



Application for Workforce Innovation and Opportunity Act (WIOA) Services

INSTRUCTIONS

Complete ALL questions on this form in blue or black ink. Do not use white out. PLEASE PRINT CLEARLY.

1.	SOCIAL SECURITY NUMBER:		<u>WIOA STAFF USE:</u>	
2.	NAME (First, Middle Initial, Last):		<u>WIOA STAFF USE:</u>	
3.	RESIDENCE STREET ADDRESS:			
	RESIDENCE CITY:	RES. STATE:	RES. ZIP CODE:	
4.	PRIMARY TELEPHONE NUMBER:	TYPE: (check one)	Cell/Mobile Work	Home Other _____ Relative _____
5.	ALTERNATE TELEPHONE NUMBER:	TYPE: (check one)	Cell/Mobile Work	Home Other _____ Relative _____
6.	EMAIL ADDRESS:			
7.	MAILING ADDRESS: Check here if same as residential, then skip to #8. If different, please complete.			
	Mailing Street	City:	State:	Zip Code:
8.	DATE OF BIRTH: (mm/dd/yyyy)	<u>WIOA STAFF USE:</u>		GENDER: Male Female Did Not Identify
9.	ARE YOU REGISTERED WITH SELECTIVE SERVICE? (check one)		Yes No N/A – female N/A – born prior to 1960	SEL. SVC. #: _____ REG. DATE: _____
	<u>WIOA STAFF USE:</u> Documented exemption from registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10.	CITIZENSHIP: (check one)	Citizen of US/US Territory U.S. Permanent Resident A# _____	Alien/Refugee lawfully admitted to US None of the above Expiration Date: _____	Do you consider yourself to be of Hispanic heritage? Yes No
11.	RACE: (check all that apply) I do not wish to answer American Indian/Alaska Native Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Other Pacific Islander Indian Laotian Korean Hawaiian/part Hawaiian Micronesian Bangladesh Vietnamese Thai Samoan Marshallese Nepalese Pakistani Cambodian Palauan Other Pacific Islander Bhutanese Sri Lankan Filipino Chinese Sikkimese Other Asian Malaysian Japanese			
12.	ARE YOU A MIGRANT WORKER OR FARMWORKER? Farmworker Migrant – traveled to an area for work & unable to return home the same day Migrant Farmworker No		IF SO, PLEASE SPECIFY TYPE: Agriculture production and services Food processing establishment	



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25.	REASON FOR LAYOFF: (check one) <input type="checkbox"/> CATEGORY 1 – Terminated, Laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements of UI benefits and is unlikely to return to previous industry or occupation. CATEGORY 2 – Terminated or Laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (a minimum of six weeks) to demonstrate workforce attachment, but is not eligible for UI benefits due to insufficient earnings or employer not being covered under state compensation law and is unlikely to return to previous industry or occupation. CATEGORY 3 – Terminated or Laid off, or has received notice of termination or layoff, from employment as a result of permanent closure of, or substantial layoff at a plant, facility or enterprise. The projected date or actual date of layoff is required in the space provided below. CATEGORY 4 – Employer has made a general announcement that facility will close. Please specify the projected date or actual date of closure in space provided below.		CATEGORY 5 – Previously Self-employed (including farmers, ranchers and fisherman) but is unemployed due to general economic conditions in the community of residence or because of natural disaster. CATEGORY 6 – Displaced Homemaker: An individual who has been providing unpaid services to family members in the home, and who (A) has been dependent on the income of another family member but is no longer supported by that family member's income; and (B) is unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment. CATEGORY 7 – The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member. CATEGORY 8 – 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. None of the above. Termination/layoff does not qualify individual for Dislocated Worker program.	<u>WIOA STAFF USE:</u> Dislocated Worker Verification Accepted: _____ <u>AND</u> Verified Unlikely to Return status for Category 1 and 2 <input type="checkbox"/> Case Note Completed
	26. WHAT IS YOUR PROJECTED LAYOFF DATE, if applicable? (mm/dd/yyyy)		26. DID YOU ATTEND A GROUP ORIENTATION (Rapid Response)? Yes No (If Yes, specify date & location) _____	
*** LIST YOUR LAST <u>TWO</u> JOBS, STARTING WITH THE <u>MOST RECENT</u> JOB (EVEN IF CURRENTLY WORKING) ***				
27. CURRENT EMPLOYER / MOST RECENT EMPLOYER (as applicable):				
28. EMPLOYER STREET ADDRESS:				
29. EMPLOYER CITY:		29. EMP. STATE:		29. EMP. ZIP CODE:
30.	INDUSTRY:	JOB TITLE:		HOURLY WAGE: \$
		<u>WIOA STAFF USE:</u> ONet Job Title: _____ ONet Code: _____		
31.	EMPLOYER TELEPHONE:	START DATE: (mm/dd/yyyy)		ACTUAL LAYOFF/END DATE: (mm/dd/yyyy)
32.	HOURS WORKED PER WEEK:	REASON FOR LEAVING JOB: (check one)	Layoff	<u>WIOA STAFF USE:</u> Actual Layoff Date Certification <input type="checkbox"/> Verification from employer <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public announcement with cross-match from UI <input type="checkbox"/> Other Applicable Documentation (Specify) _____
			Terminated/Fired Still Employed Quit/Resigned Other _____	



