



Application for Workforce Innovation and Opportunity Act (WIOA) Services -Youth

290 N. D Street, Suite 600

San Bernardino, CA 92415

(909) 387-9859

YOUTH PROVIDER:

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

1.	SOCIAL SECURITY NUMBER:		WIOA STAFF USE:	
2.	NAME (First, Middle Initial, Last):		WIOA STAFF USE:	
3.	RESIDENCE STREET ADDRESS:			
	RESIDENCE CITY:		RES. STATE:	RES. ZIP CODE:
4.	PRIMARY TELEPHONE NUMBER:		TYPE: (check one)	Cell/Mobile Work Home Other _____
5.	ALTERNATE TELEPHONE NUMBER:		TYPE: (check one)	Cell/Mobile Work Home Other _____
6.	EMAIL ADDRESS:			
7.	MAILING ADDRESS: Check here if same as residential, then skip to #8. If different, please complete.			
	Mailing Street Address:			
	Mailing City:		Mailing State:	Mailing Zip Code:
8.	DATE OF BIRTH: (mm/dd/yyyy)		WIOA STAFF USE:	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: _____
	WIOA STAFF USE: 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 Indian Bangladesh Nepalese Bhutanese Chinese Malaysian Laotian Vietnamese Pakistani Sri Lankan Sikkimese Japanese Korean Thai Cambodian Filipino Other Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Other Pacific Islander Hawaiian/part Hawaiian Samoan Palauan Guamanian Micronesian Marshallese Other Pacific Islander			
12.	ARE YOU A MIGRANT WORKER OR FARMWORKER? Farmworker Migrant – traveled to an area for work & were unable to return home in the same day Migrant Farmworker No		IF SO, PLEASE SPECIFY TYPE: Agriculture production and services Food processing establishment	



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13.	ARE YOU A TRANSITIONING MILITARY SERVICE MEMBER?		Yes – within 24 months of Retirement – Estimated Discharge Date: _____ Yes – within 12 months of Discharge – Estimated Discharge Date: _____ No	
14.	HAVE YOU SERVED IN THE U.S. MILITARY? (check one) (If you answer No to both Questions, skip Questions 15-18)		No (If No, skip to #18) Yes, more than 180 days Yes, less than or equal to 180 days	ARE YOU THE SPOUSE OF A ACTIVE VETERAN? Yes No
15.	HOMELESS VETERAN? Yes No		RECENTLY SEPARATED? (within last 48 months) Yes No	
16.	DATE ENTERED MILITARY SERVICE:	MILITARY SERVICE DISCHARGE DATE:	TYPE OF DISCHARGE:	
17.	WHICH BRANCH?		ARE YOU ACTIVE IN THE MILITARY RESERVE? Yes No	
18.	HAVE YOU ATTENDED A TRANSITIONAL ASSISTANCE PROGRAM (TAP) WORKSHOP IN THE LAST 3 YEARS? Yes No			
19.	EMPLOYMENT STATUS: (check one)	Employed Not Employed Employed with notice of Termination/Military Separation	WIOA STAFF USE: Employment Verification <input type="checkbox"/> Applicant Statement/ Self Attestation <input type="checkbox"/> Job Search Worksheet <input type="checkbox"/> Case File Notes <input type="checkbox"/> UI Records/Check Stubs <input type="checkbox"/> UI Cross-match <input type="checkbox"/> Employer Contract	
20.	HOW MANY WEEKS HAVE YOU BEEN UNEMPLOYED?			
21.	WHAT IS YOUR CURRENT OR MOST RECENT OCCUPATION?		WIOA STAFF USE: ONet Job Title _____ ONet Code _____	
22.	IF EMPLOYED, ARE YOU UNDER EMPLOYED? Yes No	HAVE YOU RECEIVED A TERMINATION/LAYOFF NOTICE FROM YOUR LAST JOB OR CURRENT JOB, IF STILL EMPLOYED? Yes No		
23.	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.		<input type="checkbox"/> 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.		WIOA STAFF USE: Dislocated Worker Verification Accepted: _____ _____ AND Verified Unlikely to Return status for Category 1 and 2 <input type="checkbox"/> Case Note Completed
<input type="checkbox"/> 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.		<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		<input type="checkbox"/> 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.		
		<input type="checkbox"/> None of the above. Termination/layoff does not qualify individual for Dislocated Worker program.		



