

WorkSource DeKalb Adult Services Program



Language Assistance/Babel Notice

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** for assistance in the translation and understanding of the information in this document.

Spanish: ¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** para pedir asistencia en traducir y entender la información en este documento.

Chinese – Traditional: 重要須知！本文件包含重要資訊，事關您的權利、責任，和 / 或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電 WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese: LƯU Ý QUAN TRỌNG! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** để được hỗ trợ về việc thông dịch và hiểu rõ tài liệu này.

Tagalog: MAHALAGA! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French : IMPORTANT! Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole: ENPÒTAN! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese: IMPORTANTE! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

لومات مهمه

مهم!

اعلانية لمعلومات واردي

WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org للحصول

تواصل

لرقم .

هاتفي لفة

Russian: ВАЖНО! В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону WorkSource DeKalb at (404) 687-3400/www.worksourcedekalb.org** для получения помощи в переводе и понимании информации, содержащейся в данном документе. **Korean**

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **WorkSource**

DeKalb at (404) 687-3400/www.worksourcedekalb.org 로 전화하여 본 문서에 있는 정보의 번역 및 이해를 위해

Individual Training Account (ITA) Completion Guide

The ITA Training Guide is designed to assist with the completion of the Individual Training Application (ITA). Prior to submitting your ITA application, you must attend a mandatory WIOA Training Information Session which is held weekly on Thursdays at 10am. **Once your paperwork is complete, you will need to schedule an appointment with your assigned Career Consultant in order to submit your application.**

Residency: You must be a DeKalb County resident or must have been laid off from an employer in DeKalb County.

Eligibility Documents:

- p **Proof of identification** (Georgia Driver's License or Georgia Identification Card)
- p **Proof of work eligibility** (Social Security Card, Green Card, US Passport)
- p **Proof of Residence** (Utility bill, Lease, Voter Registration Card, if living with a DeKalb Resident statement from that person and utility bill in their name)
- p **Family Income Verification/Proof of income for the past six months** can be any of the following:
- p Most recent check stubs, social security benefits, TANF, food stamps, letter from a person providing support (if no income).
- p **Dislocated Workers/Displaced Homemakers Determination:** Unemployment Insurance Examiner's Letter or Separation Notice for Dislocated Workers (Dislocated Workers qualify if there was an involuntary layoff or company closure or notice of layoff due to no fault of the customer). Displaced homemakers, bring copies of layoff of spouse.
- p **Copy all requested documents** prior to coming to the WIOA Training Information Session (Social Security Card, Driver's License or Georgia ID, Alien Card or Passport, food stamp letters, EBT cards, Lease, check stubs, Unemployment Determination Letter, Separation Notice, etc.)
- p **Selective Service: for all males born after January 1, 1960**, you must be registered. Visit www.sss.gov to print a copy of your verification or you may bring a copy of your DD214. (If you are not registered you will need to call the number listed on the website. You cannot submit your file without an exemption letter if you have not registered).

Training Requirements:

- p Must be program ready – **WIOA will not pay for any developmental or prerequisite courses.** All course work must be in the major of study.
- p **Funding is available upon eligibility**, 1st year of training, up to \$5000, and the 2nd year up to \$3000. You are **only eligible for one approved training program and funds do not roll over. You must meet all eligibility requirements to be considered for funding.**
- p **WIOA does not support career changes.** You are encouraged to build on your existing skills. In cases where your occupational experience is listed in one of the areas declining industries or occupations, or a career change is required for health reasons, your transferrable skills will be assessed to assist you in selecting a training option.
- p **WIOA does not generally pay for Bachelor or master's degrees** – Exceptions may be reviewed individually, and approval will be on a case-by-case basis (if less than two years are left for completion).
- p **Areas of training that will not be approved are:** Commissioned Based programs, CNA only (must take CNA/PCT combo program), Paralegal has stipulations of experience, education and pre-hire letters and any industry that is not deemed in demand may not be considered.
- p **Truck Drivers** – Should not have any DUI's or felonies within the last 7-years. Misdemeanors will be discussed on an individual basis. Must provide a copy of his/her 7yr MVR
- p **Approved school information** – Visit <https://www.workreadyga.org>. Click on "Training Providers and Schools" or Training and Education Programs". Search by your school name or program choice. Contact

the school to get the cost and duration of training.

