



Application Disclosure Documents



Name (First, Middle, Last)

Last 4 SSN

Youth Provider

Follow-Up Agreement

Workforce Innovation and 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 to perform employment status checks on 'The Work Number' 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 San Bernardino County Workforce Development Department's 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?

CONTACT INFORMATION - Please list two people who do NOT live in your household and will always know how to contact you.

#1 First and Last Name

Email

Full Address

Phone

#2 First and Last Name

Email

Full Address

Phone

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

Initial Here



Orientation Checklist

Orientation was conducted by:

I certify that the following items have been explained, in detail, on this date. Please check all that apply and initial.

- Complaint & Grievance Procedure
- Equal Opportunity Information and Discrimination Complaint Procedures
- Services for Youth 18+ Available at Nearest America's Job Center (AJCC)
- Youth Responsibility and Expected Outcomes
- Skill Attainment
- Employment Procedures
- Stipend Policy
- Workshop Expectations
- Basic Skills Deficiency
- Goals and Barriers
- Individual Service Strategy (ISS)
- Assessment Procedures
- Minimum Wage

I have read and understand the items checked above.

Initial Here

Release & Authorization for Use of Image, Name, Voice, and/or Interview

I hereby irrevocably grant to the San Bernardino County Workforce Development Department ("County") the absolute and irrevocable right to now and in the future (check all that apply):

- Create and obtain images, photographs, video, audio, interviews, stories, personal histories, and any other recordings or documents, in any now known or future media, of my name, image, voice, likeness, personal information, or other items ("Recordings") related to the services provided by the County pursuant to the Workforce Innovation and Opportunity Act (WIOA).
- Use, publish, distribute, copy or transmit these Recordings either in whole or in part, individually or in connection with other material, in any and all media, including but not limited to, presentations, displays, brochures, and other official materials, including the Internet, to promote the WIOA program, without restriction as to alteration; and to use my name in connection with any Recordings if the County so chooses.
- Use my story and quotes, should I provide them to the County, about myself, in presentations, displays, brochures, and other official materials, including the internet, to promote the WIOA program, without restriction as to alteration; and to use my name if the County so chooses.
- The County shall own all right, title, and interest to the Recordings, including my story and quotes. I hereby waive any inspection or approval of use. I also waive and release the County from any claims based on invasion of privacy, right of publicity, defamation, false endorsement, or claim of visual or audio alteration or faulty mechanical reproduction.

My initials indicate this form is complete and read by me (or to me) and I am in agreement with the items checked and that no promise or representations of any kind have been made to me.

Initial Here

I wish to opt out of the Media Release/Authorization.

Initial Here



Medical Release

If the participant is under 18 years of age, please complete the following:

I _____ the undersigned parent and/or legal guardian of _____ whose date of birth is _____ do hereby authorize medical and/or surgical treatment by a State of California licensed medical doctor (M.D.), and/or a State of California licensed hospital and/or licensed hospital emergency room and/or a private practice office operated by a State of California licensed medical doctor (M.D.), duly certified and licensed and/or their representatives as agent(s) for the undersigned to consent to any X-ray, laboratory, anesthetics, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed medical doctor (M.D.) as per the provisions of the Medical Practice Act and who is on the staff of the accredited hospital, whether such diagnosis or treatment is rendered at the office of the treating physician or at any accredited hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority, consent, and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his medical and surgical judgement may deem advisable pursuant to the provisions of § 25.8 of the Civil Code of California.

In addition, you are authorized to release and/or to receive any and all medical records and/or related medical information pertaining to and/or aiding in the treatment rendered the minor named above with regard to the minor/minor's industrial accident/injury.

Family Doctor	<input type="text"/>	Telephone	<input type="text"/>
Parent/Legal Guardian's Signature	<input type="text"/>	Date	<input type="text"/>
Signature of Witness	<input type="text"/>	Date	<input type="text"/>

If participant is 18 years old or older, please provide an emergency contact. In case of emergency, please notify:

Name	<input type="text"/>	Relationship	<input type="text"/>
Full Address	<input type="text"/>	Telephone	<input type="text"/>

Please list personal physical information that hospital or physician should be aware of in case of illness or injury (i.e., diabetic, drug reactions, heart condition, drug/medications currently taking, allergies, etc.).



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 Program 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 the Program Director about your complaint.

- The Program Director 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 Workforce Development Department Staff Analyst over the WIOA Youth Program.

- The Staff Analyst will contact you within three (3) business days of step 2
- If you are not satisfied with this decision, go to Step 4

4. Ask to speak with a Workforce Development Department Administrative Supervisor about your complaint or grievance.

- The Administrative Supervisor will contact you within seven (7) business days of step 3
- If you are not satisfied with this decision, go to Step 5

5. The Administrative Supervisor will arrange a meeting for you to discuss your complaint or grievance with staff, witnesses and your service provider.

- The meeting will take place within 25 business days of the day you spoke with the Program Supervisor about your grievance or complaint
- If you are not satisfied with the decision, go to Step 6

6. 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/.

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

Initial Here



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, DC20210.

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.

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.

Initial Here



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.

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.

Initial Here



Participant Release Form - WIOA



Participant Name (First, Middle, Last)

Last 4 SSN

State ID #

As a Workforce Innovation & Opportunity Act (WIOA) participant, you may participate in the activities and programs of the San Bernardino County America's Job Center of California (AJCC) Partner agencies and other local service providers.

Your signature below authorizes the San Bernardino County Workforce Development Department to exchange information about you with the following agencies, as needed, and from these agencies to the Workforce Development Department:

San Bernardino County AJCC System (MOU) Partner agencies

Eligible Training Provider as listed on the ITA

Other #1:

Other #2:

Other #3:

Other #4:

All information exchanged between the above-listed agencies will be treated with the utmost confidentiality.

Participant Statement

I authorize the agency, institution, or individual provider selected above to release information about me to the San Bernardino County Workforce Development Department. I understand that this authorization will remain in effect unless I choose to revoke it in writing. I confirm that this form has been completed in full and was either read by me or read to me prior to signing.

Participant Signature

Date