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33.	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one) Salary: \$ _____ Hour _____ Day _____ Week _____ Month _____ Other (explain) _____	ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION? (check one) Not Applicable Eligible claimant referred by RESEA Eligible claimant not referred by RESEA Exhaustee Neither claimant or Exhaustee	<u>WIOA STAFF USE:</u> Unemployment Compensation Verification <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> UI records (Benefit History, Wage, Record) <input type="checkbox"/> REA Appointment Notice <input type="checkbox"/> Other Applicable Documentation (specify) _____
34.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:		
35.	NAME OF PREVIOUS EMPLOYER / BUSINESS:		
36.	EMPLOYER STREET ADDRESS:		
37.	EMPLOYER CITY:	EMP. STATE:	EMP. ZIP CODE:
38.	JOB TITLE/OCCUPATION:	START DATE:	END DATE:
39.	REASON FOR LEAVING JOB: (check one) Layoff Terminated/Fired Still Employed Quit/Resigned Other _____	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one) Hour _____ Day _____ Week _____ Month _____ Other (specify) _____ Salary: \$ _____	
40.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:		
41.	HIGHEST SCHOOL GRADE COMPLETED: (specify, including years of college or degree)	DO YOU HAVE A HS DIPLOMA? Yes No	<u>WIOA STAFF USE:</u> Verification if answered NO for HS Diploma: <input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement/Self Attestation
42.	ARE YOU CURRENTLY ATTENDING SCHOOL? (check one) In-school, High School or less In-school, Alternative School In-school, Post High School Not attending school, HS Dropout Not attending school, HS Graduate	<u>WIOA STAFF USE:</u> School Status Verification <input type="checkbox"/> Training provider verification of enrollment <input type="checkbox"/> Case notes w/verification of enrollment from educ. inst. <input type="checkbox"/> School records <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out letter <input type="checkbox"/> Applicant Statement/Self Attestation	
43.	ARE YOU CURRENTLY ENROLLED IN EDUCATION LEADING TO HSD, GED, OR CERTIFICATION? No Yes (specify) _____		
44.	ARE YOU RECEIVING PUBLIC ASSISTANCE BENEFITS? (check all that apply) TANF/CalWORKs/Cash Aid TANF Exhaustee Refugee Cash Assistance General Assistance/Relief Food Stamps Not Applicable	REFERED BY CHILD SUPPORT SERVICES? Yes No	<u>WIOA STAFF USE:</u> TANF Verification Accepted: _____ SS Income Verification Accepted: _____ Food Stamp Verification Accepted: _____ Refugee Cash Assistance Verification Accepted: _____ General Assistance/Relief Verification Accepted: _____



