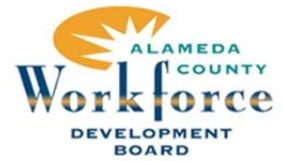


# WIOA ADULT / DISLOCATED WORKER APPLICATION



Application/Eligibility Date:

Social Security #:

## CONTACT INFORMATION

First Name:

Middle Initial:

Last Name:

Address:

City:

Zip Code:

Phone #:

Phone Type:

Email:

## DEMOGRAPHIC INFORMATION

Date of Birth:

Gender:  MALE  FEMALE

Selective Service (MALES ONLY):  YES  NO  EXEMPT

Authorized to Work in US:  CITIZEN OF U.S.  U.S. PERMANENT RESIDENT  ALIEN/REFUGEE LAWFULLY ADMITTED TO U.S.

If yes to U.S. Permanent Resident or Alien/Refugee:

Alien/Visa Registration#:

Expiration Date:

Hispanic Heritage:  YES  NO  NOT PROVIDED

Race:  WHITE  AFRICAN AMERICAN/BLACK  AMERICAN INDIAN/ALASKA

ASIAN:  INDIAN  PAKISTANI  BANGLADESH  SRI LANKAN  NEPALESE  SIKKIMESE  BHUTANESE  JAPANESE  CHINESE  KOREAN  
 MALAYSIAN  THAI  LAOTIAN  CAMBODIAN  VIETNAMESE  FILIPINO  OTHER ASIAN

HAWAIIAN/PACIFIC ISLANDER:  SAMOAN  PALAUAN  MICRONESIAN  GUAMANIAN  MARSHALLESE  OTHER PACIFIC ISLANDER

Disability:  YES  NO  NOT PROVIDED

*If 'Yes', please complete Additional WIOA Disability Form.*

Veteran:  YES  NO

*If 'Yes', please complete Additional WIOA Veteran Form.*

## EMPLOYMENT INFORMATION

Employment Status:  EMPLOYED  EMPLOYED BUT RECEIVED NOTICE OF TERMINATION OF EMPLOYMENT OR MILITARY  NOT EMPLOYED

If Employed, Under-Employed:  YES  NO

Registered Apprenticeship Prog.:  YES  NO

U.I. Eligibility:  NO  CLAIMANT  EXHAUSTEE

# of Weeks Unemployed:

Long-Term Unemployed:  YES  NO

Current HRLY Rate: \$

Occupation:

## DISLOCATED WORKER ELIGIBILITY

Layoff Date:

Attended a group orientation (Rapid Response):  YES  NO

Rapid Response Date:

Employer Name, Address, City, State, Zip:

Dislocation HRLY Rate: \$

## EDUCATION INFORMATION

Recent Date Attended Secondary School: \_\_\_\_\_

Within compulsory school age and did not attend the most recent complete school year calendar quarter?  YES  NO

Has Diploma/equivalent:  YES  NO

School Status:  IN-SCHOOL-SECONDARY  IN-SCHOOL-ALTERNATIVE  IN-SCHOOL-POST  
 NOT ATTENDING-DROPOUT  NOT ATTENDING-GRADUATE

Adult Education  YouthBuild  Job Corps  Vocational Education (Carl Perkins)  Individualized Education Program Participant

Federally Reported Highest School Grade Completed: \_\_\_\_\_

Enrolled in education leading to a Diploma, GED/High School Equivalency Diploma or Certificate:  YES  NO

