall be kept confidential. The information may only be used for purposes of:

1. Record keeping and reporting;
2. Determining the extent to which an entity is operating its WIOA funded programs or activities in a nondiscriminatory manner; or
3. Other use authorized by the nondiscrimination and equal opportunity provisions of WIOA.

I, THE APPLICANT/PARTICIPANT, AGREE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT.

Signature of Applicant/Participant

Date

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Workforce Innovation and Opportunity Act (WIOA) Follow-up Agreement

Participant Name: _____

WIOA Program: Adult Dislocated Worker

You have agreed to be enrolled in the Workforce Innovation and Opportunity Act (WIOA) Program funded by the Bay Consortium Development Board. To participate in this program you agree to:

- Maintain regular contact with your case manager at least once a month.
- Meet face-to-face with your case manager every 60 to 90 days.
- Participate in the program until training is successfully completed and full time employment is secured.
- Once exited, maintain contact with the follow-up case manager every month for at least one year.

If for some reason you cannot be reached the people listed below will be contacted. It is a requirement of the program that the case manager collect employment information, including name of your employer, work address, hours worked, and wages. It is expected that you communicate with the case manager as part of your participation in WIOA.

.....

Please list three alternative contacts that we can contact to reach you or obtain the required follow up information.

| Name | Relationship | Phone Number (Include Area Code) | Email Address |
|------|--------------|-------------------------------------|---------------|
| | | | |
| | | | |
| | | | |

I attest that the information listed above is correct and I will abide by the requirements of the Workforce Innovation and Opportunity Act.

Signature of Participant

Date

Printed Name of Participant

The follow-up agreement has been explained and a copy has been given to the participant.

Signature of WIOA Staff

Date

Printed Name of WIOA Staff

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Bay Consortium Workforce Development Board Babel Notice

A Babel notice is a short notice included in a document or electronic medium (e.g., website, “app,” email) in multiple languages informing the reader that the communication contains vital information and explaining how to access language services to have the contents of the communication provided in other languages.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (804) 333-4048** for assistance in the translation and understanding of the information in this document.

Spanish

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (804) 333-4048** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional

重要須知! 本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電**(804) 333-4048** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese

LƯU Ý QUAN TRỌNG! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (804) 333-4048** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog

MAHALAGA! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (804) 333-4048** upang humingi ng tulong sa pagsasalang-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French

IMPORTANT! Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue

de votre choix. **Appelez au (804) 333-4048** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole

ENPÒTAN! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (804) 333-4048** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese

IMPORTANTE! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (804) 333-4048** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

مهم! يتخوي هذا الممتند في **معلومات مهمة** حول حقوقك ومؤول ييتك و/أو اى اى اى. من الأهي قبلك ان فهم ال عمل ومات ال وار دفي هذا الممتند، وسنوفر ال عمل وم انتبل غناك ال فضل ة دوت حملك أتيك في. اتصل على الرقم **(804) 333-4048** ل الحصول في مساع دفي يترجم ة ال عمل وم ات ال وار دفي هذا الممتند وف هم ها.

Russian

ВАЖНО! В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (xxx) xxx-xxxx** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(804) 333-4048로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

29 CFR 38.9(g)(3): “Recipients must include a “Babel notice,” indicating in appropriate languages that language assistance is available, in all communications of vital information, such as hard copy letters or decisions or those communications posted on websites.”

The Bay Consortium Workforce Development Board is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

A proud partner of the  network