

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) YOUTH SERVICES PROGRAMS

The Atlanta Regional Workforce Development Board (ARWDB) whose services are administered and staffed by the Atlanta Regional Commission provides youth services to Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry and Rockdale counties. Youth Service Providers in these counties offer free youth services funded by the Workforce Innovation and Opportunity Act (WIOA). The organization to which you are applying for services is one of those Youth Service Providers.

Services are for low income, eligible youth who have barriers to education, training, and employment, and must be between the ages of 14-24 years old at the time of application. Programs focus on youth who are dropouts, in the last year(s) of high school, those who are about to transition into the real world of advanced education, training and employment, and also include those youth from particular target groups, such as youth with disabilities, immigrant population youth, and youth who are in the foster care or juvenile justice systems, as well as other at-risk youth population.

The following application will help match youth with learning activities or jobs that best suit your interests and skills. **Filling out the application does not automatically guarantee enrollment into the program.** Along with completing an application, you will also be required to submit verification documents. See "Application Checklist" on the first page for the types of verification documents. The information provided within the application and the documents submitted will be used to determine eligibility and suitability for the program. In addition to completing the application, you will be required to complete assessment activities to determine your reading and math skills, set education, employment and career goals and establish immediate steps towards these goals.

See page 14 for the requirements needed to determine eligibility for a youth to participate in Atlanta Regional Workforce Development Board Youth Programs.

Thank you for your interest in participating in Atlanta Regional Workforce Development Board Youth Programs.



APPLICATION CHECKLIST

The following **REQUIREMENTS** are needed to establish eligibility to participate in the Youth Programs. Please submit with your application, copies or original documentations (copies will be made by staff).

You **MUST** submit documentation for the following to prove:

- **Residence** for the county which you are applying for service (Cherokee, Clayton, Douglas, Fayette, Henry, Gwinnett, Rockdale). (lease, bill, etc.)
- **Work Eligibility in the United States or Citizenship Status** (birth certificate, passport, green card, etc.).
- **Social Security Number** verify (social security card, social security number printout from Social Security Office).
- **Age requirement to participate** (driver's license, state ID, birth certificate, etc.).
- **Selective Service Registration - Males only, 18 years and older** born on or after 1/1/1960 (registration printout from www.sss.gov, registration card, etc.).
- **Income** for the last six months for yourself and/or your family.
 - If you receive government assistance (award letter, printout from DFCS, free or reduced lunch letter, etc.)
 - If you do not receive government assistance (paystub, signed and dated statement from employer, etc.)
- **Picture ID** (driver's license, State ID, current school ID, etc.).

You **MUST** meet one of the following and **MUST** submit documentation to prove:

- Homeless Runaway School Dropout Foster Care Eng. Lang. Learner
- Pregnant Parent Offender Grade or More Behind in School
- Disabled (If applicable, see page 6 for additional questions)
- Require additional assistance to complete an educational program or to secure and retain employment. (**For this option, you must meet one of the following requirements below**).
 - Have been un-employed for the last six months; left employment at least three times over last year.
 - Requesting assistance to begin or complete secondary or post-secondary education.
 - Currently attending or request assistance in attending public or private alternative education institutions which are designed to serve community youth who are deemed at risk, are not allowed in mainstream institutions, or who have been determined by the community as needing special attention.
 - A court-involved youth or at-risk of court involvement or have been in the juvenile justice system.
 - A youth of incarcerated parent(s).
 - Have been in the foster care system, in a program related to that system, and/or aging out or have aged out of the foster care system.
 - Requesting assistance in identifying/choosing and/or applying for, and/or preparing resumes/completing applications for a job.

YOUTH APPLICATION (QUESTIONNAIRE)

YOUTH SERVICE PROVIDER NAME

Cherokee Youth Works

ENGLISH AS A SECOND LANGUAGE

IS ENGLISH YOUR SECOND LANGUAGE? Yes No

If Yes, indicate what is your primary language _____

Do you need an interpreter? Yes No

YOUTH COUNTY OF RESIDENCE

ARE YOU A RESIDENT OF ANY OF THE FOLLOWING COUNTIES? Yes No

If Yes, indicate which county: Cherokee Clayton Douglas Fayette

Henry Gwinnett Rockdale

If No, indicate the county where you live: _____

YOUTH PERSONAL INFORMATION

LAST NAME	FIRST NAME	M. I.	SOCIAL SECURITY NUMBER
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RESIDENCE ADDRESS (Eligibility)	COUNTY	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFF.)	COUNTY	CITY	STATE	ZIP CODE
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HOME PHONE	CELL PHONE	EMAIL
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AGE	GENDER	Date of Birth (MM/DD/YYYY)
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Male Female

RACE/ETHNICITY

Native American White Asian Hispanic or Latino Pacific Isle
 Black or African American Information Not Available (INA)

ARE YOU APART OF A SOCIAL NETWORKING SITE? (E.g. Facebook, Twitter, etc.)

Yes No (If Yes, indicate the name of the site and your profile name):

Name of Site: _____ Profile Name: _____

Name of Site: _____ Profile Name: _____

PARENT/LEGAL GUARDIAN	WORK PHONE	CELL PHONE
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EMERGENCY CONTACT	RELATIONSHIP	HOME PHONE	CELL PHONE
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WHAT IS YOUR CITIZENSHIP STATUS?

U.S Citizen Eligible Non-citizen

Alien Registration Number: _____ & Expiration Date: _____

ARE YOU REGISTERED WITH SELECTIVE SERVICE? Yes No Not Applicable

ARE YOU A VETERAN? Yes No Not Applicable

DO YOU HAVE A GEORGIA DRIVER'S LICENSE? Yes No

What is the status of your driver's license? Active Suspended Revoked



ARE YOU **HOMELESS**? Yes No

ARE YOU A **RUNAWAY**? Yes No

ARE YOU OR HAVE YOU EVER BEEN IN **FOSTER CARE**? Yes No

ARE YOU **PREGNANT**? Yes No Not Applicable

ARE YOU A **PARENT**? Yes No
If Yes, list age(s) of Child(ren): (1) _____ (2) _____ (3) _____

HAVE YOU EVER BEEN ARRESTED OR BEEN/CURRENTLY IN THE JUVENILE JUSTICE SYSTEM (OFFENDER)? Yes No

If Yes, what county? _____

If Yes, indicate the type(s) of offense(s): Misdemeanor Felony
 Dismissed In-School Offense

If Yes, are you currently on probation/parole? Yes No Not Applicable

DO YOU NEED ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM OR SECURE AND RETAIN EMPLOYMENT? Yes No

If yes, what type(s) of additional assistance are you seeking?

- To Enroll in an Educational Program (High or Alternative School, GED, College)
- To Complete an Educational Program (High or Alternative School, GED, College)
- To Prepare for Employment (Resume Writing, Interview Skills, etc.)
- To Find Employment (Job Search, Complete Job Application, etc.)
- To Retain Employment (Work Etiquette Training, Time Management Training, etc.)
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

YOUTH EDUCATIONAL STATUS

WHAT IS YOUR CURRENT SCHOOL STATUS? IF HIGH SCHOOL DROPOUT, SKIP TO "SECTION B"

Currently Attending	Received Diploma/Certificate/Degree
<input type="checkbox"/> High School or Less	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Alternative School	<input type="checkbox"/> GED or Equivalent
<input type="checkbox"/> Post-Secondary School	<input type="checkbox"/> AA or AS Degree/Diploma
<input type="checkbox"/> Advanced Training	<input type="checkbox"/> BA or BS Degree/Diploma
<input type="checkbox"/> GED Program	<input type="checkbox"/> Occupational License/Certificate
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

SECTION A - If you are ATTENDING SCHOOL, complete the following section.

LIST NAME OF SCHOOL CURRENTLY ATTENDING: _____

WHAT IS YOUR CURRENT GRADE IN SCHOOL? _____

ARE YOU A GRADE OR MORE BEHIND IN SCHOOL? Yes No

ARE YOU BEHIND IN ACADEMIC CREDIT(S)? Yes No

WHAT IS YOUR GRADE AVERAGE? A's B's C's D's Below D

SECTION B - If you are a SCHOOL DROPOUT, complete the following section.