## PUBLIC ASSISTANCE

- Temporary Assistance for Needy Families (TANF): Recipient:  APPLICANT  FAMILY MEMBER  NOT APPLICABLE  
 Supplemental Security Income (SSI): Recipient:  APPLICANT  FAMILY MEMBER  NOT APPLICABLE  
 General Assistance (GA):  APPLICANT  FAMILY MEMBER  NOT APPLICABLE  
 Supplemental Nutrition Assistance Program (SNAP):  APPLICANT  FAMILY MEMBER  NOT APPLICABLE  
 Refugee Case Assistance (RCA):  APPLICANT  FAMILY MEMBER  NOT APPLICABLE  
 Social Security Disability Insurance Income (SSDI):  APPLICANT  FAMILY MEMBER  NOT APPLICABLE  
 Receiving services under SNAP Employment & Training Program:  YES  NO  
 Receiving, or has been notified will receive, Pell Grant:  YES  NO  
 Ticket to Work Holder issued by the Social Security Administration:  YES  NO

## BARRIERS

- English Language Learner:  YES  NO  
 Basic Skills Deficient/Low Levels of Literacy:  YES  NO  
 Homeless:  YES  NO  
 Ex-Offender - individual has been arrested/convicted of a crime:  YES  NO  
 Displaced Homemaker:  YES  NO  
 Within 2 years of exhausting TANF lifetime eligibility:  YES  NO  
 Hawaiian Native:  YES  NO  
 Single Parent (including single pregnant women):  YES  NO  
 Cultural Barriers:  YES  NO  
 Eligible Migrant Season Farmworker as defined in WIOA Sec 167(i):  YES  NO  
 Meets Governor's special barriers to employment:  YES  NO  
 Gang Status:  GANG MEMBER  GANG INVOLVED  AT-RISK  N/A  
 Youth of Incarcerated Parent:  YES – Parole #: \_\_\_\_\_  NO  
 Substance Abuse  YES  NO

## FAMILY INCOME

Due to the individual's disability, they qualify as a Family of 1:  YES  NO

Family Size: \_\_\_\_\_

Annualized Family Income: \$ \_\_\_\_\_

Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Signature & Date of Individual: \_\_\_\_\_

Signature & Date of Parent/Guardian: \_\_\_\_\_

OFFICE STAFF:

Signature & Date of Intake Staff/Case Manager: \_\_\_\_\_

# Priority Population Questionnaire - AJCC



Applicant Name:

Full SSN:

Agency:

Please check **ALL** that apply:

I am:

### VETERAN OR ELIGIBLE SPOUSE OF A VETERAN

- Veteran
- Eligible Spouse of a Veteran

### INDIVIDUALS WITH DISABILITY

- Physical or mental impairment that substantially limits one or more major life activities

### LOW-INCOME

- Receiving: Cash Public Assistance (SSI/TANF/GA/Food Stamps) – *Within the last 6 months*
- Homeless - *At the date of application*
- Income below poverty level or LLSIL - *Within the last 6 months*

### BASIC SKILLS DEFICIENT

- No HS Diploma or Equivalent and not enrolled in Post-Secondary School
- Enrolled in Title II – Adult Education Literacy
- English Language Learner (ELL)
- 8.9 or lower in Reading, English, Writing and Computing

None of the above categories pertain to me

I hereby attest that the information provided above is an accurate reflection of the circumstances surrounding the job search of the customer named herein.

**Applicant:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS - AJCC



Date:

I,  am hereby authorizing the release of information and/or records, pertaining to myself/contacts, which may be relevant to my eligibility and/or participation in a specific government funded program or activity. Please forward the requested information to the agency and individual listed below:

Name of Individual:	_____		
Agency:	_____		
Mailing Address: <i>City, State, Zip</i>	_____		
Phone #:	_____	Fax #:	_____

*A copy or facsimile of this Authorization shall be valid as the original.*

\_\_\_\_\_  
*My Printed Full Name*

\_\_\_\_\_  
*Last 4 of SSN*

\_\_\_\_\_  
*My Signature*

\_\_\_\_\_  
*Date*

*Please note that the disclosure of your social security number is voluntary. However, since most official records are maintained according to your social security number, your information may not be accessible without disclosure of your social security number.*

**ALAMEDA COUNTY WORKFORCE DEVELOPMENT BOARD**

**NOTIFICATION OF RIGHTS UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**EQUAL OPPORTUNITY GUIDELINES UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT**

It is against the law for recipients of federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, creed, religion, sex, national origin, age, disability, political affiliation or beliefs, retaliation; or
- Against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her 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 financially assisted program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

You have the right to file a complaint if you feel you have been denied any of the above opportunities based on the equal opportunity guidelines. You will not in any way be penalized for filing a complaint. Your WIOA sponsor has established a mechanism for handling complaints or grievances. Your complaint must be filed within 180 days of the alleged violation. All complaints will be handled confidentially. Complaints may be filed with the Alameda County Civil Rights Officer or with the Federal Civil Rights Center of the Department of Labor. (See Policy for Addresses)

**COMPLAINTS OTHER THAN EQUAL OPPORTUNITY**

All complaints alleging any violation of the Workforce Innovation and Opportunity Act, other applicable federal or state regulations concerning the administration of job training programs, contract or grant conditions, or WIB rules or policies must be filed with the: Director of the Workforce Development Board, 24100 Amador Street, 6<sup>th</sup> Floor Rm. 610C, Hayward, CA 94544-1203 within one year of the incident.

**COMPLAINTS OF FRAUD, CRIMINAL ACTIVITY, OR GROSS WASTE**

Complaints alleging incidents of criminal fraud, criminal abuse, or non-criminal complaints of mismanagement and gross waste of WIOA funds should be made within 24 hours of discovery to the: Director of the Workforce Development Board, 24100 Amador Street, 6<sup>th</sup> Floor Rm. 610C, Hayward, CA 94544-1203.

This is to certify that I have received a copy of the equal opportunity complaint procedures, procedures for filing complaints against job training programs as they pertain to the WIOA program operated by the Alameda County Workforce Development Board, and procedures to file complaints of criminal activity, fraud, and/or gross waste.

Staff has explained these procedures to me verbally and I have been advised of these processes. I understand that a full copy of these procedures is available to me upon request.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# ALAMEDA COUNTY WORKFORCE DEVELOPMENT BOARD

## SUMMARY NOTIFICATION OF RIGHTS AND COMPLAINT PROCEDURES

### WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have a complaint involving the administration of any job training program or service with which the Alameda County Workforce Development Board (ACWDB) is involved, either directly (i.e., the denial of your application for job training services) or indirectly (i.e., something that happens while you are in a WDB sponsored job training program), you have certain rights that you should know about.

The complaint and grievance procedures that must be used are determined by the nature of your complaint. This document provides instructions for three different types of complaints and the corresponding procedures.

1. **Nondiscrimination and Equal Opportunity**: Any complaint alleging discrimination on the basis of DISABILITY, RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, RELIGION, POLITICAL AFFILIATION or BELIEF, CITIZENSHIP or RETALIATION for filing a complaint because of any of these reasons may be filed within 180 days of the alleged incident EITHER WITH:

Ms. Alexandria Bell  
Civil Rights Officer (CRO)  
County of Alameda Social Services Agency  
2000 San Pablo Avenue, 4<sup>th</sup> Floor  
Oakland, CA 94610  
Phone 510-891-3355;  
For the California Relay Services (CRS) call 1-800-735-2922 (VOICE) or  
1-800-735-2929 (TDD)

Or with

Director of the Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue, NW, Room N-4123  
Washington, DC 20210

2. **Non-criminal Violation of the Workforce Innovation and Opportunity Act**: or OTHER APPLICABLE FEDERAL OR STATE REGULATIONS CONCERNING THE ADMINISTRATION OF JOB TRAINING PROGRAMS, CONTRACT OR GRANT CONDITIONS, OR WDB RULES OR POLICIES must be filed within one year of the alleged incident with the:

Director, Alameda County Workforce Development Board  
24100 Amador Street, 6<sup>th</sup> Floor, Room 610C  
Hayward, CA 94544-1203

**3. Incidents of Criminal Fraud, Criminal Abuse, or other Criminal Activity, and Noncriminal Complaints such as Mismanagement and Gross Waste:** Allegations of fraud, abuse, or other criminal activity in WIOA-funded programs may originate from ACWDB staff, WIOA Program Operators, clients, informants, auditors, law enforcement agencies, etc. Reports must be submitted within 24 hours of discovery to:

Director, Alameda County Workforce Development Board  
24100 Amador Street, 6<sup>th</sup> Floor, Room 610C  
Hayward, CA 94544  
Ph: (510) 259-3842  
FAX: (510) 259-3845

The ACWDB, America's Job Centers of California (AJCC) and Youth Program Operators have copies of the grievance procedures and the grievance form that should be filled out. However, you may file a complaint without completing the appropriate forms, as long as your complaint is in writing, signed by you and returned to the Workforce Development Board (WDB). If you are unsure to which entity your complaint should be addressed, WDB staff will ensure that the proper jurisdiction receives your complaint. Your complaint should include your address, telephone number and must also state what your complaint is about.

If you have any questions about how to file a complaint, you may inquire with the Program Manager of the program in which you are enrolled.

Under the law, you have the right to make your complaint without being afraid of restraint, interference, coercion, discrimination, retaliation, or reprisal. What this means is that no one can try to stop you from making a complaint or punish you in any way for filing a complaint.

### **WHAT HAPPENS WHEN I FILE A COMPLAINT?**

Alameda County WDB, or other involved jurisdiction, will notify the party you are complaining against (the "Respondent") about your complaint, and can arrange for an informal meeting with an impartial WDB employee, the Respondent, and you (the "Complainant"), to try to resolve your complaint.

### **WHAT IF THIS DOESN'T WORK?**

If your complaint is not resolved after meeting informally with the Respondent, then you have the right to have a hearing before an Alameda County WDB Hearing officer or an Impartial Hearing Officer.

### **IS A HEARING LIKE A TRIAL IN COURT?**

Yes and no. Under the law, everyone has "Due Process" rights that must be observed in any legal proceeding. Such rights include the right to present evidence and have witnesses testify under oath, the right to testify yourself, the right to cross-examine the witnesses for the other party, the right to have any impartial person decide the case, and to give a written explanation of the reason for the decision. You also have the right to appeal the decision if you think it is wrong. In that sense, the hearing is like a trial.

It will not be like a trial in the sense that no one will expect you to know technical legal rules of evidence, law, or procedure. The Hearing Officer will be an experienced attorney or other



knowledgeable lay person that knows the law and who will be much more interested in finding out what the facts are.

The hearing will be somewhat like “The People’s Court” on TV, where the Judge listens to the testimony of the witnesses, looks at any exhibits, asks questions of the parties and then makes a decision.

**DO I NEED A LAWYER? WHAT IF I DON’T HAVE A LAWYER?**

You have the right to have a lawyer, or some other person, who doesn’t have to be a lawyer, act as your representative at all stages of the WDB Grievance Procedure. However, the WDB cannot appoint a lawyer to represent you or give you legal advice, nor can the WDB pay for your lawyer. If you want a lawyer to represent you and do not know whom to call, the Alameda County Bar Association, telephone 510-893-7160, has a lawyer referral service.

**IS THERE ANYTHING ELSE I SHOULD KNOW?**

The most important thing to remember is that the Hearing Officer won’t know about the facts of your case, so be sure that you present them at the hearing. Be sure your witnesses come to the hearing, bring any exhibits you want to show the Hearing Officer, and outline what you want to say so you won’t forget anything.

**THIS IS YOUR COPY.**

**PLEASE KEEP IT FOR YOUR RECORDS.**

*These WIOA Title I  
financially assisted programs or  
activities are “Equal Opportunity Employer/Programs.” Auxiliary  
aids and services are available  
upon request to individuals  
with disabilities.*