- p **Signed Attendance Verification Form:** You must attend at least (1) one of the following workshops, facilitated by the Georgia Department of Labor. Workshops are held every Tuesday as follows, and you must provide a verification of attendance form signed by the facilitator:

9:00a.m. - Resume writing
 11:00a.m. - Interviewing Skills
 2:00p.m. - Employ Georgia

- p **Financial Aid Verification** (www.fafsa.ed.gov) – Only for Technical Schools, College, Universities and schools that accept Financial Aid
- p **Program Ready Letter** – Only for Colleges, Universities, and Technical Schools
- p If there is a break in training and you decide to finish at a later time, you will be required to reapply for training funds. Training funds are on a first-come, first-serve basis.
- p Copy of Resume is necessary (**Be sure to include email address**)

***** Please do not attend classes or pay in advance for any training that you expect to be paid by WIOA funding until your training plan is completed, signed and approved. *****

Program Assessments:

- p **TABE Results** –TABE test results are required to match school requirements. Your assigned Career Counselor will schedule this test for you. You can only retest one time – all other results will be discarded. To study for the Math portion of your test you can visit www.math.com.
- p **Print 3 job ads** of employment you will qualify for after training. Do you have the requested years of experience? Do you have the education? Must be fulltime jobs and located in Georgia. Do not attach single newspaper cut outs. Print off detailed job ads from the INTERNET.
- p **Interest Profiler - Steps to Completing the O*NET Interest Profiler**

1. Type in website address www.mynextmove.org/explore/ip
2. Click on the “next” button 4 times.
3. Complete the 60 assessment questions.
4. Once you have completed answering questions click the “next” button.
5. Click the “print” button.
6. At the top of the page type in your name.
7. Click print again.
8. Once your O*NET Interest Profiler results is through printing close icon (**DO NOT STOP HERE**) > Click continue to complete the entire profiler survey.
9. Print your Job Zones Report.
10. Print your Career List Report
11. **Completion = 3 printouts 1. O*Net Interest Profiler 2. Job Zones 3. Career List**

Program Registrations:

Georgia Work Ready Online Participant Portal:

- a. Go to the internet and put in the following web address:
<https://www.workreadyga.org/vosnet/Default.aspx>.
- b. Click on "Not Registered"
- c. Click on "Individual" under Option 2.
- d. Create a "Username and Password".
- e. Enter all requested information. All items marked with a red *, must be entered.
- f. At the bottom of the page click "Next"
- g. After filling in the Name, Address, and Phone information, click "Next"
- h. You will then be asked to select your "Preferred Method of Communication". Please select "Email".
- i. Complete the next pages of your registration and at the end click "Finish"
- j. Please print the page that comes to your email after you complete your registration and place it in your packet.

Online Application Confirmation/Thank You Page or Welcome Back Page

- a. Register as a WorkSource DeKalb customer. Go to the internet and put in the following webaddress:
www.worksourcedekalb.org
- b. Click "Job Seeker Services"
- c. Click "Online Customer Registration"
- d. Click "Submit Application Here" and complete application – You will need to upload an electronic resume to complete the process.
- e. Click "Submit"
- f. Print the "Confirmation/Thank You" page & include the page in your application
- g. If you are already registered, login and then log back out. Print the page that thanks you for being a registered user and insert in your package.

*** Please do not attend classes or pay in advance for any training that you expect to be paid by WIOA funding until your training plan is completed, signed and approved. ***