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45.	FOOD STAMP STATUS Eligible Receiving N/A	ARE YOU A PUBLICLY SUPPORTED FOSTER CHILD? Yes No	WIOA STAFF USE: Foster Child Verification <input type="checkbox"/> Applicant Statement/Self-Attestation <input type="checkbox"/> Court Records/Documentation		CURRENTLY RECEIVING OR NOTIFIED YOU WILL BE RECEIVING PELL GRANT MONIES? Yes No If Yes, specify \$ amount and school _____	
46.	DISPLACED HOMEMAKER (check one)	No Yes – WIOA – DW Yes – Statewide (TANF) Yes – Statewide (TANF) and WIOA	WIOA STAFF USE: Displaced Homemaker Verification: <input type="checkbox"/> Divorce decree or legal separation <input type="checkbox"/> Death Certificate <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> Other _____		LIMITED ENGLISH? Yes No	SINGLE PARENT of a child under 18? Yes No
47.	ARE YOU HOMELESS? Yes No	WIOA STAFF USE: Homeless Verification <input type="checkbox"/> Applicant Statement/Self Attestation <input type="checkbox"/> Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Telephone Verification		ARE YOU A RUNAWAY? Yes No N/A	WIOA STAFF USE: Runaway Verification <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Statement from a Social Services Agency <input type="checkbox"/> Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Telephone Verification	
48.	HAVE YOU EVER BEEN CONVICTED OF A CRIME? (check one)	No Yes, no parole/probation Yes, and on parole Yes, and on probation	WIOA STAFF: If yes, give Prison to Employment Questionnaire to customer to complete.			SUBSTANCE ABUSE? Yes No
49.	ARE YOU A FOSTER CARE YOUTH? Yes No N/A	WIOA STAFF USE: Foster Care Verification <input type="checkbox"/> Statement/Referral from Social Services Agency <input type="checkbox"/> Foster care facility resident <input type="checkbox"/> Court/Guardianship documents <input type="checkbox"/> Applicant Statement/Self Attestation, limited cases <input type="checkbox"/> Other _____			BASIC SKILLS DEFICIENT? Yes No N/A	WIOA STAFF USE: Basic Skills Deficient Verification <input type="checkbox"/> Standardized Test <input type="checkbox"/> Applicant Statement <input type="checkbox"/> School Records <input type="checkbox"/> Other _____
50.	GANG STATUS: (check one)	N/A Gang Member Involvement	Gang Involved At Risk Gang	YOUTH OF INCARCERATE PARENT? Yes No	PARENT PAROLEE NUMBER:	
51.	MISC EMPLOYMENT Are you a: (Check all that apply)	Woman seeking training/education to move to nontraditional field? Senate Bill 1, High Road Training Partnership (HRTTP) or High Road Construction Careers (HRCC) participant? Prison to Employment participant?				
52.	FAMILY SIZE: (01-15)	ESTIMATED FAMILY INCOME FOR THE PAST 12 MONTHS: \$			WIOA STAFF USE: Annual Family Income Verification _____	
53.	ARE YOU CURRENTLY SEEKING WORK? No Yes. What type? _____			DO YOU HAVE A LICENSE/ CERTIFICATE IN THIS FIELD? No Yes, please specify: _____		
54.	DO YOU HAVE A VALID DRIVER'S LICENSE? (please specify)	No Yes (If Yes, specify type below) Class A/Heavy Truck Class M/Motorcycle	Class B/Passenger/Bus State _____, DL# _____ Class C/Regular			



Application Disclosure Documents

Customer Name: _____

Program Complaint and Grievance Procedures

If you believe you have been adversely affected by a decision or action of the local workforce system that is in violation of the Workforce Innovation and Opportunity Act (WIOA), you may file a grievance or complaint at any time within one year of the alleged violation using the process described below.

If your complaint involves discrimination, please see the "Discrimination Complaint Procedures."

1. Ask to speak with a Workforce Development Department (WDD) Supervisor within 90 days of the day the incident occurred.

- A supervisor will contact you within three (3) business days to discuss your complaint or grievance
- If you are not satisfied with the decision, go to Step 2

2. Ask to speak with a WDD Manager about your complaint.

- A manager will contact you within three (3) business days
- If you are not satisfied with the decision, go to step 3

3. Ask to speak with a WDD Deputy Director about your complaint or grievance.

- Address a letter to the Deputy Director explaining the incident surrounding your complaint within three business days of step 2
- The Deputy Director will contact you within seven (7) business days of receiving the written notice of grievance
- If you are not satisfied with this decision, go to Step 4

4. The Deputy Director will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses and/or your service provider.

- The meeting will take place within 25 business days of the day you spoke with the Department of Workforce Development Supervisor about your grievance or complaint
- If you are not satisfied with the decision, go to Step 5

5. Complete the Program Complaint and Grievance Request for Hearing 181C form, available at any America's Job Center of California. You have the right to a hearing on any grievance or complaint to be conducted by an impartial hearing officer within 30 days of the submission of the 181C form. Send the completed form to:

Adriana Escobedo
Administration Manager/Equal Opportunity Officer
RIVCO, Workforce Development Division
1325 Spruce Street, Suite 400, Riverside, CA 92507

You may file an appeal or request a separate review by Employment Development Department (EDD) if you experience an incident of restraint, coercion, or reprisal as a result of filing a complaint. To file an appeal, please send your request to: Chief, Compliance Review Office, MIC 22-M, Employment Development Department, P.O. Box 826880, Sacramento, CA 94280-0001.