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24.	WHAT IS YOUR PROJECTED LAYOFF DATE, if applicable? (mm/dd/yyyy)		DID YOU ATTEND A GROUP ORIENTATION (Rapid Response)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, specify date & location) _____	
*** LIST YOUR LAST TWO JOBS, STARTING WITH THE MOST RECENT JOB (EVEN IF CURRENTLY WORKING) ***				
25.	CURRENT EMPLOYER / MOST RECENT EMPLOYER (as applicable):			
26.	EMPLOYER STREET ADDRESS:			
27.	EMPLOYER CITY:		EMP. STATE:	EMP. ZIP CODE:
28.	INDUSTRY:	JOB TITLE:		HOURLY WAGE: \$
		<u>WIOA STAFF USE:</u> ONet Job Title: _____ ONet Code: _____		
29.	EMPLOYER TELEPHONE:		START DATE: (mm/dd/yyyy)	ACTUAL LAYOFF/END DATE: (mm/dd/yyyy)
30.	HOURS WORKED PER WEEK:	REASON FOR LEAVING JOB: (check one) Layoff Terminated/Fired Still Employed Quit/Resigned Other _____	<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) _____	
31.	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) _____
32.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:			
33.	NAME OF PREVIOUS EMPLOYER / BUSINESS:			
34.	EMPLOYER STREET ADDRESS:			
35.	EMPLOYER CITY:		EMP. STATE:	EMP. ZIP CODE:
36.	JOB TITLE/OCCUPATION:	START DATE:	END DATE:	HOURS WORKED PER WEEK:
37.	REASON FOR LEAVING JOB: (check one) Layoff Terminated/Fired Still Employed Quit/Resigned Other _____	SPECIFY SALARY AMOUNT PAID AND PAYMENT SCHEDULE: (check one) Salary: \$ _____		Hour Day Week Month Other (explain) _____
38.	SUMMARY OF PRIMARY JOB DUTIES PERFORMED:			
39.	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	DO YOU HAVE A GENERAL EQUIVALENCY DIPLOMA (GED)? Yes No <u>WIOA STAFF USE:</u> Verification if answered NO GED: <input type="checkbox"/> School Records <input type="checkbox"/> Applicant Statement



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40.	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	WIOA STAFF USE: 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			
41.	ARE YOU CURRENTLY ENROLLED IN EDUCATION LEADING TO HSD, GED, OR CERTIFICATION? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____				
42.	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
43.	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	
44.	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 the Prison to Employment Questionnaire for the customer to complete.			SUBSTANCE ABUSE? Yes No
45.	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 _____
46.	GANG STATUS: (check one) N/A Gang Member Involvement	Gang Involved At Risk Gang	YOUTH OF INCARCERATED PARENT? Yes No	PARENT PAROLEE NUMBER:	
47.	ARE YOU RECEIVING PUBLIC ASSISTANCE BENEFITS? (check all that apply) TANF/CalWORKs/Cash Aid TANF Exhaustee Refugee Cash Assistance General Assistance/Relief Food Stamps N/A	REFERED BY CHILD SUPPORT SERVICES? Yes No	WIOA STAFF USE: TANF Verification Accepted: _____ SS Income Verification Accepted: _____ Food Stamp Verification Accepted: _____ Refugee Cash Assistance Verification Accepted: _____ General Assistance/Relief Verification Accepted: _____		
48.	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 year _____
49.	FAMILY SIZE: (01-15)	ESTIMATED FAMILY INCOME FOR THE PAST 12 MONTHS: \$		WIOA STAFF USE: Annual Family Income Verification _____	
50.	ARE YOU CURRENTLY SEEKING WORK? No Yes. What type? _____		DO YOU HAVE A LICENSE/CERTIFICATE IN THIS FIELD? No Yes, please specify _____		
51.	DO YOU HAVE A VALID DRIVER'S LICENSE? (please specify)	No Yes (If Yes, specify type below) Class A/Heavy Truck Class B/Passenger/Bus Class C/Regular Class M/Motorcycle State _____, DL# _____			



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Participant Name: _____

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 – Please read and answer the questions below:

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.

	FIRST AND LAST NAME	EMAIL ADDRESS	TELEPHONE NUMBER
1.			
	ADDRESS	CITY	STATE AND ZIP CODE
2.	FIRST AND LAST NAME	EMAIL ADDRESS	TELEPHONE NUMBER
	ADDRESS	CITY	STATE AND ZIP CODE

I have read and understand the Department of Workforce Development's Follow-Up Agreement.

