



Application – Youth Programs

Workforce Innovation and Opportunity Act (WIOA)

For Youth Programs

If you are age 14 - 24 and need help in learning skills that will help you obtain an appropriate education and employment, we may be able to help you. If you qualify, we offer assistance in getting a high school diploma (or equivalent) and in obtaining workplace and classroom training that leads to employment. If you are interested in such training, we invite you to complete the attached information and return it to:

You may also call for an appointment at:

If you are 18 years old or older, you may also qualify for the Adult program. A case manager will help you determine which program (or both) best fits your educational and employment needs.

You will be asked to document certain information you provide on the application. We can help you obtain such information, if needed, but your application will be processed more quickly if you could bring the information with you. We suggest you bring the following documentation if applicable (alternate documentation can be arranged, if needed):

- ☐ Drivers' license, passport, school ID, or other government-issued ID that has your picture
- ☐ Signed Social Security card
- ☐ U. S. birth certificate, if you have one (If you don't, there is other documentation we can use.)
- ☐ If you are not a U. S. Citizen, a permanent resident card or other card stating authority to work in the United States
- ☐ If you are a veteran, your DD-214
- ☐ If you are a disabled veteran, widow or widower of a veteran or an "eligible spouse," bring VA documentation of your status if you have it
- ☐ Selective Service registration card or letter, if applicable (We can obtain the information online, if needed.)
- ☐ Bring documentation of a disability, if you have one and there is documentation
- ☐ If you are low-income, you may bring documentation, or we will help you obtain it. Low-income includes receiving cash public assistance (SNAP, TEA, Work Pays, or SSI), being homeless, qualifying for free or reduced lunches, or having a child who qualifies for free or reduced-price lunches. You may also qualify if you live in an area that has high poverty. If you do not meet any of these criteria, you may need documentation of the number of people in your household and the income of all individuals in the home. If you're not sure what to bring, we can help you after we talk with you.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Telephone _____ Cell Phone _____ Do you accept texts? ☐ Yes ☐ No

Message phone: _____ E-Mail Address: _____

Relative's Name: _____ Tele. # _____

Social Security Number (used for program performance purposes) _____ County: _____

Birthdate: _____ Age: _____ Sex (at birth): ☐ Male ☐ Female

Are you Hispanic or Latino? ☐ Yes ☐ No ☐ Prefer not to answer

What is your Race? (Select one or more):

☐ White or Caucasian ☐ Asian or Asian American ☐ Black or African American

☐ Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native

☐ More than one race ☐ Prefer not to answer

Do you acknowledge a disability that substantially limits one or more major life activity? ☐ Yes ☐ No

If yes, do you need special accommodations for the disability? ☐ Yes ☐ No

If yes, what accommodations do you need? _____

Do you receive Social Security Disability Insurance? ☐ Yes ☐ No

Do you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job or at school? ☐ Yes ☐ No

Is English your primary language? ☐ Yes ☐ No

Do you live in a family or community where English is not the primary language spoken? ☐ Yes ☐ No

Are you registered with Selective Service? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No If no, are you a permanent resident alien? ☐ Yes ☐ No

If no for both, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No Are you the spouse of a veteran? ☐ Yes ☐ No

Are you a widow or widower of a veteran? ☐ Yes ☐ No

Have you registered with Arkansas Job Link? ☐ Yes ☐ No

Are you an Arkansas Works referral from the state Medicaid expansion program? ☐ Yes ☐ No

(Arkansas Works is a Governor's initiative DHS program that refers DHS clients to DWS job service staff for employment assistance)

Have you been subject to any stage of the youth or adult criminal justice process for committing an offense or delinquent act, OR do you have trouble obtaining or keeping a job because of an arrest or conviction?

☐ Yes ☐ No

EDUCATION

Do you currently attend school (including college or technical education)? ☐ Yes ☐ No

If so, where? _____

Are you working toward a GED®? ☐ Yes ☐ No

Do you have a high school diploma or GED? ☐ Yes ☐ No

If yes, where? _____

If no, what is the highest grade you completed? _____

Do you have a college degree or certificate? ☐ Yes ☐ No Also list licensing such as CDL

If yes, what is your highest degree or certificate? _____

What was your major? _____

Do you have college work toward an unfinished certificate? ☐ Yes ☐ No

If so, where? _____

Why did you stop? _____

WORK HISTORY (list current or most recent first. Please list dates as completely as possible.)

Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Moved from area <input type="checkbox"/> Fired <input type="checkbox"/> Other: _____		
Employer Name: _____	Start: _____	End: _____
Address: _____	City: _____	State: _____
Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Moved from area <input type="checkbox"/> Fired <input type="checkbox"/> Other: _____		
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Job title: _____	# Hours per week: _____	Hourly wage: _____
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Moved from area <input type="checkbox"/> Fired <input type="checkbox"/> Other: _____		

Which best describes your current employment status? (Check all that apply)

- ☐ Employed (working for wages, self-employed, or working 15+ hours per week unpaid in family business. "Employed" includes if you are away from job because of vacation, leave, etc.)
 - ☐ Part-time ☐ Full-time (PT is less than 30 hrs/wk or considered PT by your employer)
 - ☐ Self-employed
- ☐ Employed, but received termination notice from employer/military
- ☐ Not employed (not working, but available for work and looking for work)
- ☐ Exhausted Unemployment Benefits, and don't have an appropriate job
- ☐ Have been unemployed for 27 or more consecutive weeks, but have been looking for work and was available for work during the entire time
- ☐ Not in labor force (not employed and have not actively been looking for work)

Are you enrolled in any of the following: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> SNAP Employment and Training |
| <input type="checkbox"/> Indian and Native American Programs | <input type="checkbox"/> Job Corps |
| <input type="checkbox"/> Vocational Rehab | <input type="checkbox"/> YouthBuild |

INCOME

Some of our services have income requirements. We, therefore, need the following information to help determine need for particular services:

Do you or a family member currently receive (or received in the last 6 months) any of the following (check all that apply):

- ☐ SNAP ☐ TEA ☐ Work Pays ☐ Supplemental Security Income (SSI)

Are you within 2 years of exhausting your life-time TEA eligibility? ☐ Yes ☐ No ☐ N/A

List all members who live in the household at any time in last 6 month, their relationship to you, and their sources of income for last 6 months:

Family is defined two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A married couple and dependent children
- A parent or guardian and dependent children
- A married couple

Ask for the definition of a dependent child if needed

Name	Relationship to you	Age	All sources of Income
	Self		

(If needed, place information about additional household members on back or on additional pages) Do you certify that the income sources above are all the sources of income for your family? ☐ Yes ☐ No If No, Explain:

Barriers to Employment (some barriers are included in the information already asked)

Check any of the following that you think may apply to you:

- ☐ A homeless individual (lack a fixed, regular, and adequate nighttime residence)
- ☐ A runaway (under the age of 18 and has left home without the permission of your parents/ guardians)
- ☐ In foster care, aged out of foster care, or attained the age of 16 and left foster care for kinship guardianship or adoption or an out-of-home placement
- ☐ Pregnant female or a parenting male or female (custodial or non-custodial)
- If checked, are you single? ☐ Yes ☐ No
- ☐ Face cultural barriers to employment because your beliefs, customs, or practices serve as a hindrance to employment

Release of Information Acknowledgement & Consent

Initial _____ I authorize White River Planning and Development Dist., Inc., the local provider of WIOA Title I-B Adult and Dislocated Worker Programs (hereafter called WIOA) to use the information in this application to help me reach my goals. I also authorize them to exchange pertinent personal information with other service providers as appropriate to help meet my needs and reach my goals. I understand that all exchanged information shall remain private and confidential in accordance with the confidentiality policies of each agency receiving or sharing information.