For technical assistance with filing your complaint, contact the Equal Opportunity Officer at (909) 387-9845. TTY users can contact the Equal Opportunity Officer through the California Relay service (711). For federal funding disclosure information, visit Workforce.SBCounty.gov/about/ffd/.



Initial Here

I have read and understand the Workforce Development Department's program complaint and grievance procedure.



Application Disclosure Documents

Customer Name: _____

Discrimination Complaint Procedures

If you believe you have experienced discrimination in your Workforce Innovation & Opportunity Act (WIOA) program, activity or service, you may file a complaint using the following process.

1. Ask to speak with a Workforce Development Department (WDD) Supervisor within 90 days of the day the incident occurred.

- A supervisor will contact you within three (3) business days to discuss your complaint or grievance
- If you are not satisfied with the decision, go to Step 2

2. Ask to speak with a WDD Manager about your complaint.

- A manager will contact you within three (3) business days
- If you are not satisfied with the decision, go to step 3

3. Ask to speak to the Equal Opportunity Officer of WDD about the incident.

- The EEO will contact you within seven (7) business days of the day you spoke with the WDD Manager about the incident
- If you are not satisfied with this decision, go to Step 4

4. Obtain EDD's "[Discrimination Complaint Form](#)" at any America's Job Center of California. Send the completed form to:

Fred Burks, Equal Opportunity Officer
San Bernardino County Workforce Development
290 North 'D' Street, Suite 600
San Bernardino, CA 92415-0046

The Equal Opportunity Officer must receive your written complaint no later than 180 days from the date you believe the discrimination happened.



Initial Here

I have read and understand the Workforce Development Department's discrimination complaint procedure. I understand that if I feel I have experienced discrimination, I may use this procedure, or I may send a written complaint directly to the Equal Opportunity Officer at the address above.



Application Disclosure Documents

Customer Name: _____

Equal Opportunity is the Law

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

- 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 financially assisted under Title-I of the Workforce Innovation & Opportunity Act (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;
- Providing opportunities in, or treating any person with regard to, such 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 Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or person whom the recipient has designated for this purpose); or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (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 CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which 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.

If you believe you have experienced discrimination in your Workforce Innovation & Opportunity Act (WIOA) program, activity or service, you may file a complaint using the following process.

1. Ask to speak with a Workforce Development Department (WDD) Supervisor within 90 days of the incident.
 - A supervisor will contact you within three (3) business days to discuss the incident
 - If you are not satisfied with the decision, go to Step 2
2. Ask to speak with a WDD Manager about the incident.
 - A manager will contact you within three (3) business days of the day you spoke with the supervisor about the incident
 - If you are not satisfied with the decision, go to Step 3
3. Ask to speak to the Equal Opportunity Officer of the WDD about the incident.
 - The EEO will contact you within seven (7) business days of the day you spoke with the WDD Manager about the incident
 - If you are not satisfied with the decision, go to Step 4
4. Obtain EDD's "[Discrimination Complaint Form](#)" at any America's Job Center of California. Send the completed form to:

Fred Burks, Equal Opportunity Officer
San Bernardino County Workforce Development Department
290 North 'D' Street, Suite #600
San Bernardino, CA 92415-0046

Phone: (909) 387-9845
California Relay Service: 711
Fax: (909) 889-2460
Email: fburks@wdd.sbcounty.gov

The Equal Opportunity Officer must receive your written complaint no later than 180 days from the date you believe the discrimination happened. This WIOA Title-I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



Initial Here

I have read the above and understand my equal opportunity rights under the Workforce Innovation & Opportunity Act. I understand that if I feel I have experienced discrimination, I may use this procedure, or I may send a written complaint directly to the Equal Opportunity Officer at the address above.



Application Disclosure Documents

Customer Name: _____

Equipment and Resource Usage Agreement

All equipment in the Resource Rooms at our America's Job Centers of California is intended for job-related use only. Please adhere to the following guidelines regarding the use of these Resource Rooms:

Resource Room:	<ol style="list-style-type: none">1. Turn cell phones on vibrate and conduct conversations outside.2. Dress code is business casual.3. Materials located in the Resource Room are not to be removed unless approved by staff.4. Food and drinks are not permitted.5. Children are not permitted.6. Service dogs are permitted.
Computer Usage:	<ol style="list-style-type: none">1. Modifying computer settings and loading software of any kind is prohibited.2. Be sure to save your own copy of documents, computers have a deep freeze setting that will wipe out all saved files.3. Computer usage is restricted to job search activities only.4. NO instant messaging or chat activities permitted.5. Time limits of 30 minutes will be imposed on computer usage when space is limited.6. Printing is limited to 10 pages per day.
Fax Machine:	<ol style="list-style-type: none">1. Fax machine transmittals will be processed by staff in the order requests are made.2. Incoming transmittals are permitted ONLY when pre-approved by staff and must be addressed to the attention of staff member who gave approval.
Copy Machine:	<ol style="list-style-type: none">1. Use of colored paper is prohibited unless pre-approved by staff.2. Copies are limited to 10 pages per day.3. Ask for assistance when using the machine.
Liability of Property:	<ol style="list-style-type: none">1. Please do not leave your personal belongings unattended. Staff is not responsible for lost, stolen, or moved items.
Lobby:	<ol style="list-style-type: none">1. You must check in with Reception to enter the Resource Room.2. A responsible adult must accompany children at all times while in the lobby.3. Access to employee work areas is strictly prohibited unless accompanied by staff.
Compliance:	Your initial below is an acknowledgment that you are informed of the policies contained on this page, understand that other rules may be applicable, and are responsible for complying with them. Customers who violate any part of this policy or use any resource improperly will be restricted from future use.
California Relay Service 711:	This WIOA Title-I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



I have read and understand the above agreement.

Initial Here



Application Disclosure Documents

Customer Name: _____

Follow-Up Agreement

The Workforce Innovation & Opportunity Act (WIOA) is a federally funded program, which requires monitoring the progress of our participants, including employment verification, for one year after exiting the program.

Participant Release of Information Statement:

As an enrollee in the WIOA program, I agree to notify your office if my address changes. I also agree to provide information including my employer's name, address, and phone number, the number of hours I am working, my start date, my rate of pay, and my job description.

I hereby give permission to the San Bernardino County Workforce Development Department (WDD) to perform employment status checks using my social security information for the full duration of my participation in the WIOA program.

I also hereby give permission to my employer to release information regarding my employment and earnings to the WDD WIOA program. I understand that the information I provide will be kept strictly confidential.

NEPOTISM

1. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an elected City or County official?

☐ Yes ☐ No If you answered "yes," what is his/her name, elected title and relationship to you?

2. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an employee of a City, County or WIOA-funded organization?

☐ Yes ☐ No If you answered "yes," what is his/her name, organization, position and relationship to you?

PARTICIPANT CERTIFICATION

My signature below indicates that I have been informed of and understand the information contained in this packet.

Participant Name

Participant Signature

Date



Application for WIOA Services

Customer Name: _____

--- THIS SECTION TO BE COMPLETED IN FULL BY WIOA STAFF ONLY ONCE VERIFIED---

ELIGIBILITY DATE:		SPECIFY ELIGIBILITY STATUS AND FUNDING INFORMATION:	
		<input type="checkbox"/> WIOA Adult Services <input type="checkbox"/> Youth Eligibility STATEWIDE? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	<input type="checkbox"/> WIOA Dislocated Worker Services <input type="checkbox"/> Other: _____
SIGNATURE OF INTERVIEWER:		DATE:	SIGNATURE OF REVIEWER: DATE:
Printed Name of Assigned Case Manager:			

STAFF USE ONLY: USE THIS SECTION TO LIST ACTIVITY RECORDS TO BE ENTERED FOR SERVICES PROVIDED.

Key – Agency Code

B01 = Rancho AJCC
 C01 = San Bernardino AJCC
 H01 = High Desert AJCC

Key – Completion Code

1 = Successful Completion
 2 = Participation Waived/Exempted
 5 = Unsuccessful Completion-Dropped Out
 6 = Unsuccessful Completion-Provider Closed
 7 = Unsuccessful Completion-Failed to Report
 8 = Unsuccessful Completion-Unable to Contact

	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
ACT 1	<input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	101 - Orientation			
ACT 2	<input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	102 - Initial Assessment			
ACT 3	<input type="checkbox"/> Adult <input type="checkbox"/> DW	<input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01				