



Application – Adult & Dislocated Worker Programs Workforce Innovation and Opportunity Act (WIOA)

For Adult and Dislocated Worker Programs

If you are age 18 or older and need help in obtaining employment that will lead to adequate wages so that you can support yourself and/or your family, we may be able to help you. If you qualify, we offer many career and training services and assistance that can help you obtain your employment goals. If you are interested in determining eligibility and services available, we invite you to complete the attached information and return it to:

You may also call for an appointment at:

If you are 24 years old or younger, you may also qualify for the Youth 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, 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.)
- ☐ If you have received a lay-off notice, bring it
- ☐ If you are attending college, bring a transcript and a degree plan
- ☐ If you have been accepted into a college program (such as nursing), bring your acceptance letter
- ☐ 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), and being homeless. 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 ☐ FemaleAre 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 answerDo you acknowledge a disability that substantially limits one or more major life activity? ☐ Yes ☐ NoIf 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 ☐ NoDo you have trouble solving problems OR reading, writing, and speaking English at a level necessary to function on the job? ☐ Yes ☐ NoIs English your primary language? ☐ Yes ☐ NoDo you live in a family or community where English is not the primary language spoken? ☐ Yes ☐ NoAre you registered with Selective Service? ☐ Yes ☐ NoAre you a U.S. Citizen? ☐ Yes ☐ No If no, are you a permanent resident alien? ☐ Yes ☐ NoIf no for both above, are you a lawfully admitted refugee, asylees, parolee, or other immigrant authorized to work in the United States? ☐ Yes ☐ No ☐ N/AAre you a veteran? ☐ Yes ☐ No Are you the spouse of a veteran? ☐ Yes ☐ NoAre you a widow or widower of a veteran? ☐ Yes ☐ NoHave you registered with Arkansas Job Link? ☐ Yes ☐ NoAre 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 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 ☐ NoAre you a single parent (custodial or non-custodial), or a pregnant woman? ☐ Yes ☐ No

Do your customs, beliefs, or practices serve as a hindrance to employment (cultural barrier)? ☐ Yes ☐ No

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 lifetime TANF eligibility? ☐ Yes ☐ No

Are you homeless (lack a fixed, regular, and adequate nighttime residence)? ☐ Yes ☐ No

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

EMPLOYMENT INFORMATION

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 a migrant or seasonal farm worker? ☐ Yes ☐ No

Do you currently receive Unemployment Benefits? ☐ Yes ☐ No

Have you received Unemployment Benefits in the past? ☐ Yes ☐ No If yes, when? _____

Have you recently been laid off or given notice that you will be laid off? ☐ Yes ☐ No

If so, where? _____ Layoff date (mm/dd/yyyy): _____

Did you own a business that recently closed because of a disaster or local economic reasons? ☐ Yes ☐ No

If so, name of business: _____ Closure date (mm/dd/yyyy): _____

Why did it close? _____

Are you a displaced homemaker (a person who has been providing unpaid services to family members in the home and has been dependent on the income of a family member, but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty obtaining or upgrading employment)?

☐ Yes ☐ No

If yes, give details:

Are you (or were you) the dependent spouse of a member of armed forces on active duty, and the family income is significantly changed because of a deployment, a call or order to active duty, a permanent change of state, or the service-connected death or disability of the member? ☐ Yes ☐ No

If yes, give details:

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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Address: _____	City: _____	State: _____
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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: _____		

EDUCATION

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

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

Do you have a college degree or certificate? ☐ Yes ☐ No Also list any 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? _____

Are you currently enrolled in postsecondary education (college, technical school, etc.)? ☐ Yes ☐ No

If yes, where? _____

What is your major? _____

Certification of Truth of Application, Release of Information, Acknowledgement, & Consent

Initial _____ I authorize White River Planning and Development District, 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:

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