

# WIOA Intake Form

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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 \_\_\_\_\_ City/State/Country \_\_\_\_\_  
Job Title \_\_\_\_\_ Wage/Salary \$ \_\_\_\_\_  hourly  annually  
Hours per week \_\_\_\_\_ Benefits  Yes  No 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?**

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

**Which challenges best describe the youth's situation?**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> Pregnant or Parenting | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Needs Additional Assistance: _____ |
| <input type="checkbox"/> Foster Child           | <input type="checkbox"/> Disability            | <input type="checkbox"/> Homeless                 |   |
| <input type="checkbox"/> School Dropout         | <input type="checkbox"/> Runaway               | <input type="checkbox"/> Offender                 | <input type="checkbox"/> 5% Youth - See Case Note           |

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# 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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# 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 – Robin A. Baker at [Robin.Baker@fairfaxcounty.gov](mailto: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](mailto: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.

#### **Step 3: 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 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.

=====

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 THE 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 Card**
- 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](http://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	<b>Kenia Larin</b> , 571-385-9681, <a href="mailto:Kenia.Larin@fairfaxcounty.gov">Kenia.Larin@fairfaxcounty.gov</a>
Virginia Career Works Center – Annandale	<b>Jared Collins</b> , 571-595-2588, <a href="mailto:Jared.Collins@fairfaxcounty.gov">Jared.Collins@fairfaxcounty.gov</a>
Virginia Career Works Center – Reston	<b>Rachael Tichacek</b> , 703-787-3169, <a href="mailto:Rachael.Tichacek@fairfaxcounty.gov">Rachael.Tichacek@fairfaxcounty.gov</a>
Virginia Career Works Center -- Loudoun	<b>Virginia Walsh</b> , 703-324-4416, <a href="mailto:Virginia.Walsh@fairfaxcounty.gov">Virginia.Walsh@fairfaxcounty.gov</a>
Virginia Career Works Center – Woodbridge	<b>Skye Blanchard</b> , 703-689-1121, <a href="mailto:Skye.Blanchard@fairfaxcounty.gov">Skye.Blanchard@fairfaxcounty.gov</a>

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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
<b>Health Insurance (If applicable):</b>			
<b>Known Allergies (Including Medications):</b>			
<b>Medical Problem(s) which should be noted:</b>			
<b>Physician or Clinic:</b>			
Do You Need Accommodation in the workplace? <input type="checkbox"/> NO <span style="float: right;"><input type="checkbox"/> YES: _____</span>			

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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**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

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
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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**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.

Send questions to [InformationControl@vec.virginia.gov](mailto:InformationControl@vec.virginia.gov), or call 804-786-8533

Form VEC-IC WIOA Request/Consent

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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

**LUU 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 وأو فوائده. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحمّل أي تكلفة. **اتصل على الرقم (827-3782) 307** 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 제공 받으실 수 있습니다. (703) 827-3782 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움 받으시길 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.*

**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: \_\_\_\_\_

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