Workforce Innovation and Opportunity Act (WIOA)
Eligibility Packet

Please bring all eligibility documents and completed forms to the eligibility screening. If you are unable to print the WIOA Intake Packet from home, visit your local Virginia Career Works Northern Center. All eligibility documents and completed forms must be provided at your scheduled screening or you will need to reschedule for a later date.

ALL applicants must provide documents 1-12:

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

IF APPLICABLE, provide documents 13-16:

- ☐ 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)

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

Eligibility Requirements for the Adult and Dislocated Worker Programs

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

Adult Program

If you are not receiving Public Assistance (Food Stamps), please verify your income eligibility.

- ☐ Public Assistance verification
  Food Stamp Notification Letter, TANF information
  Note: *If you are receiving public assistance, you do NOT need to bring the documents listed below*

OR

- ☐ Income verification- based on the charts below
  6-months' pay stubs, bank statements, alimony statement, SSI/SSDI statement, etc. of ALL family members in the household WHO ARE WORKING during the last 6 months
- ☐ Family size verification
  Most recent tax return, lease, etc.
- ☐ Verification of disability– *if applicable*
  Letter from DRS or Disability Agency or Doctor's letter regarding disability.
- ☐ Verification of Homelessness– *if applicable*
  Letter from shelter, etc.
- ☐ Verification of Foster Care Child– *if applicable*
  Court custody, etc.

Household Income by Family Size at Time of Enrollment

Family Size	*Unemployed Adult*	*Employed Adult*
1	$12,140	$25,227
2	$19,293	$41,341.50
3	$26,482	$56,746.50
4	$32,688	$70,045.50
5	$38,579	$82,668
6	$45,118	$96,681
More than 6	Add $6,539 per person	Add $14,013 per person

OR

Dislocated Worker Program

If you meet dislocated worker criteria, please provide documents for one of the following.

- ☐ Verification of UI and DLW status
  Termination letter from employer, news media regarding plant closure AND Letter from Virginia Employment Commission or other State's Unemployment Insurance Office regarding approval to receive Unemployment Insurance compensation.
- ☐ Verification of business closure due to current economic conditions or natural disaster- *if applicable*
  Business license, bankruptcy documents, Tax returns, bank statements, etc.
- ☐ Verification of Displaced Homemaker status- *if applicable*
  Divorce/Separation papers, death papers, documents proving that you have totally relied on the other family member's income and have not worked during the cohabitation/marital relationship, etc.
- ☐ 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. -*if applicable*
  Paystub from previous employer and active duty document.
- ☐ Verification that you are 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.- *if applicable*
  Paystub from previous/current employer and active duty document.

Northern Virginia Workforce Innovation and Opportunity Act (WIOA) Application

GENERAL INFORMATION

First name: _____ Middle Initial:

Last name: _____ Gender: ☐M ☐F

SSN: ____-____-_____ Date of Birth: ___/____/_____

Marital Status: ☐Single ☐Married ☐Divorced ☐Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone# _____-_____-_____

Alt # _____-_____-_____ Preference: ☐Phone ☐Email

Email: _____

Please provide contact information for two (2) people not residing with you, in the event we cannot reach you:

1. _____
2. _____

Family Size (# of people claimed on tax return): _____

Do you have young children? ☐Y ☐N

If yes, do you have dependable child care? ☐Y ☐N

Do you have a driver's license? ☐Y ☐N

Do you have a car? ☐Y ☐N

Do you use public transportation? ☐Y ☐N

Are you receiving government assistance? ☐Y ☐N

What type?_____ Case Worker Name: _____

Is your housing situation stable? ☐Y ☐N

Are you registered with the Selective Service? ☐Y ☐N

Are you fluent in English? ☐Y ☐N

Are you fluent in language(s) other than English? ☐Y ☐N

If yes, which language(s)? _____

Have you ever served in the U.S. military?

Branch _____ Honorable Discharge? ☐Y ☐N

Entry Date ___/___/____ Discharge Date ___/___/____

Are you a military spouse? ☐Y ☐N

Do you have a disability? ☐Y ☐N

☐ Physical ☐ Mental ☐ Learning ☐ Sensory

☐ I'd Like to speak to someone privately

Do you receive: ☐SSI ☐SSDI ☐None?

Have you ever been convicted of a law violation? ☐Y ☐N

☐Felony ☐Misdemeanor ☐Other Date ___/___/____

Charge: _____

EDUCATION

Completed high school or GED? ☐Y ☐N

If No, indicate last grade completed: _____

Type of College degree earned? _____

Major: _____

Name of College: _____

City, State, Country: _____

College course(s) taken: _____

Name of College: _____

City, State/Country: _____

Have you had any other vocational training? ☐Y ☐N

If yes, what? _____

EMPLOYMENT INFORMATION

Are you authorized to work in the U.S.? ☐Y ☐N

Are you currently employed? ☐Y ☐N

Current/Most Recent Employer: _____

City, State/Country: _____

Job Title: _____

Duties: _____

Wage/Salary: $_____ per ☐hour ☐week ☐ year

Hours per week: _____ Benefits: ☐Y ☐N

Start Date: ____/____/_____ End Date: ____/____/_____

Reason the job ended: _____

Did you collect unemployment insurance (UI) from your most recent job? ☐Y ☐N

Are you currently collecting UI? ☐Y ☐N

Are you an incumbent worker referred by your employer? ☐Y ☐N

Occupation(s) desired: _____

Other comments related to your eligibility or employment:

_____

_____

_____

_____

TO BE SIGNED AT THE ELIGIBILITY DETERMINATION APPOINTMENT

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 Comments: _____

Staff Signature: _____ **Date:** _____

Northern Virginia Workforce Innovation and Opportunity Act (WIOA)
PARTICIPANT RESPONSIBILITY FORM

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

☐	**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.
☐	**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 (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.
☐	**Assessments** Participants will need to complete interest and aptitude testing. Information on these assessments will be provided by case manager.
☐	**Validation of employment or employment verification** Participant will provide case manager validation of employment once obtained to include paystubs, offer letter, or bank statements (if applicable).

☐ **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 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.

The following forms must be completed PRIOR to starting training:

Financial Award Analysis- Completed by the training provider and participant to outline 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. <u>If training is taken without signed approval prior to the start date, participant will be responsible for the training costs.</u>

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 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: _____

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:

☐Y ☐N Assessment Information	☐Y ☐N Job Readiness Information	☐Y ☐N Criminal Records
☐Y ☐N Educational Records	☐Y ☐N Financial Information	☐Y ☐N Medical Diagnosis
☐Y ☐N Employment Records	☐Y ☐N Benefits/Services	☐Y ☐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: _____

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 Center Manager
The customer, employer, partner or staff shall present their complaint either verbally or in writing to the Center Manager. 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 Manager 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 Program Manager**
If the resolution from Step 1 is not satisfactory to the individual or if the Manager fails to respond within the designated time period, the individual may file the complaint in writing to the Employment and Training Center Program Manager. The Program Manager will hear the complaint and render a decision in writing within ten working days.

Step 3: Contact Fairfax Consumer Affairs
If you feel that the problem has not been resolved, you may complete the on-line Fairfax County Consumer Complaint Form at: http://www.fairfaxcounty.gov/hrc/complaints1.htm

Step 4: Contact Workforce Development Board
If you feel that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Development Board, 8300 Boone Avenue, Suite 450 Vienna VA 22182.

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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

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

Loudoun County, Virginia
www.loudoun.gov

Department of Family Services
102 Heritage Way, N.E., Suite 103, Leesburg, VA 20176-4544
(703) 777-0353 • Fax: (703) 771-5214

To Report Child Abuse and Neglect (703) 771-KIDS

Loudoun Workforce Resource Center (LWRC), A Virginia Career Works Affiliate
COMPLAINT AND DISCRIMINATION REPORTING PROCEDURE

Purpose
All customers of the LWRC have the right to comment about the quality of service they receive or if they believe an unfair determination was made about eligibility for intensive and/or training services in the LWRC. In order to maintain a harmonious and cooperative relationship between our customers, employers, partners and staff, it is the policy of the LWRC 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.

LWRC contact information
Address: 102 Heritage Way, Suite 103, Leesburg, VA 20176 ~ Telephone: (703) 777-0150

Complaint Reporting Procedure
Step 1: Contact the Workforce Resource Center Supervisor
The customer, employer, partner or staff shall present their complaint either verbally or in writing to the Workforce Resource Center Supervisor within 10 calendar days of the occurrence. 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 Workforce Resource Center 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 three working days.

Step 2: Contact the Department of Family Services (DFS) Director or Designee
If the resolution from Step 1 is not satisfactory to the individual or if the Workforce Resource Center Supervisor fails to respond within the designated time period, the individual may file the complaint in writing to the DFS Director (or designee) within 5 calendar days following the completion of Step 2. The Director (or designee) 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 within180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Development Board, 8300 Boone Avenue, Suite 450 Vienna, VA 22182.

==========

I, AS A REPRESENTATIVE OF THE WORKFORCE RESOURCE CENTER, HAVE EXPLAINED THE INFORMATION CONTAINED IN THIS NOTIFICATION TO THE WIA APPLICANT/PARTICANT.

_____ _____
Signature of Center Representative Date

I, THE APPLICANT/PARTICIPANT, AGREE THAT THIS NOTIFICATION HAS BEEN EXPLAINED TO ME, AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION. I UNDERSTAND I WILL RECEIVE A COPY OF THIS ONCE SIGNED.

_____ _____
Signature of Applicant / Participant Date

Northern Virginia Workforce Innovation and Opportunity Act
EQUAL OPPORTUNITY (EO) RIGHTS NOTIFICATION

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. Please contact your local Virginia Career Works – Northern Center for assistance in the translation and understanding of the information in this document.

Equal Opportunity is the Law

This recipient is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Innovation and Opportunity Act (WIOA) in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA-funded program or activity. If you think that you may 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, Northern Virginia Workforce Development Board, 8300 Boone Avenue, Suite 450 Vienna, VA 22182 or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW Room N-4123, Washington, DC 20219. If you elect to file your complaint with the recipient, you must wait for the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with the DCR. Such complaint must be filed within 20 days of the date you received notice of the recipient's proposed resolution.

***Recipient**- means any entity to which federal financial assistance under any title of WIOA is extended either directly or through the Governor or through another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIOA-funded program or activity and the Governor. Recipient includes, but is not limited to: Job Corps Centers and Center operators (excluding federally-operated Job Corps Centers), State Employment Security Agencies, State-level agencies that administer WIOA funds, WIOA grant recipients, Sub state grant recipients and service providers, as well as National Program recipients.

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

VIRGINIA CAREER WORKS

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 و/أو فوائدك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحملك أي تكلفة. **اتصل على الرقم 3782-827 (703)** 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 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(703) 827-3782 로 전화**하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

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 explained this policy to the WIOA customer.

WIOA Staff Signature: _____ Date: _____

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: _____

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.

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

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: