

Associated Community Action Program

Nanette Dillard
Executive Director

(510) 259-3818
ndillard@acgov.org

Community
Action Agency for
the Alameda
County Cities of:

Associated Community Action Program
Nanette Dillard, Executive Director

Alameda

Dear Parent/Guardian or young adult participant,

Albany

We are pleased to have you or your child as a participant of the Tri-Cities Employment Training Academy. This letter is to inform you as a parent or guardian of the services and eligibility requirements of our continued services which include but are not limited to youth advocacy, employment training, Social and community development. The Tri-Cities Employment Training Academy (Tri-C.E.T.A.) is a federally funded program and we are mandated to collect information that establishes a young person's eligibility for services.

Dublin

Emeryville

Applications must meet each of the following requirements:

Fremont

- 14-24 years old
- Have a valid Social Security Card
- Proof of household income (if 14-17 years old)
- Proof of residency
- Have a valid proof of age (school ID card, CA ID card, driver's license, birth certificate, US Passport, etc.)
- If not a US citizen, must also submit a copy of you valid Alien Registration card

Hayward

Livermore

Newark

This required information will in no way affect any services you may receive by any other state or federal agency this is to include cash aid, food stamps, section 8 or G.A. This information is strictly for the use of our agency and the fulfillment of this agency's mission.

Piedmont

Thank you,

Pleasanton

Tri-C.E.T.A Staff

San Leandro

1155 Newpark Mall
Newark, CA 94560
(next to Sears)
Phone: (510) 794-2957
Mon: 11:30-6:60 pm
Tues-Friday: 10:30am-6:30pm

Union City

*Unincorporated
Jurisdictions*

How did you hear about Tri-CETA?

- | | |
|---------------------------------------|-------|
| 1) Referred by a Tri-CETA client? | _____ |
| 2) Referred by your school? | _____ |
| Which School? | _____ |
| 3) Flier | _____ |
| Where? | _____ |
| 4) Walk in | _____ |
| 5) Other | _____ |
| What service(s) are you applying for? | |
| 1) GED Preparation | _____ |
| 2) Employment Services | _____ |

Richard Valle, Governing Board Chair

Lois Corrin, Community Action Board Chair



24100 Amador St.
3rd Floor
Hayward, CA 94544



Participant's Full Name: _____

Grade: _____ M / F DOB: ____ / ____ / ____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Email: _____

I am under 18 Age: _____ I am 18 yrs or older Age: _____

If under 18, please provide us with the following:

Parent/Guardian Names (Please Print): _____

Parent/Guardian Contact Information:

Day Phone: _____ Night Phone: _____ Mobile Phone: _____

I/We the undersigned have legal custody of the participant named above, a minor, and have given our consent for _____ to participate in the activities of the Bayfair Employment Training Academy the years of 2007 and 2008.

If over 18, please print your name below:

I, _____ have given consent to participate in the activities of the Bayfair Employment Training Academy the years of 2007 and 2008.

I give my permission to engage in all activities except as noted on the back of this form. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. I am responsible for payment of all fees incurred. I hereby indemnify, agree to hold harmless, and waive any claim against the Associated Community Action Program-B.E.T.A. of its members, representatives, officers, agents, employees, directors, and each of them, for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

Signature _____

Signature _____

Date _____

Date _____

Relationship to the Participant: _____

Relationship to the Participant _____

Emergency Form

SHOULD YOUR CHILD NEED MEDICAL TREATMENT WHILE PARTICIPATING IN A
SANCTIONED ACTIVITY, THIS FORM WILL ACT AS BOTH THE INSTRUCTION SET FOR
MEDICAL PROCEDURES AND REFERENCE FOR CONTACT.

PARTICIPANT INFORMATION:

First Name _____ Middle _____ Last Name _____

Address _____ San Francisco, CA 941 _____

Phone Number _____ Date of Birth _____

CAN YOUR DAUGHTER OR SON:

Receive emergency medical treatment if necessary? Yes - No -

Be taken to the nearest medical facility? Yes - No -

If no, please specify the facility your
daughter or son is to be taken to:

Does your daughter or son have healthcare insurance?

Yes - No - If Yes:

Facility _____

Name of Carrier _____

Address _____

Policy Number _____

Phone Number _____

Primary Care Physician (if any) _____ Phone Number _____

MEDICAL HISTORY

Does the participant have allergies to any medications or food products?
If yes, what are they? _____

Yes - No -

Does the participant have any medical conditions that we should be aware of?
If yes, what are they? _____

Yes - No -

Please list any special instructions regarding the medical treatment of the participant (please include the names of any medications that are taken regularly) _____

PARENT/ GUARDIAN CONTACT INFORMATION

Name of Mother/Guardian: _____

Name of Father/ Guardian: _____

Home Phone Number _____

Home Phone Number _____

Work Phone Number _____

Work Phone Number _____

Cell Phone/ Pager Number _____

Cell Phone/ Pager Number _____

IN CASE THE ABOVE ARE UNAVAILABLE, WHO SHOULD WE CONTACT:

Name _____ Relationship _____

Phone Number _____ Cell Phone/Pager Number _____

Should the need arise, I authorize the _____ staff, its affiliated agencies and/or any medical personnel to act in accordance to
above instructions. If in the event that the medical services needed are not clearly addressed above, I authorize the
staff, its affiliated agencies, and/or any medical personnel to exercise their best judgement in providing appropriate medical
service.

Parent/Guardian Signature _____ Date _____



Employment
Development
Department

State of California

WORKFORCE INVESTMENT ACT APPLICATION

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5/20/09 7:33 AM

Grant	
00	Application Number
01	Agency Code
02	Social Security Number

03 Universal Access Only 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		04 Application Date		05 Last Name		06 First Name / Middle Initial								
07 Street Address (Residence)				City / State (Residence)		08 Zip (Residence)	09 Phone (Residence)							
10 Mail Street		Mail City / State		11 Mail Zip	12 Message Phone		13 Geo Code							
14a Citizen 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14b Eligible to Work 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	15 Alien Doc #	16 Gender 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male	17 Birthdate	18 Age	19 Assessed 1 <input type="checkbox"/> Yes, WIA 2 <input type="checkbox"/> Yes, non-WIA 3 <input checked="" type="checkbox"/> No	20 Selective Service Registration 1 <input type="checkbox"/> Yes, Registered 2 <input type="checkbox"/> No, Not Registered 3 <input type="checkbox"/> Exempt 4 <input type="checkbox"/> Not Required							
21 Race (select one or more) AA <input type="checkbox"/> Asian Indian AB <input type="checkbox"/> Cambodian AC <input type="checkbox"/> Chinese AD <input type="checkbox"/> Filipino AE <input type="checkbox"/> Guamanian AF <input type="checkbox"/> Hawaiian AG <input type="checkbox"/> Japanese AH <input type="checkbox"/> Korean AI <input type="checkbox"/> Laotian AJ <input type="checkbox"/> Samoan AK <input type="checkbox"/> Vietnamese AL <input type="checkbox"/> Other Pacific Islander AO <input type="checkbox"/> Other Asian BL <input type="checkbox"/> Black - African American HI <input type="checkbox"/> Hispanic or Latino NA <input type="checkbox"/> Amer. Indian / Alaskan Native WH <input type="checkbox"/> White		Concurrent Participation 22 Adult Education 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 23 Job Corps 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 24 Farm Worker Program 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 25 Native American Program 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 26 Veterans' Workforce Invsmt Prgrms 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 27 Veterans' DVOP / LVER 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 28 Trade Adjustment Act 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 29 NAFTA - TAA 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 30 Vocational Education 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 31 Vocational Rehabilitation 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 32 Wagner-Peyser 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 33 WWV Participant 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 34 Title V Activities (OAA) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 35 Community Svcs Block Grant Prog 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 36 HUD Program 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 37 Other Non-WIA Program 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 38 Rapid Response 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 39 Rapid Response - Add'l Assistance 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 40 TANF 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 41 Food Stamp Training Program 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			42 Disabled 1 <input type="checkbox"/> Yes, Major 2 <input type="checkbox"/> Yes, Substantial 3 <input type="checkbox"/> No	43 Limited English 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	44 Substance Abuse 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	45 Basic Skills Deficient 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	46 Offender 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	47 Pregnant or Parent Youth 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	48 Youth Needing Asst (Add'l Barriers) 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	49 Runaway Youth 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	50 Foster Child 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	51 Family TANF 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
52 Family GA 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	53 Family RCA 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	54 Family SSI 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	55 Family Food Stamps 1 <input type="checkbox"/> Yes, Eligible 2 <input type="checkbox"/> Yes, Receiving 3 <input type="checkbox"/> No	56 Number In Family	57 Number of Dependents <Age 18	58 Family Status 1 <input type="checkbox"/> Parent in 1-Parent Family 2 <input type="checkbox"/> Parent in 2-Parent Family 3 <input type="checkbox"/> Other Family Member 4 <input type="checkbox"/> Not A Family Member 5 <input type="checkbox"/> Not Reported								
59 Family Income prior six (6) months	60 Low Income 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	61 TANF Exhaustee 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	62 Homeless 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N/A	63 Poor Work History 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	64 Unemployment Insurance 1 <input type="checkbox"/> Yes, UI Claimant 2 <input type="checkbox"/> Yes, UI Exhaustee 3 <input type="checkbox"/> No									
65 Veteran Status 1 <input type="checkbox"/> Yes <=180 days 2 <input type="checkbox"/> Yes >180 days 3 <input type="checkbox"/> No	66 Disabled Veteran 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Yes, Spec'l Disabled 3 <input type="checkbox"/> No	67 Veteran Separation Date	68 Recently Separated Veteran 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	69 Campaign Veteran 1 <input type="checkbox"/> Vietnam-era 2 <input type="checkbox"/> Other Veteran 3 <input type="checkbox"/> No	70 Spouse of Qualifying Veteran 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No									



Employment
Development
Department

State of California

WORKFORCE INVESTMENT ACT APPLICATION

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5/20/09 7:33 AM

Grant
Application Number
Agency Code
Social Security Number

Last Name		First Name / Middle Initial					
71 Highest Grade Completed	72 Education Status		73 Reading Grade	74 Reading Score	75 Reading Test	76 Reading Version	
	1 <input type="checkbox"/> Student, H.S. or less 2 <input type="checkbox"/> Student, attending post - H.S. 3 <input type="checkbox"/> Out-of-School, H.S. Dropout 4 <input type="checkbox"/> Out-of-School, H.S. graduate, employment difficulty 5 <input type="checkbox"/> Out-of-School, H.S. graduate, no employment difficulty 6 <input type="checkbox"/> Student, attending Alternative School - Pre-Diploma		88.0				
77 Math Grade	78 Math Score		79 Math Test		80 Math Version		
88.0							
Pell Grant Recipient		Pell Grant School Year Award Amount	81 Labor Force Status		82 Weeks Not Employed Last 26 Weeks	83 Hourly Wage	84 Referred by WPRS (Profiling)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Applied but denied 3 <input type="checkbox"/> No, Application Pending 4 <input type="checkbox"/> Application not Submitted			1 <input type="checkbox"/> Employed 2 <input type="checkbox"/> Not Employed				1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No
85 Dislocated Worker			86 Dislocation Date	87 Job Code at Dislocation		88 Job Title	
1 <input type="checkbox"/> Terminated, Laid Off, Quit - UI/UTR 2 <input type="checkbox"/> Substantial Lay-off/Closure or 180 day Notice Of 3 <input type="checkbox"/> (No Longer Used) 4 <input type="checkbox"/> Self-employed 5 <input type="checkbox"/> Displaced Homemaker 9 <input checked="" type="checkbox"/> Not A Dislocated Worker							
89 Dislocation Industry Code	90 Tenure At Employer Of Dislocation (months)	91 Client E-mail Address		92 Employer Number	93 Employer Name		
Employer Address			Employer City / State		Employer Zip	Employer Telephone	
94 Eligibility				Does client meet priority of service in Department of Labor veterans' training program (Public Law 107-288)			
A <input type="checkbox"/> Adult WIA B <input type="checkbox"/> Adult Low Income D <input type="checkbox"/> Dislocated Worker F <input type="checkbox"/> Youth (age 14-18) G <input type="checkbox"/> Youth (age 19-21) H <input type="checkbox"/> Veteran Grant I <input type="checkbox"/> 5% Window Youth (age 14-18) J <input type="checkbox"/> 5% Window Youth (age 19-21) K <input type="checkbox"/> SYEP 2009 (age 14-24) N <input type="checkbox"/> Long Term Unemployed X <input type="checkbox"/> Not Eligible				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Signature of Interviewer			95 Interviewer ID	Date			
Signature of Reviewer			96 Reviewer ID	Date			

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program, and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian, or Responsible Adult	Date

Remarks:

CERTIFICATION / INFORMATION PROCESSING UNIT

Income Determination Worksheet

Section I.

Applicant's Name _____

Social Security Number _____

Program Name: _____

Interviewer Phone Number _____

Agency Code _____

INCOME DETERMINATION PERIOD:

Section II 26 Weeks Prior to App Date _____

TO

Date of Application _____

Section III.

FAMILY / NON-FAMILIAL MEMBER LIST

List all people living in the applicant's household now.

Column a:	Column b:	Column c:	Column d:	Column e:	Column f:	Column g:
Name:	Age:	Relationship To Applicant	Source of Support	Family Member (Y/N)	*Claimed Dependent (Y/N)	Amount of Includable Income
1		Applicant				\$
2				Y or N		\$
3				Y or N		\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$
13						\$

* = Claimed as a dependent on parent's last tax filing.

Total Gross 6 mo. Includable Income: \$ _____

Section IV.

<p style="text-align: center;">Residency</p> <p><input type="checkbox"/> Residency Waiver w/Other Docs</p> <p><input type="checkbox"/> Valid Driver's License/State ID</p> <p><input type="checkbox"/> Social Service Records</p> <p><input type="checkbox"/> Current Utility Bill</p> <p><input type="checkbox"/> Current Financial Statement</p> <p><input type="checkbox"/> Current Medical Statement</p> <p><input type="checkbox"/> Voter Registration Card</p> <p><input type="checkbox"/> School Letter</p> <p><input type="checkbox"/> Shelter Letter/Affidavit with corroborating witness' signature</p> <p><input type="checkbox"/> Other Document With Prior Technician Approval</p>	<p>EXPLANATIONS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>STAFF COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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DOCLISTS.XLS 06/2004

Section V.

<p>I, the applicant, attest that the information stated above is true, accurate and complete. I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.</p> <p>_____ Applicant's Signature</p> <p>_____ Date</p> <p>_____ Guardian/Corroborative Witness Signature</p> <p>_____ Date</p>	<p>I, the interviewer, attest that the information recorded above accurately and completely describes the family / income situations of the applicant, herein listed, as described to me during the interview / eligibility screening process.</p> <p>_____ Interviewer's Signature</p> <p>_____ Date</p> <p>_____ Reviewer's Signature</p> <p>_____ Staff ID</p> <p>_____ Date</p>
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ALAMEDA COUNTY WORKFORCE INVESTMENT ACT

NOTIFICATION OF RIGHTS UNDER THE WORKFORCE INVESTMENT ACT

EQUAL OPPORTUNITY GUIDELINES UNDER THE WORKFORCE INVESTMENT ACT

It is against the law for recipients of federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, creed, religion, sex, national origin, age, disability, political affiliation or beliefs, retaliation; or
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

You have the right to file a complaint if you feel you have been denied any of the above opportunities based on the equal opportunity guidelines. You will not in any way be penalized for filing a complaint. Your WIA sponsor has established a mechanism for handling complaints or grievances. Your complaint must be filed within 180 days of the alleged violation. All complaints will be handled confidentially. Complaints may be filed with the Alameda County Civil Rights Officer or with the Federal Civil Rights Center of the Department of Labor. (See Policy for Addresses)

COMPLAINTS OTHER THAN EQUAL OPPORTUNITY

All complaints alleging any violation of the Workforce Investment Act, other applicable federal or state regulations concerning the administration of job training programs, contract or grant conditions, or WIB rules or policies must be filed with the Workforce Investment Board, 24100 Amador Street, 6th Floor, Hayward, CA 94544-1203 within one year of the incident.

COMPLAINTS OF FRAUD, CRIMINAL ACTIVITY, OR GROSS WASTE

Complaints alleging incidents of criminal fraud, criminal abuse, or non-criminal complaints of mismanagement and gross waste of WIA funds should be made within 24 hours of discovery to the Workforce Investment Board, 24100 Amador Street, 6th Floor, Hayward, CA 94544-1203.

This is to certify that I have received a copy of the equal opportunity complaint procedures, procedures for filing complaints against job training programs as they pertain to the WIA program operated by the Alameda County Workforce Investment Board, and procedures to file complaints of criminal activity, fraud, and/or gross waste.

Staff has explained these procedures to me verbally and I have been advised of these processes. I understand that a full copy of these procedures is available to me upon request.

Participant Signature

Agency Representative Signature

Parent/Guardian Signature

Agency Name

Date

Date

AUTHORIZATION FOR RELEASE OF INFORMATION / RECORDS

Date: _____

I, _____, am hereby authorizing the release of information and/or records, pertaining to myself, which may be relevant to my eligibility to participate in a specific government funded program. Please forward the requested information to the agency and individual listed below:

Name of Individual

Agency

Mailing Address, City, State, Zip

Phone Number

Fax Number

A copy or facsimile of this Authorization shall be valid as the original.

My printed, full name

My Social Security Number

My Signature

Today's Date

Parent/Guardian Printed, full name

Parent/Guardian Signature

Today's Date

Please note that the disclosure of your social security number is voluntary. However, since most official records are maintained according to your social security number, your information may not be accessible without disclosure of your social security number.

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD

SUMMARY NOTIFICATION OF RIGHTS AND COMPLAINT PROCEDURES

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have a complaint involving the administration of any job training program or service with which the Alameda County Workforce Investment Board (WIB) is involved, either directly (i.e., the denial of your application for job training services) or indirectly (i.e., something that happens while you are in a WIB sponsored job training program), you have certain rights that you should know about.

The complaint and grievance procedures that must be used are determined by the nature of your complaint. This document provides instructions for three different types of complaints and the corresponding procedures.

Nondiscrimination and Equal Opportunity: Any complaint alleging discrimination on the basis of DISABILITY, RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, RELIGION, POLITICAL AFFILIATION or BELIEF, CITIZENSHIP or RETALIATION for filing a complaint because of any of these reasons may be filed within 180 days of the alleged incident EITHER WITH:

Ms. Darleen Brooks
Civil Rights Officer (CRO)
County of Alameda Social Services Agency
2000 San Pablo Avenue, 4th Floor
Oakland, CA 94610
Phone 510-891-3355; For the California Relay Services (CRS) call 1-800-735-2922(VOICE) or 1-800-735-2929(TDD)

Or with

Director of the Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210

Non-criminal Violation of the Workforce Investment Act: or OTHER APPLICABLE FEDERAL OR STATE REGULATIONS CONCERNING THE ADMINISTRATION OF JOB TRAINING PROGRAMS, CONTRACT OR GRANT CONDITIONS, OR WIB RULES OR POLICIES must be filed within one year of the alleged incident with the:

Director, Workforce Investment Board
24100 Amador Street, 6th Floor
Hayward, CA 94544-1203

Incidents of Criminal Fraud, Criminal Abuse, or other Criminal Activity, and Noncriminal Complaints such as Mismanagement and Gross Waste: Allegations of fraud, abuse, or other criminal activity in WIA-funded programs may originate from ACWIB staff, WIA Program Operators, clients, informants, auditors, law enforcement agencies, etc. Reports must be submitted within 24 hours of discovery to:

Alameda County Workforce Investment Board
24100 Amador Street, 6th Floor
Hayward, CA 94544
Ph: (510) 259-3842
FAX: (510) 259-3845

The WIB, One-Stop and Youth Program Operators have copies of the grievance procedures and the grievance form that should be filled out. However, you may file a complaint without completing the appropriate forms, as long as your complaint is in writing, signed by you and returned to the Workforce Investment Board (WIB). If you are unsure to which entity your complaint should be addressed, WIB staff will ensure that the proper jurisdiction receives your complaint. Your complaint should include your address, telephone number and must also state what your complaint is about.

If you have any questions about how to file a complaint, you may inquire with the Program Manager of the program in which you are enrolled.

Under the law, you have the right to make your complaint without being afraid of restraint, interference, coercion, discrimination, retaliation, or reprisal. What this means is that no one can try to stop you from making a complaint or punish you in any way for filing a complaint.

WHAT HAPPENS WHEN I FILE A COMPLAINT?

Alameda County WIB, or other involved jurisdiction, will notify the party you are complaining against (the "Respondent") about your complaint, and can arrange for an informal meeting with an impartial WIB employee, the Respondent, and you (the "Complainant"), to try to resolve your complaint.

WHAT IF THIS DOESN'T WORK?

If your complaint is not resolved after meeting informally with the Respondent, then you have the right to have a hearing before an Alameda County WIB Hearing officer or an Impartial Hearing Officer.

IS A HEARING LIKE A TRIAL IN COURT?

Yes and no. Under the law, everyone has "Due Process" rights that must be observed in any legal proceeding. Such rights include the right to present evidence and have witnesses testify under oath, the right to testify yourself, the right to cross-examine the witnesses for the other party, the right to have any impartial person decide the case, and to give a written explanation of the reason for the decision. You also have the right to appeal the decision if you think it is wrong. In that sense, the hearing is like a trial.

It will not be like a trial in the sense that no one will expect you to know technical legal rules of evidence, law, or procedure. The Hearing Officer will be an experienced attorney or other knowledgeable lay person that knows the law and who will be much more interested in finding out what the facts are.

The hearing will be somewhat like "The People's Court" on TV, where the Judge listens to the testimony of the witnesses, looks at any exhibits, asks questions of the parties and then makes a decision.

DO I NEED A LAWYER? WHAT IF I DON'T HAVE A LAWYER?

You have the right to have a lawyer, or some other person, who doesn't have to be a lawyer, act as your representative at all stages of the WIB Grievance Procedure. However, the WIB cannot appoint a lawyer to represent you or give you legal advice, nor can the WIB pay for your lawyer. If you want a lawyer to represent you and do not know whom to call, the Alameda County Bar Association, telephone 510-893-7160, has a lawyer referral service.

IS THERE ANYTHING ELSE I SHOULD KNOW?

The most important thing to remember is that the Hearing Officer won't know about the facts of your case, so be sure that you present them at the hearing. Be sure your witnesses come to the hearing, bring any exhibits you want to show the Hearing Officer, and outline what you want to say so you won't forget anything.

THIS IS YOUR COPY.

PLEASE KEEP IT FOR YOUR RECORDS.

*EQUAL OPPORTUNITY EMPLOYER/PROGRAM.
AUXILIARY AIDS AND SERVICES ARE AVAILABLE, UPON REQUEST,
TO INDIVIDUALS WITH DISABILITIES.*

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Participant Signature

Agency Representative Signature

Agency Name

Date

Date

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD

SUMMARY NOTIFICATION OF RIGHTS AND COMPLAINT PROCEDURES

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have a complaint involving the administration of any job training program or service with which the Alameda County Workforce Investment Board (WIB) is involved, either directly (i.e., the denial of your application for job training services) or indirectly (i.e., something that happens while you are in a WIB sponsored job training program), you have certain rights that you should know about.

The complaint and grievance procedures that must be used are determined by the nature of your complaint. This document provides instructions for three different types of complaints and the corresponding procedures.

Nondiscrimination and Equal Opportunity: Any complaint alleging discrimination on the basis of DISABILITY, RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, RELIGION, POLITICAL AFFILIATION or BELIEF, CITIZENSHIP or RETALIATION for filing a complaint because of any of these reasons may be filed within 180 days of the alleged incident EITHER WITH:

Ms. Darleen Brooks
Civil Rights Officer (CRO)
County of Alameda Social Services Agency
2000 San Pablo Avenue, 4th Floor
Oakland, CA 94610
Phone 510-891-3355; For the California Relay Services (CRS) call 1-800-735-2922(VOICE) or 1-800-735-2929(TDD)

Or with

Director of the Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW, Room N-4123
Washington, DC 20210

Non-criminal Violation of the Workforce Investment Act: or OTHER APPLICABLE FEDERAL OR STATE REGULATIONS CONCERNING THE ADMINISTRATION OF JOB TRAINING PROGRAMS, CONTRACT OR GRANT CONDITIONS, OR WIB RULES OR POLICIES must be filed within one year of the alleged incident with the:

Director, Workforce Investment Board
24100 Amador Street, 6th Floor
Hayward, CA 94544-1203

Incidents of Criminal Fraud, Criminal Abuse, or other Criminal Activity, and Noncriminal Complaints such as Mismanagement and Gross Waste: Allegations of fraud, abuse, or other criminal activity in WIA-funded programs may originate from ACWIB staff, WIA Program Operators, clients, informants, auditors, law enforcement agencies, etc. Reports must be submitted within 24 hours of discovery to:

Alameda County Workforce Investment Board
24100 Amador Street, 6th Floor
Hayward, CA 94544
Ph: (510) 259-3842
FAX: (510) 259-3845

The WIB, One-Stop and Youth Program Operators have copies of the grievance procedures and the grievance form that should be filled out. However, you may file a complaint without completing the appropriate forms, as long as your complaint is in writing, signed by you and returned to the Workforce Investment Board (WIB). If you are unsure to which entity your complaint should be addressed, WIB staff will ensure that the proper jurisdiction receives your complaint. Your complaint should include your address, telephone number and must also state what your complaint is about.

If you have any questions about how to file a complaint, you may inquire with the Program Manager of the program in which you are enrolled.

Under the law, you have the right to make your complaint without being afraid of restraint, interference, coercion, discrimination, retaliation, or reprisal. What this means is that no one can try to stop you from making a complaint or punish you in any way for filing a complaint.

WHAT HAPPENS WHEN I FILE A COMPLAINT?

Alameda County WIB, or other involved jurisdiction, will notify the party you are complaining against (the "Respondent") about your complaint, and can arrange for an informal meeting with an impartial WIB employee, the Respondent, and you (the "Complainant"), to try to resolve your complaint.

WHAT IF THIS DOESN'T WORK?

If your complaint is not resolved after meeting informally with the Respondent, then you have the right to have a hearing before an Alameda County WIB Hearing officer or an Impartial Hearing Officer.

IS A HEARING LIKE A TRIAL IN COURT?

Yes and no. Under the law, everyone has "Due Process" rights that must be observed in any legal proceeding. Such rights include the right to present evidence and have witnesses testify under oath, the right to testify yourself, the right to cross-examine the witnesses for the other party, the right to have any impartial person decide the case, and to give a written explanation of the reason for the decision. You also have the right to appeal the decision if you think it is wrong. In that sense, the hearing is like a trial.

It will not be like a trial in the sense that no one will expect you to know technical legal rules of evidence, law, or procedure. The Hearing Officer will be an experienced attorney or other knowledgeable lay person that knows the law and who will be much more interested in finding out what the facts are.

The hearing will be somewhat like "The People's Court" on TV, where the Judge listens to the testimony of the witnesses, looks at any exhibits, asks questions of the parties and then makes a decision.

DO I NEED A LAWYER? WHAT IF I DON'T HAVE A LAWYER?

You have the right to have a lawyer, or some other person, who doesn't have to be a lawyer, act as your representative at all stages of the WIB Grievance Procedure. However, the WIB cannot appoint a lawyer to represent you or give you legal advice, nor can the WIB pay for your lawyer. If you want a lawyer to represent you and do not know whom to call, the Alameda County Bar Association, telephone 510-893-7160, has a lawyer referral service.

IS THERE ANYTHING ELSE I SHOULD KNOW?

The most important thing to remember is that the Hearing Officer won't know about the facts of your case, so be sure that you present them at the hearing. Be sure your witnesses come to the hearing, bring any exhibits you want to show the Hearing Officer, and outline what you want to say so you won't forget anything.

THIS IS YOUR COPY.

PLEASE KEEP IT FOR YOUR RECORDS.

*EQUAL OPPORTUNITY EMPLOYER/PROGRAM,
AUXILIARY AIDS AND SERVICES ARE AVAILABLE, UPON REQUEST,
TO INDIVIDUALS WITH DISABILITIES.*

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD

Document Checklist Item - Low Income Youth

Applicant Name: _____ SSN: _____ Program: _____

Unless it is otherwise specified, each eligibility category requires one valid form of verification. Please be sure that you are providing a valid form of documentation for each eligibility category (that is current on the app date) by checking the appropriate box.

Right - To - Work Status

EITHER: ONE item from List A -
OR: ONE item EACH from List B and List C

LIST A: U. S. Passport Valid I-551 Valid foreign Passport w/I-551 Stamp or Attached I-94
 Currently Valid I-766 Any Currently Valid I-688 Card Other: _____

LIST B: Driver's License State ID Military ID School Picture ID
 Other Document With Prior Technician Approval: _____

LIST C: Birth Certificate Baptismal Certificate Social Security Card
 Currently Valid I-197 Currently Valid I-179

(Internal Use ONLY) 90+ Days CURRENT Cash Public Assistance w/Soc.Svc Collateral (as needed): _____

Selective Service Registration	Age	Social Security Number
<input type="checkbox"/> Acknowledgment Letter	<input type="checkbox"/> Birth/Baptismal Certificate	<input type="checkbox"/> DD-214
<input type="checkbox"/> Selective Service Declaration Intake/Tech w/Register online	<input type="checkbox"/> Driver's License/State ID	<input type="checkbox"/> Social Service Records
<input type="checkbox"/> Registration Verification Card	<input type="checkbox"/> INS Document/Passport	<input type="checkbox"/> Pay Stubs/Emp. Records
<input type="checkbox"/> Internet Verification	<input type="checkbox"/> DD-214/Military ID	<input type="checkbox"/> EDD Docs
<input type="checkbox"/> Other Document With Prior Technician Approval: _____	<input type="checkbox"/> Social Service Records	<input type="checkbox"/> Social Security
	<input type="checkbox"/> School Letter	<input type="checkbox"/> Federal/State Tax Form (not income tax returns)
	<input type="checkbox"/> Other Document With Prior Tech Approval: _____	<input type="checkbox"/> Other Doc w/Prior Approv. _____

Low Income

Automatically Low-Income

Cash Public Assistance (TANF/GA/SSI/Foster Care Family) Homeless Food Stamps (last 6 mo)
 Other qualifier w/prior Tech approval: _____
 Documentation Provided: _____

"Family-of-One" Low-Income

Out-of-Family Disabled Non-Familial Support Incarcerated/Run-Away/Emancipated
 In-Family Youth/Non-Dependent Other qualifier w/prior Tech approval: _____
 Documentation Provided: _____

Income Documentation

<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> EDD Records	<input type="checkbox"/> Tax Records	<input type="checkbox"/> Financial Statements
<input type="checkbox"/> Employer Letter	<input type="checkbox"/> Soc Sec Docs	<input type="checkbox"/> Court Docs	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Release of Info	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Non-Familial Support	Records
<input type="checkbox"/> Disability Records	<input type="checkbox"/> Pension Docs	<input type="checkbox"/> Scholarship/Grant Docs	<input type="checkbox"/> Employ Hist Form
<input type="checkbox"/> Other Docs w/Prior Tech Approval: _____			

All Other Low-Income

Number in Family Doc Provided: _____

Income Documentation

<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> EDD Records	<input type="checkbox"/> Tax Records	<input type="checkbox"/> Financial Statements
<input type="checkbox"/> Employer Letter	<input type="checkbox"/> Soc Sec Docs	<input type="checkbox"/> Court Docs	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Release of Info	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Non-Familial Support	Records
<input type="checkbox"/> Disability Records	<input type="checkbox"/> Pension Docs	<input type="checkbox"/> Scholarship/Grant Docs	
<input type="checkbox"/> Other Docs w/Prior Tech Approval: _____			

Connected/Disconnected Youth: Refer to "Youth Worksheet"

ALL APPLICANTS: Rel of Info Not of Cvl Rts Youth Barrier(s) (See Barriers Checklist)

YOUTH APPLICANT DECLARATION

Income / Employment History

This declaration is valid ONLY when it contains the signatures of both the applicant and a corroborating witness

I, _____ declare under penalty of perjury that:

During the Income Determination Period:

		20
--	--	----

 To:

		20
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I have held the following jobs:

Employer Name:		Contact Person:		Phone #:	
Address, City, State, ZIP:				Temp/Perm:	\$/Hr
Job Title:		Hire Date:	Date Left:	Reason for Leaving:	
Employer Name:		Contact Person:		Phone #:	
Address, City, State, ZIP:				Temp/Perm:	\$/Hr
Job Title:		Hire Date:	Date Left:	Reason for Leaving:	
Employer Name:		Contact Person:		Phone #:	
Address, City, State, ZIP:				Temp/Perm:	\$/Hr
Job Title:		Hire Date:	Date Left:	Reason for Leaving:	

Please be sure to submit corroborative documentation for income that falls within the IDP.

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> I have never, in my life, been employed. | <input type="checkbox"/> I have never, in my life, held a full-time job. |
| <input type="checkbox"/> I have never, in my life, held a full-time job, (30 hrs +) for more than 13 consecutive weeks. | <input type="checkbox"/> I desire full-time employment. |
| <input type="checkbox"/> I was fired from a job within the last 12 months. (Complete information below) | |

Name of Employer: _____ Date Fired: _____

Additional Declarations: _____

We, the undersigned, attest that the information stated above is true, accurate and complete to the best of our knowledge. If the above information is found to be inaccurate or incomplete, the applicant named herein may be terminated from the program, found financially liable for the cost of services rendered and/or penalized to the extent allowable by law.

Applicant:

Corroborating Witness:

Signature _____ Date _____

Signature _____ Date _____

Address _____

Daytime Phone Number _____

Intake Worker

Relationship to Applicant _____

Signature _____ Date _____

Young Men's Initiative Specific to Youth Employment History Applicant MS 04/2005

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD
Youth Barriers Declaration

I, _____ declare under penalty of perjury that:

DROP-OUT STATUS

I have not completed secondary school nor obtained a GED and I am not currently attending any school. The last school I attended was:

Name of Last School Attended: _____
City & State: _____
Highest Grade Completed: _____ Last Date Attended: _____

PREGNANT / PARENTING YOUTH

I am presently pregnant as confirmed by (specify): _____

My girlfriend/wife is presently pregnant as confirmed by (specify): _____

I am the Mother/Father of a child. Name of child: _____ DOB: _____

FORMER FOSTER CHILD (Locally Defined Barriers)

I was formerly in a Foster Care facility/program: County: _____ Date: _____

SUBSTANCE ABUSE/ADDICTION STATUS (Locally Defined Barriers)

I currently require substance abuse treatment to retain or obtain employment.

LIMITED ENGLISH-SPEAKING STATUS (Locally Defined Barriers)

English is my second language. My inability to communicate in english has resulted in a barrier to my employment as corroborated by the intake worker's signature below.

HOMELESS STATUS

I presently lack a fixed, regular adequate nighttime residence.

I presently sleep in a public or private place not designated "regular sleeping accommodations for human beings". (Explain): _____

I am presently "couch-surfing", (sleeping for short periods of time with various friends or family who allow me to sleep on their couch for a few days at a time. I do not have a permanent, stable living arrangement.

PLEASE INDICATE THE CITY IN WHICH YOU ARE PRESENTLY HOMELESS: _____

We, the undersigned, attest that the information stated above is true and complete to the best of our knowledge. If the information is found to be inaccurate, the applicant may be terminated from the program, found financially liable for the cost of services rendered and/or penalized to the extent allowable by law. I attest that I do not possess "hard" or "collateral" documentation of the facts stated herein.

Applicant:

Corroborating Witness:

Signature

Date

Signature

Date

Address

Daytime Phone Number

Intake Worker

Relationship to Applicant

Signature

Date

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD

YOUTH WORKSHEET

Applicant Name:	SSN:	Agency Code:
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Labor Force Status (Please check one):

Unemployed:
 Applicant did not work but was available for work during the 7 consecutive days prior to application. Also, those who did not work and (a) were waiting to be called back to a job from which they had been laid-off, or (b) were waiting to report to a new wage or salary job scheduled to start within 30 days.

Underemployed
 (a) Applicant is employed, but working part-time and desires full time employment; or
 (b) Applicant is employed full-time in short-term (four months or less) jobs within the year prior to application, for the purpose of income maintenance rather than a career path.

Both labor force status' are documented through the applicant's corroborated employment history form.

Mark the box below to match the customer's status exactly as it is reported on the WIA application form, Box 72 Education Status:

CONNECTED YOUTH	
1 <input type="checkbox"/> Student, H.S. or less 2 <input type="checkbox"/> Student, attending post - H.S. 6 <input type="checkbox"/> Attending Alternative School	Youth applicants with Ed Status 1, 2, or 6 Check the appropriate box and STOP HERE Include this form with your application packet.
These Education status' are documented through the signed WIA Application Form.	

DISCONNECTED YOUTH	
3 <input type="checkbox"/> Out-of-School, H.S. Dropout Not Attending Any School <hr/> <input type="checkbox"/> Transcript/School Records <input type="checkbox"/> Corroborated Declaration	4 <input type="checkbox"/> Out-of-School, H.S. grad Employment Difficulty Not Attending Any School OR 5 <input type="checkbox"/> Out-of-School, H.S. grad No Employment Difficulty Not Attending Any School
Ed Status' 4 and 5 are documented through the signed WIA application Form.	
Youth applicants with Ed Status 3, 4, or 5 Check the appropriate box above and PROVIDE APPROPRIATE DOCUMENTATION (AS LISTED) Include this form with your application packet.	

WIA - Certification Information Processing Unit

YOUTH BARRIERS CHECKLIST

Applicant Name:	SSN:	Program:
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HOMELESS/RUN-AWAY
Resides in Shelter or Public Place

Shelter Letter

Soc Svc Records

Corroborated Declaration

PREGNANT/PARENT YOUTH
Pregnant/Parent prior to age 22

Soc Svc Records

Child's Birth Cert.

Child's Baptismal Cert.

Court/Legal Docs

Dr./Medical Records

School Records

HIGH SCHOOL DROP-OUT
Neither diploma or GED obtained

School Records/Transcript

Soc Svc Records

Corroborated Declaration

OFFENDER
Criminal Justice System Involvement

Police /Court Records

Prob Off/Atty Letter

Other Documentation:

FOSTER CHILD
"Is" or "Was" in Foster Care

Soc Svc Records

Foster/Group Home Letter

Other Documentation:

DEFICIENT IN BASIC LITERACY SKILLS

Soc Svc Records

Current Test Scores
(Within last year)

School Records

Limited English Documentation Provided:

REQUIRES ADDITIONAL ASSISTANCE TO:

COMPLETE AN EDUCATIONAL PROGRAM:

- School Referral/Records
- Lacks Familial Support; Docs: _____
- Victim of Family Violence; Docs: _____
- Disabled: Docs: _____
- Gang Member; Docs: _____
- Gang Affiliated; Docs: _____
- At Risk of Gang Involvement;
Docs: _____
- Child of an Incarcerated Parent;
Docs: _____
- Probation Department Referral
- Official Partner Agency Letter
- Other Docs w/ Prior Technician Approval:
Docs: _____

OBTAIN OR RETAIN EMPLOYMENT:

- Corroborated Work History Form
- EDD Documents / Employer Records
- Disabled: Docs: _____
- Gang Member; Docs: _____
- Gang Affiliated; Docs: _____
- At Risk of Gang Involvement;
Docs: _____
- Child of an Incarcerated Parent;
Docs: _____
- Probation Department Referral
- Official Partner Agency Letter
- Other Docs w/ Prior Technician Approval:
Docs: _____

Alameda County Associated Community Action Program CLIENT TRACKING FORM

CONTRACTOR NAME:	CONTRACT #:	DATE:
TYPE: <input type="radio"/> New <input type="radio"/> Carry-Over <input type="radio"/> Re-Certification		REFERRAL SOURCE:

CLIENT INFORMATION:			
SSN:	Birthdate:	Age:	
Last Name:	First Name:	Phone #:	
Address, City, Zip:			

FAMILY SIZE	
Including Applicant	
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8(+)

FAMILY MEMBER AGES	
# of family members in each age group.	
0 - 5 =	_____
6 - 11 =	_____
12 - 17 =	_____
18 - 23 =	_____
24 - 44 =	_____
45 - 54 =	_____
55 - 59 =	_____
60 - 69 =	_____
70 + =	_____
TOTAL:	_____

FAMILY MEMBER ETHNICITY	
# of family members in each category.	
Black/Not Hispanic:	_____
White/Not Hispanic:	_____
Hispanic Origin:	_____
Natv Amer/Alaskan:	_____
Asian:	_____
Other:	_____
TOTAL:	_____

FAMILY EDUCATION	
# of family members in each category.	
0 - 8th Grade:	_____
9 - 12 Non Grad:	_____
HS Grad / GED:	_____
12 + (No Degree):	_____
2 or 4 yr degree:	_____
TOTAL:	_____

FAMILY GENDER	
# of Males	_____
# of Females	_____

Client has registered for services at a WIA funded One-Stop Career Center? Yes No

FAMILY TYPE:	
<input type="checkbox"/> Sngl Prnt-F	<input type="checkbox"/> Ad - No Child
<input type="checkbox"/> Sngl Prnt-M	<input type="checkbox"/> 2 Ad-No Child
<input type="checkbox"/> 2 Parent Fam	<input type="checkbox"/> Other

TEEN PARENT:	
Parent under 20	
<input type="checkbox"/> Married	
<input type="checkbox"/> Single	
<input type="checkbox"/> N/A	

HOUSING:	
<input type="checkbox"/> Own	
<input type="checkbox"/> Rent	
<input type="checkbox"/> Homeless	
<input type="checkbox"/> Other	

CLIENT CHARACTERISTICS:	
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Farmer
<input type="checkbox"/> Disabled	<input type="checkbox"/> Migrant Farm Wkr
<input type="checkbox"/> Veteran	<input type="checkbox"/> Seasonal Farm Wkr
<input type="checkbox"/> Employed	or <input type="checkbox"/> Unemployed

Please check all that apply on this date:

- CalWORKs / TANF (Automatically Low-Income*)
- General Assistance / GA (Auto Low-Income*)
- Supplemental Security Income / SSI (Auto L-I*)
- Food Stamps (Automatically Low-Income*)
- Homeless (Automatically Low-Income*)

Client convicted of a Felony? Yes No

INTAKE WORKER INFORMATION:

Printed Name:	Site:
Signature:	Date:

APPLICANT'S STATEMENT

I certify the information on this form to be correct to the best of my knowledge. This information is not provided with the intent to defraud. I hereby acknowledge that information relating to determination of my eligibility requires verification and documentation. By my signature, I authorize others to release such information as may be required for the determination of my eligibility. I have also read and I understand the grievance procedure.

Applicant's Signature: _____

Date: _____

FAMILY INCOME	
	6 Mo Amt
<input type="checkbox"/> Social Security (Ret/Sur/Dis)	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Wages + any other source	
<input type="checkbox"/> Employment ONLY	
<input type="checkbox"/> Pension	
<input type="checkbox"/> Veterans Benefits	
<input type="checkbox"/> Other (_____)	
Total Family Income:	
Gross, 6-month	\$ _____
INCOME LEVEL	
(% of current Poverty Guideline)	
<input type="checkbox"/> Up to 75%	<input type="checkbox"/> 76% to 100%

* Automatically Low-Income