INDICATE THE NAME OF LAST SCHOOL ATTENDED, COUNTY AND LAST GRADE COMPLETED.

School Name: _____ County: _____ Last Grade Completed: _____

IF CURRENTLY ENROLLED IN A GED PROGRAM, INDICATE NAME OF THE SCHOOL/PROGRAM ENROLLED IN:

HAVE YOU PASSED ANY PART(S) OF THE GED? Yes No Not Applicable

If Yes, indicate part/s: Reasoning Through Language Arts Science
 Mathematical Reasoning Social Studies

HAVE YOU PARTICIPATED IN THIS PROGRAM BEFORE? Yes No

If Yes, indicate: Name of Program: _____ Location: _____

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN IN A TRAINING PROGRAM? Yes No

If Yes, check the program from the list below:

Job Corps Youth Challenge Boot Camp Other: _____

If Yes, indicate: Location _____ Month _____ Year _____

YOUTH CURRENT/PAST EMPLOYMENT STATUS & GOALS

Youth, please be very detailed when completing this section as this information will be used to assist with your employment search.

Check This Box If You Have Never Been Employed. Only skip the following employment (work) history section(s) if the box is checked.

Employer Name: _____ **Type of Business:** _____

Address: _____ **Phone:** (____) _____

Job Title: _____ **Hours Per Week:** _____

Status: Paid Internship Volunteer **Hourly Wage:** \$ _____

Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ **End Date (Month/Year):** _____

Reason for Leaving: Laid-off Quit Terminated Employment Other

Explain Reason: _____

Employer Name: _____ **Type of Business:** _____

Address: _____ **Phone:** (____) _____

Job Title: _____ **Hours Per Week:** _____

Status: Paid Internship Volunteer **Hourly Wage:** \$ _____

Duties: _____

Equipment/s Used: _____

Start Date (Month/Year): _____ **End Date (Month/Year):** _____

Reason for Leaving: Laid-off Quit Terminated Employment Other

Explain Reason: _____



DO YOU HAVE ANY COMPUTER SKILLS? Yes No

If Yes, how would you rate your computer skills?

Microsoft Word: Basic Intermediate Experienced

Microsoft Excel: Basic Intermediate Experienced

Microsoft PowerPoint: Basic Intermediate Experienced

Internet Browse/Research: Basic Intermediate Experienced

_____ : Basic Intermediate Experienced

_____ : Basic Intermediate Experienced

ARE YOU REGISTERED WITH A GEORGIA DEPARTMENT OF LABOR CAREER CENTER? Yes No

CAN YOU ACCEPT A JOB ANYWHERE? Yes No

If No, explain: _____

WHAT SCHEDULE ARE YOU AVAILABLE TO WORK? Weekday Weekend
 Morning Evening Night

WHAT ARE YOUR FUTURE GOALS?

Education: Short Term (0-1 YR) _____

Long Term (1-3 YRS) _____

Employment: Short Term (0-1 YR) _____

Long Term (1-3 YRS) _____

Personal: Short Term (0-1 YR) _____

Long Term (1-3 YRS) _____

Dream Career 1: _____

Dream Career 2: _____

Dream Career 3: _____

SUPPORTIVE SERVICES

DO YOU NEED TRANSPORTATION ASSISTANCE? Yes No

If Yes, explain your needs: _____

If No, what is your mode of transportation? Parent Own Vehicle
 Walk Bicycle Public Transportation Neighbor/Friend
 Other: _____

DO YOU NEED CHILDCARE ASSISTANCE? Yes No Not Applicable

If Yes, explain your needs: _____

DO YOU HAVE ANY OTHER NEEDS? Yes No

If Yes, explain your needs: _____

YOUTH SERVICE PROVIDER, ONCE THIS PAGE IS COMPLETE, PLEASE REMOVE IT FROM THE APPLICATION AND FILE IT SEPARATELY.

YOUTH MEDICAL & DISABILITY

ASSURANCE

Before you answer the following questions that may lead to disclosure of any type of medical or disability-related information, the Atlanta Regional Workforce Development Board confirms to you that:

- a) Providing the information is voluntary and
- b) The information will be kept confidential as provided by law and
- c) Refusal to provide the information will not subject you to any adverse treatment, and
- d) The information will be used only in accordance with the law.

DO YOU HAVE A DISABILITY? Yes No Not Specified

DO YOU OR DID YOU HAVE AN INDIVIDUALIZED EDUCATIONAL PLAN (IEP), STUDENT SUPPORT TEAM (SST) OR 504 PLAN IN SCHOOL? Yes No

DO YOU OR DID YOU USE AN IEP OR 504 DOCUMENTATION TO RECEIVE INCOME/BENEFITS?
 Yes No

IF YES, WHAT TYPE(S) OF INCOME/BENEFITS?

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- ❖ If any of the above box is checked, proof of the income/benefits MUST be submitted with application.

ADDITIONAL ASSISTANCE

_____ **(Initial)**. I understand it is my right and responsibility to notify my Career Advisor if I require assistance in completing my application because of physical/mental disability, inability to speak English or other difficulties.

RELEASE OF INFORMATION FOR ELIGIBILITY

I authorize the release of my **medical and disability** information to the Career Advisor as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Youth Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant Signature *(If under age 18 years, parent/legal guardian signature is required)*

Date

Parent/Guardian's Signature *(Sign here if applicant is under age 18 years)*

Date

**RELEASE OF INFORMATION CONSENT
DECLARATION, RIGHTS AND RESPONSIBILITIES**

FALSIFICATION OF INFORMATION

_____ (Initial). I understand that by signing below I attest that what I have indicated in this application is true and accurate. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf.

APPLICATION DENIAL

_____ (Initial). I understand if my application is denied I will be notified as to the reason for the denial.

COMPLAINT

_____ (Initial). I understand I have the right to complain if I feel I have been discriminated against, mistreated, or disagree with the decisions made that affect me. I understand that those complaints are handled through the *GRIEVANCE AND COMPLAINT PROCEDURES*, which have been provided to me and I have signed as part of the application to receive services.

INTERPRETATION

_____ (Initial). I have been given the opportunity to ask questions and gain clarification on any issues I did not understand.

SOCIAL NETWORK MEDIA

_____ (Initial). I acknowledge that social networking media will be used to communicate with me. I understand that it is my responsibility to notify my Career Advisor of my profile name and the social networking site that I am a member of.

PERSONAL INFORMATION

_____ (Initial). I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

Applicant Signature *(If under age 18 years, parent/legal guardian signature is required)*

Date

Parent/Guardian Signature *(Sign here if applicant is under age 18 years)*

Date

YOUTH NAME: _____ **YOUTH SERVICE PROVIDER:** Cherokee Youth Works

"ABOUT US" FOR ORGANIZATIONS RELEASING INFORMATION

The Atlanta Regional Workforce Development Board whose services are administered and staffed by the Atlanta Regional Commission provides youth services to Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry and Rockdale counties. Atlanta Regional Commission staffed organizations (Youth Service Providers) in these counties offer free services, funded by the Workforce Innovation and Opportunity Act. Services are for low income, eligible youth who have barriers to education, training, and employment, and are 14-21 years old. Programs focus on youth who are dropouts, in the last year(s) of high school, those who are about to transition into the real world of advanced education, training, employment, and include those from particular youth target groups, such as youth with disabilities, immigrant population youth, and youth who are in the foster care or juvenile justice system.

RELEASE OF INFORMATION FOR ELIGIBILITY AND JOINT SERVICES

I authorize the release of my information to the Career Advisor at the above named organization as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act Youth Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs, from which I receive or have received services, such as Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant Signature <i>(If under age 18 years, parent/legal guardian signature is required)</i>	Date
Parent/Guardian Signature <i>(Sign here if applicant is under age 18 years)</i>	Date

RELEASE OF INFORMATION FROM EDUCATIONAL INSTITUTIONS

I authorize the release of my current and past educational records from middle/high schools, colleges, universities, training schools and the National Student Clearinghouse to the Career Advisor at the above named organization. Such records include my current/past enrollment, progress reports, report cards, transcripts, attendance records, behavioral records, class schedules, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

Applicant Signature <i>(If under age 18 years, parent/legal guardian signature is required)</i>	Date
Parent/Guardian Signature <i>(Sign here if applicant is under age 18 years)</i>	Date

RELEASE OF INFORMATION FROM EMPLOYERS

I authorize the release of my current and past employment information to the Career Advisor at the above named organization. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.

Applicant Signature <i>(If under age 18 years, parent/legal guardian signature is required)</i>	Date
Parent/Guardian Signature <i>(Sign here if applicant is under age 18 years)</i>	Date

GRIEVANCE/COMPLAINT PROCEDURES

**ATLANTA REGIONAL COMMISSION/ATLANTA REGIONAL WORKFORCE DEVELOPMENT BOARD
Workforce Innovation & Opportunity Act Program Services
Grievance/Complaint Procedures and Equal Opportunity Policy
For Program Staff, One Stop Partners and Service Providers
WIOA Youth, Adult and Dislocated Worker Programs**

GENERAL POLICY

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by the Atlanta Regional Commission (ARC) and/or the Atlanta Regional Workforce Development Board (ARWDB) will be treated fairly. Grievance/complaints should be filed in accordance with the written procedures established by Workforce Solutions of the Atlanta Regional Commission. **If you believe you have been harmed by the violation of the Workforce Innovation and Opportunity Act or regulations of this program, you have the right to file a grievance/complaint.**

EQUAL OPPORTUNITY POLICY

ARC adheres to the following United States law: "No individual shall be excluded from participation, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any such program because of race, color, religion, sex, national origin, age, disability, or political affiliation, belief or citizenship/status as a lawfully admitted immigrant authorized to work in the United States." References include: The Workforce Innovation and Opportunity Act of 2014 P. L. 113-128 USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014; Final rule (29 CFR Part 37); USDOL, Employment and Training Division, Workforce Innovation and Opportunity Act; Final Rules (20CFR Part 603 et al.).

COMPLAINTS OF DISCRIMINATION

The ARC is prohibited from, and does not engage in, discriminating against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.

The complainant has the right to be represented in the complaint process by an attorney or other representative.

If you think 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 Atlanta Regional Commission, WIOA Equal Opportunity Officer, Anna Thompson, Workforce Solutions, 40 Courtland Street, NE, Atlanta, GA

30303, (404) 463-3331, TDD: 1-800-255-0056, voice: 1-800-255-0135,
workforce@atlantaregional.com. **OR**

Complaints may also be filed with the Georgia Department of Economic Development, Workforce Division, Cherry Peterson, Compliance Manager, 75 Fifth Street, NW, Suite 845, Atlanta, GA 30308, 404-962-4140; ccpeterson@georgia.org; FAX: 404-486-1181; TTY 1-800-255-0056. **OR**

A complainant may file directly with the Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Or at the website below:

<http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>.

Furthermore, the USDOL Civil Rights Center provides a complaint form which should be utilized, if sending a discrimination-based complaint, and can be found at the website detailed above.

If the complainant chooses to file the discrimination complaint with The Atlanta Regional Commission or Georgia Department of Economic Development, Workforce Division, (GDECD,WD) then GDECD,WD or the ARC has 90 days to resolve the complaint and issue a written Notice of Final Action. Options for resolving the complaint must include alternative dispute resolution, at the complainant's choice.

If the complainant is dissatisfied with the resolution of his/her complaint at ARC or the State level, the complainant may file a new complaint with the Civil Rights Center (CRC) within 30 days of the date on which the complainant receives the Notice of Final Action.

If GDECD,WD, or ARC fails to issue the Notice within 90 days of the date on which the complaint was filed, the complainant may file a new complaint with CRC within 30 days of the expiration of the 90-day period (in other words, within 120 days of the date on which the original complaint was filed).

ARC will offer full cooperation with any local, state, or federal investigation in accordance with the aforementioned proceedings, or with any criminal investigation.

COMPLAINTS OF FRAUD, ABUSE OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644. There is no charge for this call.