Initial Here _____



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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



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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: _____ Phone number: _____

Parent/Legal Guardian's Signature

Date

Signature of Witness

Date

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

Name: _____ Relationship: _____

Complete Address: _____

Phone number: _____

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.).



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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 use the “*Discrimination Complaint Procedures*” form.

1. Ask to speak with a Program Supervisor within 90 days of the day the incident occurred. <ul style="list-style-type: none">• 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. <ul style="list-style-type: none">• 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 Forward Program. <ul style="list-style-type: none">• The Staff Analyst will contact you within three (3) business days of step 2• If you are not satisfied with the decision, go to step 4
4. Ask to speak with a Workforce Development Department Administrative Supervisor about your complaint or grievance. <ul style="list-style-type: none">• 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. <ul style="list-style-type: none">• 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 from the Staff Analyst. 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 wp.sbcounty.gov/workforce/about/ffd/.

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

Initial Here



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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 and 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.

For information or to file a complaint with the recipient, contact:

Fred Burks, Equal Opportunity Officer
San Bernardino County Workforce Development
Department, 290 North D Street – Suite 600, San
Bernardino, CA 92415 Phone: (909) 387-9845,
California Relay Service: 711 Fax: (909) 889-2460
fburks@wdd.sbcounty.gov

I have read the above and understand my equal opportunity rights under the Workforce Innovation and Opportunity Act.

Initial Here _____



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DISCRIMINATION COMPLAINT PROCEDURES

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

1. Ask to speak with a Program Supervisor within 90 days of the incident. <ul style="list-style-type: none">▪ 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 the Program Director about the incident. <ul style="list-style-type: none">▪ The Program Director 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 Workforce Development Department Staff Analyst over the WIOA Youth Program. <ul style="list-style-type: none">▪ The Staff Analyst will contact you within five (5) business days of the day you spoke with the Program Director about the incident▪ If you are not satisfied with the decision, go to Step 4
4. Ask to speak to the Equal Opportunity Officer of the Workforce Development Department about the incident. <ul style="list-style-type: none">▪ The EEO will contact you within seven (7) business days of the day you spoke with the Workforce Development Staff Analyst about the incident▪ If you are not satisfied with the decision, go to Step 5
5. Obtain the " <i>Discrimination Complaint Information Form 190</i> " from the EEO. 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 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 _____



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PARTICIPANT RELEASE

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 Department of Workforce Development Department (WDD) to exchange information about you with the following agencies, as needed, and from these agencies to the WDD:

San Bernardino County AJCC Partner agencies

Eligible Training Providers

Other: _____

Other: _____

Other: _____

All information exchanged between the above agencies will be held in the strictest confidence. A written request will be required to revoke this authorization.

Participant Statement:

I authorize the Agency/Institution/Individual Provider checked above to release information about me to the San Bernardino County Department of WDD. I understand this release will remain in effect unless I choose to revoke it. This form was completed in its entirety and was read by me (or read to me) prior to signing.

I decline authorization.

Initial Here



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Participant Name: _____

CUSTOMER CERTIFICATION

My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the program and may result in action to recover any monies paid to me while participating.

SIGNATURE OF CUSTOMER:	DATE	PARENT/GUARDIAN SIGNATURE: (If under 18 years old, both Customer and Parent/Guardian must sign form.)	DATE

Funding for this program is provided by the San Bernardino Workforce Development Board (WDB). This WIOA Title-1 financially assisted program or activity and the WDB are Equal Opportunity Employers. Auxiliary aids and services are available upon request to individuals with disabilities. For federal funding disclosure information, visit Workforce.SBCounty.gov/about/ffd/.

--- 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"/> WIOA Dislocated Worker Services <input type="checkbox"/> Youth Eligibility <input type="checkbox"/> Other: _____ STATEWIDE? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____		
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			
ACT 1	Customer Program Code: <input type="checkbox"/> Adult <input type="checkbox"/> DW	Agency Code: <input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	3-Digit Activity Code and Description: 101 - Orientation	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
ACT 2	Customer Program Code: <input type="checkbox"/> Adult <input type="checkbox"/> DW	Agency Code: <input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	3-Digit Activity Code and Description: 102 - Initial Assessment	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:
ACT 3	Customer Program Code: <input type="checkbox"/> Adult <input type="checkbox"/> DW	Agency Code: <input type="checkbox"/> B01 <input type="checkbox"/> C01 <input type="checkbox"/> H01	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code: