

Workforce Innovation and Opportunity Act (WIOA) Eligibility Packet

Note: All eligibility documents and completed forms must be provided at your eligibility appointment or you will need to reschedule. If you are unable to download the WIOA Intake Packet, please email dfswioa@fairfaxcounty.gov for assistance.

ALL applicants must provide items 1-12:

- ☐ 1. Social Security Card
- ☐ 2. Driver's License or Learner's Permit /Government ID (i.e., DMV ID, school ID, etc.)
- ☐ 3. Proof of US Citizenship or Legal authorization to work in the US (i.e., birth certificate, passport, INS card, valid work permit – should be valid for at least one year)
- ☐ 4. Current Resume (Word format preferred)
- ☐ 5. Customer Information Form- *Page 3 of this packet*
- ☐ 6. Participant Responsibility Form- *Page 4 of this packet*
- ☐ 7. Consent to Exchange Information- *Page 5 of this packet*
- ☐ 8. Complaint Procedure- *Page 6-7 of this packet*
- ☐ 9. EO Statement- *Page 8 of this packet*
- ☐ 10. VCWNB Confidentiality Policy- *Page 9 of this packet*
- ☐ 11. WIOA Partner Request-VEC Consent- *Page 10 of this packet*
- ☐ 12. WIOA Photo Consent- *Page 11 of this packet*

IF APPLICABLE, provide items 13-17:

- ☐ 13. Selective Service Registration verification (for males born after 1960 and that lived in the US before 26 years old)
- ☐ 14. Veteran Status (DD214, military ID)
- ☐ 15. Offender Status (Court order, Police Report, Letter from Probation Officer)
- ☐ 16. Verification of disability (letter from DRS or Disability Agency or Doctor's letter re disability)
- ☐ 17. Verification of foster care child (Court custody documentation, statement from State/Local agency)

***To be eligible for WIOA, you must fall into the Adult OR Dislocated Worker category. Refer to page 2 for details.**

NOTE: You will only need to provide documentation for ONE of these program areas to be eligible for WIOA services.

Eligibility Requirements for the Adult and Dislocated Worker Programs

Adult Program

You may qualify as an Adult if you are:

18 years or older, are able to work in the U.S., and are unemployed or underemployed.

NOTE: Veterans, eligible veteran spouses, and individuals receiving public assistance or low-income are considered a priority group.

Priority of Service (POS) Categories

Please provide the corresponding verification of the applicable POS category below. If you do not submit verification of POS, you will be considered a Category 5.

| | |
|---|---|
| 1 | Veteran or eligible spouse, receiving public assistance or low income |
| 2 | Non-veteran, receiving public assistance or low-income |
| 3 | Veteran or eligible spouse, not included in WIOA priority groups |
| 4 | Non-veteran with a disability, ex-offender, or English language learner |
| 5 | Non-veteran who does not meet any WIOA priority group. |

For Categories 1, 2, and 3, provide applicable verification:

☐ Verification of Veteran status

DD214 or Military ID

☐ Public Assistance verification

If yes, provide one: SNAP Notification Letter, TANF records

Note: If you are receiving public assistance, you do NOT need to provide documentation listed below.

OR

☐ Income verification*, if applicable

6-months' pay stubs, SSA/SSI/SSDI statements, earnings statements, alimony statement, bank statements (as a last resort), of ALL family members in the household WHO ARE WORKING during the last 6 months; **AND**

*Income is only used to determine POS, not eligibility.

☐ Family size verification, if applicable

Most recent tax return, lease, landlord statement

For Category 4, provide applicable verification:

☐ Verification of disability

Letter from DRS or Disability Agency or Doctor's letter regarding disability.

☐ Verification of homelessness

If yes, provide one: Letter from shelter or social service agency

☐ Verification of offender status

Court order, letter from probation officer, police report

OR

Dislocated Worker (DW) Program

You may qualify as a DW if you are/have been:

Terminated or laid off from employment; were self-employed but is now unemployed as a result of general economic conditions; a displaced homemaker*; or a spouse of a member of the Armed Forces on active duty who experienced a loss of employment as a result of relocation.

☐ Verification of unemployment insurance (UI) and DW status

Termination letter or layoff notice from employer, news media regarding plant closure **AND** Letter from VEC** or other State's UI Office regarding approval to receive UI compensation.

OR

☐ Verification of self-employment business closure due to current economic conditions or natural disaster

IRS Forms/business licenses/ledgers, bankruptcy documents, Tax returns, bank statements.

OR

☐ Verification of permanent plant/facility/enterprise closure or layoff due to current economic conditions or natural disaster

Letter/Notice from employer, media announcement with employment verification, WARN notice.

OR

☐ Verification of displaced homemaker* status

***Displaced Homemaker** is an individual who provided unpaid services to family members in the home and who has been dependent on another family member's income but is no longer supported by that income.

Divorce/Separation papers, spouse death certificate, documents proving that you have totally relied on the other family member's income and have not worked during the cohabitation/marital relationship **AND** employment or job search verification.

OR

☐ Verification that you are the spouse of a member of the Armed Forces on active duty and have experienced loss of employment as a direct result of relocation to accommodate a permanent change in duty station.

Paystub from previous employer and active duty documents.

OR

☐ Verification that you are the spouse of a member of the Armed Forces on active duty and are unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment.

Paystub from previous/current employer and active duty documents.

**Virginia Employment Commission

Northern Virginia Workforce Innovation and Opportunity Act (WIOA) Application

WIOA is a federally funded program and can only serve job seekers that are authorized to work in the United States.

| | | |
|---|----------------------|---|
| First Name _____ | Middle Initial _____ | Last Name _____ |
| Preferred Name (if different from above): _____ | | Preferred pronouns (optional): _____ |
| Gender: _____ | Birthdate: _____ | SSN (last four only): _____ County: _____ |
| Street Address: _____ | | City: _____ Zip _____ |
| Phone: _____ | Alt. Phone: _____ | Email: _____ |

Please provide two (2) people not living in the home that we can contact if we cannot reach you:

| | | |
|------------|--------------------|--------------------|
| Name _____ | Relationship _____ | Phone/email: _____ |
| Name _____ | Relationship _____ | Phone/email _____ |

The information below helps us to best support your needs, make referrals, and determine WIOA eligibility category. It will not impact your ability to participate in the program. If you are unsure how to answer or would prefer to speak to someone privately about any of these questions, please leave the answer blank.

| | |
|--|--|
| Number of people in your household: _____ | Does anyone else in your household earn an income? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have housing needs? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you need childcare assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Do you have access to public or personal transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, Case Worker name: _____ |
| If yes, what type: <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Refugee Asst. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other: _____ | |
| What other programs are you working with (if applicable)? <input type="checkbox"/> DARS <input type="checkbox"/> CSB <input type="checkbox"/> Other: _____ | |
| Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like to speak privately | Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any law violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like to speak privately | Are you a refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you need language translation or interpreter assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No What language? _____ | |
| What is the highest level of education you have completed? <input type="checkbox"/> Grade Level: _____ <input type="checkbox"/> HS Diploma/GED | |
| <input type="checkbox"/> Some College <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Beyond bachelor's degree <input type="checkbox"/> Vocational certificate | |
| <input type="checkbox"/> Other: _____ What area(s) of study? _____ | |
| Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you collect unemployment insurance (UI) from your last job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current/Most Recent Job Title: _____ Current/Most Recent Employer: _____ | |
| Wage/Salary: _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> annually Hours per week: _____ | |
| Reason job ended: _____ | |

| |
|--|
| What is/are your desired occupation(s)? _____ |
| Who referred you or how did you hear about WIOA? _____ |

I approve the release of information to the Virginia Career Works Northern Centers and the Northern Virginia WIOA Program. I certify that the above information is accurate to the best of my knowledge.

| | |
|----------------------------|----------------------------|
| Applicant Signature: _____ | Date: _____ |
| Staff Signature: _____ | Date of Eligibility: _____ |

WIOA Title 1 financially assisted programs and Virginia Career Works - Northern are an equal opportunity program/employer committed to nondiscrimination on the basis of disability of all programs, services, and activities. Reasonable accommodations, to include auxiliary aids and services are available upon request to individuals with disabilities.

Northern Virginia Workforce Innovation and Opportunity Act (WIOA)

PARTICIPANT RESPONSIBILITY FORM

Check off and sign the information below to acknowledge your understanding. The WIOA Intake specialist and Case Manager can answer any questions on the information below during your intake appointment and subsequent meetings.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Eligibility Requirements Eligibility requirements are outlined in the WIOA video and on Page 2 of the WIOA Eligibility Packet. Documents will be collected to verify eligibility prior to enrollment. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Responsibilities of participants Participants are responsible for maintaining monthly contact with his/her case manager and notifying case manager of anything affecting 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. |
| <input type="checkbox"/> | Length of participation Program participation varies based on employment and training needs of each client but is usually less than one year. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Individual Employment Plan (IEP) Participants will work with their WIOA case managers to create an IEP outlining the services needed to find employment and to act as a guide while in the program. |
| <input type="checkbox"/> | Assessments Participants will need to complete interest and aptitude testing. Information on these assessments will be provided by case manager. |
| <input type="checkbox"/> | Validation of employment or employment verification Participant will provide case manager verification of employment once obtained such as paystubs, offer letter, or bank statements (if applicable). WIOA staff will contact an employer to request employment verification if participant is unable to provide verification. |
| <input type="checkbox"/> | Training After completing assessment, IEP, and job development, if applicable, participants can request training if determined appropriate. Training must be in-demand, based on LMI, and consider a 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. 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. 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. Case Managers will discuss the process and required forms for requesting training with participants. |
| <input type="checkbox"/> | 12 months follow up after exit Participant will be contacted once a month 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.

Participant Signature: _____ Date: _____

WIOA Screener 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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County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

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 – Sandra Zacarias at Sandra.Zacarias@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 – 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

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

Signature of Representative

Date

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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 و/أو فوائده. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، للحصول على مساعدة في ترجمة المعلومات الواردة في هذا **(703) 827-3782** وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. **اتصل على الرقم 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.

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.

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);

Vicki M. Tanner, **State EO Officer**

Virginia Department of Workforce Development and Advancement - Virginia Works

2221 Edward Holland Dr. Ste 500, Richmond, VA 23030

Vicki.Tanner@virginiaworks.gov/Phone: 434-978-8543

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.

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: _____

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

WIOA Staff Signature: _____ Date: _____

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VEC WIOA Request of Confidential VEC Information

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

VEC Local Office: _____

**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.

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.

Send questions to InformationControl@vec.virginia.gov, or call 804-786-8533

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.

Form VEC-IC WIOA Request/Consent

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

I, _____,

- ☐ **give permission** to be photographed, videotaped, and/or quoted as a participant in the Workforce Innovation and Opportunity Act (WIOA) Program and affiliated grant programs.
- ☐ **do not give permission** 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.

(Only to be completed if you have given permission).

| |
|--------------|
| Print Name: |
| Signature: |
| Date Signed: |

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