Eligibility Intake Checklist








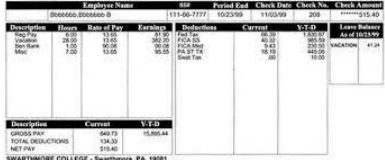


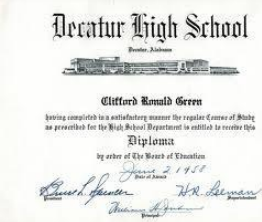

Name: _____

Phone Number: _____

Email: _____

	Requested Items
	A copy of this checklist
	Registration: Georgia Work Ready Online Participant Portal Registration Page – Confirmation https://www.workreadyga.org/vosnet/Default.aspx .
	Registration: WSD Online Application Confirmation/Thank You Page or Welcome Back Page Confirmation www.worksourcedekalb.org
	Resume
	Complaints & Grievances Form
	Employment Consent Agreement
	Georgia Driver's License or Georgia Identification Card (<i>I-94 card if applicable</i>)
	Social Security Card of everyone in household
	Proof of DeKalb County Residency (Lease/ Utility/ Mortgage Statement)
	Veterans Determination Form
	Only Males born after January 1, 1960: Selective Service Verification www.sss.gov
	Proof of Military Status (DD214)
	Adult: Proof of Gross Combined Family Income for past six months and Composition Form (<i>Pay Stubs/Wage Inquiry</i>)
	Dislocated Worker: Proof of Gross Combined Income for past six months/ <i>Separation Letter/ Severance Letter/UI Determination Letter/Wage Inquiry</i>)
	Participant Affidavit
	Proof of Job Readiness Workshop Attendance
	ITA Enrollment Agreement
	Program Ready Letter (ACCEPTANCE LETTER FROM ELIGIBLE TRAINING PROVIDER) https://www.workreadyga.org
	Financial Aid Verification (<i>if applicable—all colleges</i>) www.fafsa.ed.gov
	Training Interest Questionnaire
	Print out of 3 Job Ads in Industry (<i>Detailed job ads from the Internet in the desired field of training</i>)
	Print Results from O'NET Interest Profiler www.mynextmove.org/explore/ip
Internal	TABE Results
Internal	Individual Employment Plan(IEP)
Internal	Supportive Service Form

WIOA ELIGIBILITY DOCUMENTATION

PROOF OF IDENTIFICATION	 
PROOF OF CITIZENSHIP	
PROOF OF RESIDENCY	 
PROOF OF BIRTH	
PROOF OF HOUSEHOLD INCOME	 
PROOF OF SELECTIVE SERVICE REGISTRATION (MALES ONLY)	
PROOF OF EDUCATION ENROLLMENT STATUS	  

Additional documentation may be required based upon individual needs assessments.
For questions, please contact our office at (404) 687-3400 or visit our website at www.worksourcedekalb.org.

2018 Income Guidelines for WIOA Low Income Level

The income levels shown in the table below will apply to WIOA eligibility and reporting in federal program years 2017- 2018, or until another update occurs.

Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective June 01, 2018		
Family Size	Metropolitan Areas	Metro - 200% LLSIL
1	\$6,070	\$12,140
2	\$8,230	\$16,460
3	\$10,581	\$21,162
4	\$13,063	\$26,126
5	\$15,418	\$30,836
6	\$18,032	\$36,064
7	\$20,646	\$41,292
8	\$23,260	\$46,520
For each over 8 Add:	\$2,614	\$2,614

WorkSource DeKalb

Workforce Innovation and Opportunity Act Grievance/Complaint Procedures and Equal Opportunity Policy

EQUAL OPPORTUNITY COMPLAINT POLICY

WorkSource DeKalb adheres to the following United States Law: **"Equal Opportunity Is the Law"**.

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient (WorkSource DeKalb) must not discriminate in any of the following areas:

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

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

COMPLAINTS OF DISCRIMINATION: *What To Do If You Believe You Have Experienced Discrimination*

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- **LOCAL:** The recipient's Equal Opportunity Officer: J Michelle Jones, WorkSource Program Manager/EO Officer, WorkSource DeKalb, 774 Jordan Lane, Building #4, Decatur, GA 30033, Phone: 404-687-3909, Email: jmijones@dekalbcountyga.gov. Use the attached complaint form or download from www.worksourcedekalb.org, or
- **STATE:** TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, GA 30345-4304. 404-679-1371, WIOAcompliance@tcsgeu.edu
- **FEDERAL:** The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc. Furthermore, a complainant may file directly with the Director, Civil Rights Center at the address listed above. Or at the website: <http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm>.
- If you file your complaint with the recipient, you must wait either until the recipient issues a written notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.
- If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).
- If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or

resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Definition: A **complaint** is an allegation of discrimination on the grounds a person, or any specific class of individuals, has been or is being discriminated against on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under WIOA will be processed as a **complaint**.

Who May File: Any person requesting aid, benefits, services or training through the WorkSource DeKalb; eligible applicants and/or registrants; participants; employees, applicants for employment; service providers, eligible training providers (as defined in the Workforce Innovation and Opportunity Act), and staff with the workforce system that believes he/she has been or is being subjected to discrimination prohibited under the Nondiscrimination and Equal Opportunity Provisions 29 CFR Part 38 and Section 188 of the Workforce Innovation and Opportunity Act (WIOA).

WorkSource DeKalb is prohibited from discriminating against a person, or any specific class of individuals, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69 in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity. If you think that you 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.

Complaint Processing Procedure

An initial written notice to the complainant will be provided within fifteen (15) days of receipt of the complaint. The notice will include the following information pursuant to part 29 CFR 38.72:

- Acknowledgement of complaint received including date received; notice that the complainant has the right to be represented in the complaint process; notice of rights contained in §38.35; and notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into the non-English languages as required in §§38.4(h) and (i), 38.34, and 38.36.
- A written statement of issue(s) which includes a list of the issues raised in the complaint; for each issue, a statement of whether or not the issue is accepted for investigation or rejected and the reasons for each rejection after performing a period of fact-finding.
- Notice that the complainant may resolve the issue Alternative Dispute Resolution (ADR) any time after the complaint has been filed, but before a Notice of Final Action has been issued.
- If the complaint does not fall within the Workforce Innovation and Opportunity Act jurisdiction for processing complaints alleging discrimination under Section 188 or Equal Opportunity and Nondiscrimination provisions at 29 CFR Part 38.74, the complainant will be notified in writing within five (5) business days of making such determination. The notification shall include the basis of the determination as well as a statement of the complainant's right to file with the Civil Rights Center (CRC) within thirty (30) days of the determination.
- Upon determination that the complaint has merit and is within the Workforce Innovation and Opportunity Act jurisdiction and period of fact-finding or investigation of the circumstances underlying the complaint.

Complaint Processing Time Frame

A complaint will be processed and Notice of Final Action issued within ninety (90) days of receipt of the complaint pursuant to 29 CFR 38.72. Complainant may elect to file his or her equal opportunity complaint with the TCSG OWD's address and information is as follows: Attention: TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, GA 30345-4304, 404-679-1371, WIOAcompliance@tcsgeu; use form at: <http://www.georgia.org/wp-content/uploads/2014/06/WFD-Grievance-Form-110915.pdf>.

If WorkSource DeKalb has not provided complainant with a written decision within ninety (90) days of the filing of the complaint, complainant need not wait for a decision to be issued. Complainant may file a complaint with TCSG OWD or CRC within thirty (30) days

of the expiration of the 90-day period. If complainant is dissatisfied with WorkSource DeKalb's resolution of his or her equal opportunity complaint, complainant may file a complaint with TCSG OWD. Such complaint must be filed within thirty (30) days of the date you received notice of WorkSource DeKalb's proposed resolution.

OR

Complaints may be initially filed or appealed to the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc within thirty (30) days of complainant's receipt of either WorkSource DeKalb Notice of Final Action or TCSG OWD Notice of Final Action. In other words, within one hundred eighty (180) days Complainant may file his or her appeal.

Resolution Process

Alternative Dispute Resolution: Complainant must be given a choice as to the manner in which they have their complaint resolved. After an investigation is conducted by the Equal Opportunity Officer, ADR may be chosen by the complainant to resolve the issues, as long as a Notice of Final Action has not been issued. Mediation is recommended ADR and will be conducted by an impartial mediator. Complainant must notify the Equal Opportunity Officer prior to receiving the Notice of Final Action if ADR is selected to resolve the dispute. WorkSource DeKalb will provide an impartial mediator and will provide interested parties information regarding the arrangements (date, time, and location).

Time Frame: The period for attempting to resolve the complaint through mediation will be thirty (30) days from the date the complainant chooses mediation; but must be performed within ninety (90) days of the initial filing date.