Initial _____ I authorize the Social Security Administration, the Arkansas Department of Workforce Services, the Arkansas Department of Human Services, the Arkansas Department of Career Services, the Arkansas Department of Higher Education, the Arkansas Department of Corrections, the local and state police and sheriff departments, appropriate WIOA One-Stop partners, employers (past and present), educational entities, and other appropriate entities to share with WIOA information that can help me establish eligibility for services, reach my goals, and document my successes. Information shared may include, but is not limited to, information that could help me become eligible for appropriate programs; assessments; benefits received from SNAP, TANF, Social Security, SSI, and/or Unemployment Insurance; grants, scholarships, and loans received for training; grades, attendance records, and credentials for training or work experiences provided by (or for which supportive services are provided by) WIOA, and other information that could help me meet my goals and document my outcomes.

Initial _____ I agree to hold harmless the Arkansas Workforce Center, the Local Workforce Development Board, WIOA, or entities releasing information to WIOA, for information released according to the confidentiality guidelines of such agencies.

Initial _____ I agree that a copy of this authorization may be used as an original.

Initial _____ This authorization shall continue for one (1) year from the date of exit from the WIOA program or until such time that WIOA is notified in writing by the applicant that the authorization is canceled.

Initial _____ I understand that submission of this application and/or eligibility determination does not guarantee enrollment.

Initial _____ I certify that I have read and fully understand all questions asked on this application, and that I should ask for clarifications if needed before I sign this application.

Initial _____ I certify this information to be true to the best of my knowledge, and there is no intent to commit fraud. I am aware that if I am found ineligible after starting the program, I will not be allowed to continue in the program. I am also aware that legal action may be taken against me if it is found that I knowingly provided false information or fraudulent documentation during the eligibility process.

Applicant's Signature

Date

For e-signatures: I verify that the information above is accurate and was completed by the applicant
Please initial here:

Parent's Signature, if applicant is under 18 years old

Date

WIOA PARTICIPANT NAME _____

CONSENT TO MEDICAL CARE OF MINOR IN CASE OF EMERGENCY

By signing this form, I (we) hereby consent to any medical care and emergency treatment for _____ (Child Under Age 18) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I hereby release any licensed health care provider providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

This consent form is dated _____, _____ and is valid for the duration of WIOA enrollment.

Parent/Guardian Signature _____

Parent/Guardian Name _____

Medical History

(Failure to complete any of the following does not impair the validity of this consent to medical care for a minor.)

Child's Name Child's Birth Date Allergies

Previous Hospitalizations and/or Major Illnesses

General Physician Telephone Other Important Information

Contact Information

Parent or Guardian Name Phone Number

Parent or Guardian Name Phone Number

A copy of this form will be maintained in Youth WIOA Participant File & at the Participant Worksite in case emergency treatment is required while participant is engaged in work activities.

WHITE RIVER PLANNING & DEVELOPMENT DISTRICT, INC.
WIOA GRIEVANCE AND COMPLAINT PROCEDURE
TITLE I-B PROGRAMS

This procedure is to be used for non-Equal Opportunity (EO) issues. If an individual has an EO issue they should be directed to put their complaint in writing to the, EO Officer for WIOA Title I.

The procedure is as follows:

When an individual has a WIOA Title 1-B non-EO complaint that cannot be resolved by the Staff then they should do the following:

1. The individual will provide the Program Director or designee with a written memo stating their complaint including their name and phone number.
2. Within 5 working days, the Program Director or designee will contact the individual to schedule an appointment for a meeting.
3. Within 5 working days after meeting with the individual, the Program Director or designee will give the individual a written response to the complaint including the next step they should take if they are still not satisfied with the response.
4. If the individual wishes to pursue the issue, he or she may request to have their complaint heard by the WRPDD Executive Director. After receipt of the request, the Executive Director will contact the individual to schedule an appointment.
5. Within 5 working days after talking with the individual, the Executive Director will give a written response to the individual which will include the next steps they should take if they are still not satisfied with the response.
6. If the individual so desires they will be referred to the Local Workforce Development Board staff for guidance on their complaint procedures.

For questions regarding the grievance procedure, contact the Program Director at (870) 793-5233.

Grievances shall be submitted to: Program Director
 White River Planning & Development District,
 Inc. P.O. Box 2396
 Batesville, AR 72503

I have read and understand the North Central Area WIOA Title I-B Program Grievance Procedure.

Signature

Date

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Participant Copy

Signature

Date