COMPLAINTS AGAINST PUBLIC SCHOOLS

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)

All other complaints must be filed within one-hundred eighty (180) days after the act in question by first submitting a **written** request for resolution to:

Workforce Solutions
Atlanta Regional Commission
40 Courtland Street, NE
Atlanta, Georgia 30303

ATTN: WIOA Equal Opportunity Officer

Complaints filed with ARC must contain the following:

- A. The full name, telephone number, email (if any), and address of the person making the complaint.
- B. The full name, address and email of the person or organization against whom the complaint is made.
- C. A clear but brief statement of the facts including the date(s) that the alleged violation occurred, including the identification of all relevant parties.
- D. Relief requested.
- E. Complainant's signature and date.

For the grievance submission form, see page four of these procedures or the website:

[http://www.atlantaregional.com/File%20Library/Workforce/wf WIOA grievance procedures.pdf](http://www.atlantaregional.com/File%20Library/Workforce/wf%20WIOA%20grievance%20procedures.pdf)

A complaint will be considered to have been filed when ARC receives from the complainant a written statement, including information specified above which contains sufficient facts and arguments to evaluate the complaint.

Upon receipt of the complaint, the ARC WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved to bring resolution as soon as possible. This will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution. If the complaint has not been resolved to the satisfaction of the complainant within thirty (30) days, the ARC WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within 60 days of grievance filing.

In the event ARC arranges a hearing for settlement of the complaint, the complainant(s) will be given a written notice of the date, hour, place of the hearing, a statement of the authority and jurisdiction under which the hearing is to be held, a reference to the particular section of the Act, regulations, subgrant or other contract under the act involved, a notice to all parties of the specific charges involved, a statement of the right of both parties to be represented by legal counsel, an indication of the right of each party to present evidence both written and through witness and a statement of the right of each party to cross-examination. Hearing officers who are independent of the ARC and who have been approved by all concerned parties will be responsible for conducting the hearing.

Hearings on any grievance/complaint filed shall be conducted within thirty (30) days of failed informal resolution. Written decisions shall be rendered not later than sixty (60) days after the filing. Attempts at informal resolution may proceed during the 30-day period between the filing and hearing of the grievance/complaint and prior to the rendering of a decision on the grievance/complaint.

If the complainant(s) does not receive a written decision from the Hearing Officer within sixty (60) days of the filing of the grievance/complaint, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by the state using the WIA complaint Information Form

found at

<http://www.georgia.org/competitive-advantages/workforce-division/technical-assistance/>.

Ben Hames, Deputy Commissioner
Georgia Department of Economic Development, Workforce Division
75 Fifth Street, NW Suite 845
Atlanta, GA 30308
Email: bhames@georgia.org
Phone: 404-962-4010
FAX: 404-876-1181

The Deputy Commissioner shall act as the Governor's authorized representative. Either an informal resolution or a hearing will take place within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal the decision, WIOA allows for a formal appeal to the U.S. Department of Labor (DOL). ATTN: WIOA Title I Appeals, Division of Workforce System Support, Room S-4231, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, (202) 693-3015

Federal appeals must be made within 60 calendar days of the receipt of the local or State decision. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until and unless the proper, formal procedure has been followed.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURES.

APPLICANT/PARTICIPANT SIGNATURE

DATE

SIGNATURE OF PARENT/GUARDIAN IF UNDER 18

DATE

GEORGIA ILLEGAL IMMIGRATION REFORM & ENFORCEMENT ACT AFFIDAVIT

**(O.C.G.A.) § 50-36-1(E) (2) AFFIDAVIT
GEORGIA ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT**

By executing this affidavit under oath, as an applicant for Workforce Innovation and Opportunity Act Training Services as referenced in O.C.G.A. § 50-36-1, from Atlanta Regional Commission/Atlanta Regional Workforce the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, *such as Georgia Driver's License, US Birth Certificate, US Permanent Resident Card or Alien Registration Receipt Card*, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____

**GEORGIA WORK READY ONLINE PARTICIPANT PORTAL (GWROPP) / VIRTUAL
ONESTOP SYSTEM (VOS) REGISTRATION**

REGISTRATION INSTRUCTIONS

Please be advised that the Georgia Department of Economic Development, Workforce Division implemented a new participant (case) management system state wide for WIOA services. Effective immediately, all youth will be requested to complete a registration. Registration is part of the WIOA youth enrollment process. Registration can be completed online at the Youth Service Provider's office or at your home computer. **It is very important that you review the "Youth Medical and Disability" related information on page 7 prior to completing the registration.**

The online registration directions are indicated below. Once registered, you MUST provide your registration log-in information to the Youth Service Provider. Be sure to keep a record of your log-in information, so you may use the Georgia Work Ready Online Participant Portal at any time to utilize resources for career development.

ONLINE REGISTRATION DIRECTIONS

Follow the steps below to complete the online registration:

Step 1: Go to the Georgia Workready Online Participant Portal:
<https://www.workreadyga.org/vosnet/Default.aspx>

Step 2: Click on "Not Registered?"

Step 3: Click on "Individual" under "Option 2 - Create a User Account".

- Once you have created your user account log-in information, please write your user name, password and security question response in the box below.

User Name: _____ Password: _____ Security Question Response: _____
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Step 4: Complete the registration.

- If you need assistance in completing the registration, please inform the Youth Service Provider.

VOS REGISTRATION VERIFICATION

I have completed the registration on Georgia Work Ready Online Participant Portal.

Last 4 digits of my social security numbers: _____

Applicant Name _____

Applicant Signature _____

Date _____

YOUTH NAME: _____ **YOUTH SERVICE PROVIDER:** Cherokee Youth Works

DO NOT COMPLETE THIS PAGE (This page MUST be completed by the Youth Service Provider).

APPLICATION COMPLETENESS, ACCURACY, PROCESS & VOS COMPLIANCE

Follow the steps below to document the various dates being used in VOS:

STAGE ONE - APPLICATION COMPLETION & VOS DATA ENTRY

- Step 1:** Review the Application to ensure completeness and to verify the accuracy of the information. Also, ask/answer questions with the applicant and address with notes any discrepancies found during the review process.
- Step 2:** Once the Application is completed, signed and dated, enter the Application into VOS using the date that is indicated on the Application. To comply with VOS 21 days rule, this data entry **MUST** be done within the 21 days of the date indicated on the application.
- Step 3:** Assign Activities Service Code "101-Orientation" upon completion and data entry of the Application. To comply with VOS 21 days rule, this data entry **MUST** be done within the 21 days of the date indicated on the orientation form.

STAGE TWO - ELIGIBILITY & PARTICIPATION DATE DETERMINATION

- Step 4:** Once you have collected all the required eligibility documentation and determined eligibility, complete the eligibility process into VOS using the date in which eligibility was completed and determined. To comply with VOS 21 days rule, this data entry **MUST** be done within the 21 days of the date eligibility was determined.
- Step 5:** Enter the Participation date and then assign the following **MANDATORY** activity codes: 412-Objective Assessment, 413-Develop Service Strategies (IEP/ISS/EDP) and 417-Comprehensive Guidance and Counseling.
 - ❖ 412-Objective Assessment **activity should be assigned for 30 days (one month).**

For transparency and accountability purposes, dates used for the Application, Eligibility and Participation should be indicated below.

APPLICATION DATE VERIFICATION

_____ Indicate the date the Application was completed, signed and dated by the youth and parent/legal guardian (if required). This is the date indicated on the application by the youth and parent/legal guardian (if required).

If the application date is beyond the VOS 21 days rule, you can either elect to have the youth complete a new application or review the existing application to validate and update the information indicated. To update the application, the youth must cross through the outdated information, write the updated information and then initial the changes. Once this is complete, the youth must sign and date a new copy of "Page 8" of the application.

ELIGIBILITY & PARTICIPATION DATE VERIFICATION

_____ Indicate the date Eligibility was completed and determined. This is the date in which all required eligibility documentation was collected from the youth and processed by the Youth Service Provider staff. This date will be the date used in VOS as the Eligibility and Participation date.

YOUTH SERVICE PROVIDER ASSURANCE AND SIGNATURE

I certify that I have done my due diligence to ensure that the information (dates) provided above are true and accurate.

Youth Service Provider Staff Name _____

Youth Service Provider Staff Signature _____

Date _____