

WIOA Intake Form

First Name _____ Middle Initial _____ Last Name _____

SSN _____ Pronouns: _____ Gender _____ Date of Birth ____/____/____ Age _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

_____ Alt. Phone _____ Email _____

Preferred Communication Phone Email Are you authorized to work in the US? Yes No

Citizenship US Citizen Permanent Resident Refugee Other _____

Are you proficient in English? Yes No If No, what language(s) do you speak? _____

Selective Service Registration (*Males 18 and over and born after Jan.1, 1960.*) Yes No N/A

Veteran Status Veteran Spouse of Veteran Dependent of Veteran N/A

If you are a veteran, Branch: _____ Entry Date: ____/____/____ Discharge Date: ____/____/____ Do

you consider yourself to be of Latino or Hispanic Heritage? Yes No I do not wish to answer *What is your race? (Check*

all that apply.) African American/Black American Indian/Alaskan Native

Asian Hawaiian/Other Pacific Islander White I do not wish to answer

Do you have young children? Yes No If yes, do you have dependable childcare? Yes No

Do you have reliable transportation? Yes No Is your housing situation stable? Yes No

Additional Contacts *Please provide information for two people that we can contact if we are unable to reach you.*

Name _____ Relationship _____ Phone or Email _____

Name _____ Relationship _____ Phone or Email _____

Answering the following questions may qualify you for other benefits or services. Your responses will help staff provide better job search assistance, training, and referrals as appropriate. This information will not be provided to employers.

Do you have a disability? Yes No I would like to speak to someone privately

Check all that make it hard for you to get or keep a job: Physical Mental Learning Sensory Other

Do you work with a social worker, counselor, or therapist? Yes No

If yes, please provide contact information to help us to coordinate services: _____

Have you ever been arrested or convicted of a crime? Felony Misdemeanor Other No

Charge/Details: _____

Parole/Probation Officer Name and Phone #: _____

HOUSEHOLD AND INCOME INFORMATION

Name each person in your household and total earnings for those that have worked in the past 6 months

Name	Relationship	Working?	Total earning in past 6 months
	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Do you or a family member receive any of the following? Free/Reduced Lunch SNAP TANF

Refugee Assistance Supplemental Security Income (SSI) Social Security Disability Income (SSDI)

Other _____ None

Are you currently in, or have you recently aged out of foster care? Yes No

EDUCATION

Are you currently attending school? [] Yes [] No Current/Last School Attended _____
If in school, what type? [] HS/GED Program [] Alternative School [] Trade School [] College/University
Do you have a high school diploma or GED? [] Yes [] No If not, what is the highest grade you completed? _____
Do you have a college degree? [] Associates [] Bachelors [] Masters [] Beyond Masters
Major _____ Name of College _____ City/State/Country _____
Have you completed vocational training? [] Yes [] No If Yes, what? _____
Not including your degree, provide information on other post-secondary courses: _____

EMPLOYMENT

Are you employed? [] Yes [] No Are you an incumbent worker referred by your employer? [] Yes [] No
Current/Most Recent Employer _____ Start Date: _____ End Date: _____
Job Title _____ Wage/Salary \$ _____ [] hourly [] annually
City/State/Country _____ Hours per week _____ If no longer working, reason job ended: _____
Did you collect unemployment insurance (UI) from your most recent job? [] Yes [] No
Goal Occupation _____

I approve the release of information to the Virginia Career Works Northern Centers and the Workforce Innovation and Opportunity Act (WIOA) Program. I certify that the information provided above is true to the best of my knowledge. I am aware that such information is subject to review and verification and that I may have to provide documents to support this application. I understand that I am subject to immediate termination if I am found ineligible after enrollment.

I understand that the WIOA Program requires regular follow-up for 12-months after program completion and I agree to cooperate with such inquiries.

Applicant Signature: _____ Date: _____
For applicants under age 18, signature of parent/guardian: _____ Date: _____
WIOA Staff Signature: _____ Date: _____

TO BE COMPLETED BY CASE MANAGER

Eligible Programs [] WIOA Adult [] WIOA DW [] WIOA Youth [] CARES- City Manassas [] CARES - PW
Date Eligibility Documents Received: _____ Supervisor Reviewed (Initials) _____

To be completed by WIOA Youth Case Manager

Which of the below services would best help this client?

- [] Tutoring [] Financial Literacy [] Paid or Unpaid Work Experience Supportive
[] Adult Mentoring [] Postsecondary Preparation Activities [] Services
[] Alternative Secondary School Services [] Labor Market Information [] Integrated Education
[] Leadership Development [] Entrepreneurial Skills Training [] 12-month Follow-Up after Exit
[] Comprehensive Guidance/Counseling [] Occupational Skill Training

Which challenges best describe the youth's situation?

- [] Basic Skills Deficient [] Pregnant or Parenting [] English Language Learner [] Needs Additional Assistance:
[] Foster Child [] Disability [] Homeless
[] School Dropout [] Runaway [] Offender [] 5% Youth - See Case Note

WIOA Title I-financially assisted programs and Virginia Career Works - Northern are an equal opportunity program/employer committed to nondiscrimination on the basis of disability in all programs, services and activities. Reasonable accommodations, to include auxiliary aids and services, are available upon request to individuals with disabilities.

Virginia Career Works Northern Board

Confidentiality Policy

Policy

It is the policy of the Virginia Career Works Northern Board to protect the confidentiality of all Workforce Innovation and Opportunity Act customer information.

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

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

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

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

Client Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

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

WIOA Staff Signature: _____ Date: _____

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CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____ am signing this form for _____
Your Name Client's Name

Date of Birth Address

My relationship to the customer: Self Parent/Guardian

I authorize the following confidential information about the above customer (except drug or alcohol abuse diagnoses or treatment information) to be exchanged:

<input type="checkbox"/> Y <input type="checkbox"/> N Assessment Information	<input type="checkbox"/> Y <input type="checkbox"/> N Job Readiness Information	<input type="checkbox"/> Y <input type="checkbox"/> N Criminal Records
<input type="checkbox"/> Y <input type="checkbox"/> N Educational Records	<input type="checkbox"/> Y <input type="checkbox"/> N Financial Information	<input type="checkbox"/> Y <input type="checkbox"/> N Medical Diagnosis
<input type="checkbox"/> Y <input type="checkbox"/> N Employment Records	<input type="checkbox"/> Y <input type="checkbox"/> N Benefits/Services	<input type="checkbox"/> Y <input type="checkbox"/> N Mental Health Diagnosis

I want the Northern Virginia Workforce Innovation and Opportunity Act (WIOA) Program to be able to exchange information with Virginia Employment Commission (VEC), Fairfax County Government, training providers, and partner agencies/organizations of the *Virginia Career Works Northern Center*.

- I authorize WIOA to email my resume to potential employers and partner organizations that have employment opportunity listings to assist with my employment needs.
- I authorize information to be shared in writing, by phone, in meetings, or by emails.
- This consent is good until one year after case closure.
- I want all the agencies to accept a copy of this form as a valid consent to share information.

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Customer Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____

Person Explaining Form- Name: _____ Phone Number: _____

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**VIRGINIA CAREER WORKS NORTHERN CENTER
EMPLOYMENT AND TRAINING PROGRAM
CUSTOMER COMPLAINT PROCEDURE**

Purpose

All customers of the *Virginia Career Works Northern* Centers have the right to comment about the quality of service they receive or if they believe an unfair determination was made about eligibility for training in the *Virginia Career Works Northern* Employment and Training Centers.

In order to maintain a harmonious and cooperative relationship between our customers, employers, partners and staff, it is the policy of the Centers to provide for the settlement of problems and differences through an orderly complaint procedure. Every customer, employer, partner or staff has the right to present his/her complaint in accordance with this established procedure free from interference, coercion, restraint, discrimination or reprisal.

Steps of the Procedure

Step 1: Contact the WIOA Program Supervisor – Robin A. Baker at Robin.Baker@fairfaxcounty.gov

The customer, employer, partner or staff shall present their complaint either verbally or in writing to the WIOA Program Supervisor. Please include the full name, address, and telephone number of the party/parties filing the complaint, the full name and location of the party against whom the complaint is made, a clear and concise statement of the facts, pertinent dates and time and the resolution requested. The Supervisor will consult with all individuals necessary to reach a correct, impartial and fair determination and shall provide the individual with an answer as soon as possible, but within two working days.

Step 2: Contact the WIOA Program Manager – Tatiana Nuth at Tatiana.nuth@fairfaxcounty.gov

If the resolution from Step 1 is not satisfactory to the individual or if the Supervisor fails to respond within the designated time period, the individual may file the complaint in writing to the WIOA Program Manager. The Program Manager will hear the complaint and render a decision in writing within ten working days.

Discrimination Reporting Procedure: If you feel that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Virginia Career Works - Northern, 8270 Greensboro Drive, Suite 850, McLean, Virginia 22102. or at david.hunn@vcwnorthern.com. Or you may file a complaint with the State Equal Opportunity Officer: Shirley M. Bray-Sledge, 2221 Edward Holland Dr., Richmond, VA 23230 or at Shirley.bray-sledge@vec.virginia.gov or the Director of the Civil Rights Center (CRC), U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc.

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

Signature of Applicant / Participant

Date

Parent/Guardian Signature (if under 18)

Date

I, AS A REPRESENTATIVE OF THE VIRGINIA CAREER WORKS NORTHERN CENTER, HAVE EXPLAINED THE INFORMATION CONTAINED IN THIS NOTIFICATION TO THE WIOA APPLICANT/PARTICANT.

Signature of Representative

Date

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DOCUMENTATION CHECKLIST

Youth Workforce Innovation and Opportunity Act (WIOA) Program, Area 11. These documents are required for ALL PARTICIPANTS:

Social Security Number *We request the social security number as a method to support your employment services, this information will be used to verify wage and employment information and to review program participant outcomes. You may decline disclosure of this information.

(Examples: Social Security Card, or other authoritative document with social security number listed)

Driver's License or Picture ID Card

(Examples: Learner's Permit, Government ID, DMV/State ID card, school ID)

Proof of Citizenship / Right to Work

(Examples: Birth Certificate, Passport, Permanent Residence Card (Green Card), Voter ID or work permit that is valid for one year or more)

Family Size Verification

(Examples: Most recent tax return, lease, or public assistance letter with family members listed; and/or birth records of dependents)

School Records

(Examples: Most recent diploma, transcripts and/or report card, and Individualized Education Program (IEP) document as applicable)

Verification of Challenges: Homeless, Foster Care, Runaway, Pregnant/Parenting, Offender, School Drop-Out, Basic Skills Deficient, Disabled, English Language Learner. Please submit proof of any of these challenges that you have encountered.

These documents are required for SOME PARTICIPANTS, when applicable:

If male, age 18 or older: Selective Service Registration Confirmation

(Examples: Printout from www.sss.gov, selective service card, or application confirmation letter)

Veteran Status

(Examples: DD-214, Report of Transfer or Discharge, Letter from Department of Veteran's Affairs)

Public Assistance Verification

(Examples: Notice of Action letter, TANF documents, SNAP notification, EBT card with printed name, etc.)

Income Verification

(Examples: Paystubs, bank statements, public assistance documents, or unemployment statements)

Resume (if available)

Documents may be provided to the point of contact closest to you.

Fax Number for all staff is 703-653-1377. Visit <https://vcwnorthern.com/> for location addresses.

Virginia Career Works Center – Alexandria	Kenia Larin, 571-385-9681, Kenia.Larin@fairfaxcounty.gov
Virginia Career Works Center – Annandale	Jared Collins, 571-595-2588, Jared.Collins@fairfaxcounty.gov
Virginia Career Works Center – Reston	Rachael Tichacek, 703-787-3169, Rachael.Tichacek@fairfaxcounty.gov
Virginia Career Works Center -- Loudoun	Virginia Walsh, 703-324-4416, Virginia.Walsh@fairfaxcounty.gov
Virginia Career Works Center – Woodbridge	Skye Blanchard, 703-689-1121, Skye.Blanchard@fairfaxcounty.gov

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Emergency Contact and Medical Release Form
WIOA Youth Program

General Information				
Last Name	First	Middle	Date of Birth	
Street Address	Apt.	City	State	ZIP
Home Phone	Cell Phone		Work Phone	
Emergency Contacts				
Last Name	First	Middle	Relationship	
Home Phone	Cell Phone		Work Phone	
Last Name	First	Middle	Relationship	
Home Phone	Cell Phone		Work Phone	
Health Insurance (If applicable):				
Known Allergies (Including Medications):				
Medical Problem(s) which should be noted:				
Physician or Clinic:				
Do You Need Accommodation in the Workplace? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____				

I hereby give the WIOA Youth Program Permission to provide me/my child with the necessary medical treatment while injured or become ill during the program activities.

Participant Signature

Date

Parent/Guardian Signature
(Youth under 18 years of age)

Date

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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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

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 the person whom the recipient has designated for this purpose);

Shirley Bray-Sledge, State-Level EO Officer

Virginia Department of Workforce Development and Advancement - Virginia Works 2221

Edward Holland Dr., Richmond, VA 23230

shirley.bray-sledge@viriniaworks.gov

or

Director, Civil Rights Center (CRC), U.S. Department of Labor

200 Constitution Avenue NW, Room N-4123, Washington, DC 20210

or electronically as directed on the CRC website at www.dol.gov/crc

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 may file a complaint with CRC before receiving that Notice. 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.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

WIOA Screener Signature: _____ Date: _____

Northern Virginia Workforce Region, LWDA XI
Photo Consent and Release Form

I give permission for (Print name) _____ to be photographed, videotaped, and/or quoted as a participant in the Workforce Innovation and Opportunity Act (WIOA) Program and affiliated grant programs.

I hereby authorize the Virginia Career Works Network, The SkillSource Group, Inc., and Fairfax County Government to use, reproduce and distribute my name, voice, likeness, or photographs of me in Annual Reports, on its website, and in other publications.

I understand that my authorization allows the above parties the right to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me without compensation or further notice.

I hereby release the Virginia Career Works Network, The SkillSource Group, Inc., and Fairfax County Government and allow permission for use of my image.

I certify that I am 18 years of age or older and I have read and understand this release.

Print Name:
Signature:
Date Signed:

For Participants under 18 years of age:

I am under 18 years of age and I have read and understand this release.

Print Name:
Signature:
Date Signed:

I am the parent/guardian for the person named above and I have read and understand this release.

Print Name of Parent/ Guardian:
Parent/Guardian Signature:
Date Signed:

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VEC Local Office:

VEC WIOA Request of Confidential VEC Information

(authorized for use only by WIOA Partners with a current VEC Data-sharing Agreement)

This form MUST be completed in its entirety PRIOR to the release of any confidential VEC information.
Consent is required each time confidential VEC information is requested.

Agency/Entity Name Virginia Career Works Northern Workforce Area XI Phone _____

Address _____

Representative _____ Date _____

Client/Claimant Name _____

Instructions for WIOA Partner Representative: The individual's consent below is required prior to submission to VEC.

When faxing this form to the local VEC office, send with a cover sheet on your agency's letterhead, including your name, address, phone, and fax number.

Consent to Release Confidential Information

Instructions for Client/Claimant: Complete this section to consent to the release of information as described below.

Initial either or both lines below indicating the information to be released.

Sign, date and print your name where indicated.

I consent to allow the organization named above to request and obtain all available information about me from the Virginia Employment Commission's state government files concerning: my

_____ employer information and the wages paid to me my

_____ unemployment compensation benefits received.

I consent to this release on the condition that the information will only be used for the purpose of determining my eligibility for services under the Workforce Investment Act; that it will be kept confidential; and, that it will not be provided to any other entity.

Parent/Guardian Signature (if under 18): _____ Date _____

Signature _____ Date _____

Printed Name _____ SSN _____

(Social Security Number)

VEC LOCAL OFFICE USE

VEC Representative Providing Information _____
Date _____

Instructions for local VEC office: Use a hole punch to remove the PIN number from Benefit Payment History. Only VABS 07 and W6 screens should be provided.

Send this form via VEC inter-office mail to: Central Office, Information Control, Room 201.
Please do not send screen prints - just this form and the fax cover sheet, if applicable.



NORTHERN REGION

Babel Notice

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (703) 827-3782 for assistance in the translation and understanding of the information in this document.

Spanish

¡**IMPORTANTE!** Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (703) 827-3782 para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional

重要須知! 本文件包含重要資訊，事關您的權利、責任、和 / 或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電(703) 827-3782 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese

LƯU Ý QUAN TRỌNG! Tài liệu này chứa thông tin quan trọng về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. Hãy gọi (703) 827-3782 để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog

MAHALAGA! Naglalaman ang dokumentong ito ng mahalagang impormasyon tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. Tumawag sa (703) 827-3782 upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French

IMPORTANT! Le présent document contient des informations importantes sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. Appelez au (703) 827-3782 pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole

ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. Rele (703) 827-3782 pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese

IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. Contacte o número (703) 827-3782 para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك وألوانك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسوف نوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم (827-3782) للحصول على مساعدة في ترجمة المعلومات الواردة في هذا المستند وفهمها.

Russian

ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. Позвоните по телефону (703) 827-3782 для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. (703) 827-3782 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

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Northern Virginia Workforce Innovation and Opportunity Act (WIOA)
Adult/Dislocated Worker and Youth Programs
PARTICIPANT RESPONSIBILITY FORM

Review the information below and sign to acknowledge your understanding. WIOA Staff can answer any questions on the information below during your scheduled screening.

Intake Packet and Eligibility Requirements

Eligibility requirements are outlined in the WIOA video and WIOA Eligibility Packet. Intake packet and eligibility documents will be collected to verify eligibility prior to enrollment.

Program Objectives

The goal of the WIOA Program is employment. WIOA Case Managers will connect participants with job developers, workshops, job fairs, and possibly training to assist in reaching this goal.

Responsibilities of participants

Participants are responsible for maintaining monthly contact with his/her case manager and notifying case manager of anything effecting employment or services being provided while in the program. If a participant does not meet with their case manager for more than 90 days during enrollment, the WIOA case will be closed and s/he may not be eligible for enrollment in the future.

Length of participation

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

Individual Counseling/Vocational Guidance

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

Individual Employment Plan/Individual Service Strategy (IEP/ISS)

Participants will work with their WIOA case managers to create an IEP/ISS outlining the services needed to find employment and to act as a guide while in the program.

Assessments

Participants will need to complete interest and aptitude testing. Information on these assessments will be provided by case manager. For youth participants, a basic skills assessment is also required.

Validation of Employment and/or Education (including verifications)

Participant will provide case manager validation of employment and/or education once obtained. Verification of employment includes paystubs, offer letter, or bank statements. Verification of education includes transcripts, class schedules, etc.

14 Program Elements – (WIOA Youth participants only)

The 14 Program Elements are reviewed during the WIOA Youth Orientation and explained in further detail with your designated Case Manager while completing the ISS.

Training

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

Financial Award Analysis- Completed by the training provider and participant to list courses and total costs.

Customer Request for Training- Completed by participant to outline the purpose for training and the courses requested.

Training Agreement- Reviewed and signed by case manager and participant to outline understanding of training participation requirements.

Validation of training- Participants will provide status updates while in training and provide copies of any transcripts or certificates received.

Letter of Authorization- A signed letter of authorization must be completed by the WIOA Program Manager to approve training. If training is taken without signed approval prior to the start date, participant will be responsible for the training costs.

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

12 months follow up after exit

Participant will be contacted once a month or quarterly by the Retention Specialist for an update on status.

During that time, if participant's employment status changes, job development services will be available.

I UNDERSTAND THE ABOVE WIOA REQUIREMENTS AND PROVISIONS.

WIOA Youth Program Applicants: Signing this form confirms you have attended a WIOA Youth Orientation.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

WIOA Screener Signature: _____ Date: _____

WIOA Title I-financially assisted programs and Virginia Career Works – Northern are an equal opportunity program/employer committed to nondiscrimination on the basis of disability in all programs, services and activities. Reasonable accommodations, to include auxiliary aids and services, are available upon request to individuals with disabilities.