Successful Mediation: Upon completion of successful mediation, the complainant and respondent will both sign a conciliation agreement attesting that the complaint has been resolved. A copy of the conciliation agreement will be provided to Georgia Department of Economic Development, Workforce Division within ten (10) days of the date the conciliation agreement was signed.

Unsuccessful Mediation: In the event mediation was not successful, WorkSource DeKalb shall proceed with issuing a Notice of Final Action within the ninety (90) day limit.

Complainant Responsibility: The complainant may amend the complaint at any point prior to the beginning of mediation or the issuance of the Notice of Final Action. The complainant may withdraw the complaint at any time by written notification.

Breach of Agreement: Any party to any agreement reached under ADR may file a complaint in the event the agreement is breached with TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, GA 30345-4304, 404-679-1371, WIOAcompliance@tcsgeu.edu or Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210.

The non-breaching party may file a complaint within thirty (30) days of the date that party learns of the alleged breach (29 CFR 38.72).

GENERAL, NON-DISCRIMINATORY COMPLAINTS

Definition: General Complaint – A Complaint involving a general, non-discriminatory WIOA violation. A grievance is a complaint about customer service, working conditions, wages, work assignment, etc., arising in connection with WIOA Title I funded programs operated by WIOA recipients including service providers, eligible training providers, one-stop partners and other contractors. A grievance is a more formalized complaint.

Any person applying for or receiving services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by WorkSource DeKalb will be treated fairly. WorkSource DeKalb will make every effort to resolve all general, non-discriminatory complaints informally between those involved before a grievance is filed. Grievances may be filed in accordance with the written procedures established by WorkSource DeKalb. If you believe a violation of Title I of Workforce Innovation and Opportunity Act or regulations of the program has occurred, you have the right to file a grievance.

Filing A General Grievance/Complaint (violations of the act or regulations not alleging discrimination)

Who May File: Any person, including WIOA program participants, applicants, staff, employers, board members or any other interested parties who believes they have received unfair treatment in a WIOA Title I funded program.

Any person may attempt to resolve all issues of unfair treatment by working with the appropriate manager and/or supervisor and staff member, service provider, or one-stop partner involved informally prior to a written grievance being filed. All complaints as described in the previous definition may be filed within one hundred eighty (180) days after the act in question by first completing and submitting the General Grievance Form to:

*Robert Gordon
One-Stop Operator*

WorkSource DeKalb, 774 Jordan Lane, Building 4, Decatur, GA 30033

Email: rgordon1@dekalbcountyga.gov, Phone: (404) 371-3721

Grievance Processing Procedure

A complaint may be filed by completion and submission of the Complaint Form located at www.worksourcedekalb.org. WorkSource DeKalb will issue a written resolution within sixty (60) days of the date the complaint was filed. Pursuant to Section 181 of the Workforce Innovation and Opportunity Act, WorkSource DeKalb shall provide the grievant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if requested in writing by the grievant. In the event a hearing is not requested, WorkSource DeKalb shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the grievant is dissatisfied with WorkSource DeKalb's decision, he or she may appeal the decision to the Georgia Department of Economic Development, Workforce Division (WFD) within sixty (60) days of the date of the decision. If such an appeal is made, the WFD shall issue a final determination within sixty (60) days of the receipt of the appeal.

In the event WorkSource DeKalb does issue a written resolution within the sixty (60) days of the complaint's filing as required, the grievant has the automatic right to file his or her complaint with the Georgia Department of Economic Development, Workforce Division.

Hearing Process

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, WorkSource DeKalb shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing;

(5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

The hearing shall be conducted in compliance with federal regulations. The hearing shall have, at a minimum, the following components: (1) an impartial hearing officer selected by WorkSource DeKalb; (2) an opportunity for both the grievant and respondent to present an opening statement, witnesses, and evidence; (3) an opportunity for each party to cross-examine the other party's witnesses; and (4) a record of the hearing which WorkSource DeKalb shall create and maintain.

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision which shall serve as WorkSource DeKalb's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

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.

Appeal Process

An appeal may be requested by contacting: TCSG OWD Compliance Director, 1800 Century Place N.E., Suite 150, Atlanta, GA 30345-4304, 404-679-1371, WIOAcompliance@tcsg.edu

COMPLAINTS OF FRAUD, ABUSE or OTHER ALLEGED CRIMINAL ACITIVITY

In case 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 or email at inspector.general@oig.ga.gov. There is no charge for this call. Complaint Form: <http://oig.georgia.gov/file-Complaint>. This document can be translated using www.microsofttranslator.com

Additionally, as part of DeKalb County Government's commitment to "Zero Tolerance" of unethical conduct in the workplace, DeKalb has implemented an EthicsPoint Hotline that is hosted/managed by a third-party provider. This service provides anonymous and confidential reporting of unethical conduct in DeKalb County. Access to the system is available 24/7 via telephone at 855-224-8216 or online at www.co.dekalb.ethicspoint.com. Each report will automatically generate a unique 10-digit Report Key to allow the tracking status of reports submitted. All reports are sent electronically to the County's Internal Auditor for review and investigation. For more information, see DeKalb County Ethics Policy.

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.

I certify that I have received a copy of this policy and procedures and understand the information provided within this document.

Signature _____ Date _____

WorkSource DeKalb Equal Opportunity and Complaint/Grievance Information Form

INSTRUCTIONS: Please fill out Questions 1-5 for a general complaint. If you feel you have been discriminated against, please complete Questions 6-11. This form should be completed and submitted within one hundred eighty (180) days of the date of the alleged discriminatory act (29 C.F.R. 38.69(c)). Once you have completed the appropriate questions, please sign and date at the end of this form. If you require assistance in completing this form, please contact WorkSource DeKalb's One-Stop Operator.

For general complaints and Pursuant to section 181 of the Workforce Innovation and Opportunity Act (WIOA), WorkSource DeKalb (WSD) shall provide the complainant with an opportunity for a hearing within sixty (60) days of the complainant's filing, if expressly requested in writing by the complainant. In the event a hearing is not requested, WSD shall issue a decision as to whether provisions of the WIOA were violated within sixty (60) days of the complaint's filing. In the event the complainant is dissatisfied with WSD's decision or WSD fails to issue a decision within sixty (60) days of the complaint's filing, he or she may appeal WSD's decision to the Georgia Department of Economic Development, Workforce Division. If such an appeal is made, the State shall issue a final determination within one hundred eighty (180) days of the receipt of the appeal. The complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this form will be translated into the non-English languages as required in §29 CFR §38.4(h) and (i), 29 CFR §38.34, and 29 CFR §38.36.

ATTN: WorkSource DeKalb (WSD), 774 Jordan Lane, Building 4,

Decatur GA 30033 For Discrimination/EO Complaints:

Michelle Jones
Workforce Manager/Equal Opportunity Officer
Email: jmjones@dekalbcountyga.gov
Phone: (404) 687-3400 Fax: (404) 371-2294

For General Grievances/Complaints:

Robert Gordon One-Stop Operator
Email: rgordon1@dekalbcountyga.gov Phone: (404) 371-3721

Note: All complaints/grievances are acknowledged electronically (phone/email) within 24 Hours of receipt.

1) Complainant Information:

First Name	MI	Last Name	Phone	
Address		City	State	Zip
				Email

Are you a WSD Employee? Yes ☐ No ☐

2) Respondent Information (Agency, Employee, or Employer you are making the complaint against):

Name	Phone	
Address	City	State
		Zip

3) What is the most convenient time and place for us to contact you about this complaint?

4) Briefly describe, as clearly as possible, your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.

a. Please explain the basis of the complaint.

b. Who was involved? Include witnesses, fellow employees, supervisors, or other. Provide names, addresses and telephone numbers if known.

c. Please list the location and date. _

5) Were you offered services? (If applicable) ☐ Yes ☐ No ☐ NA

This is all that is required for a general complaint, please sign and date at the end of this form.

Signature _____ Date _____

FOR GRIEVANCES/DISCRIMINATION ONLY – COMPLETE 6 THROUGH 11

Pursuant to 29 C.F.R. 38.72, a discriminatory complaint must be filed within one hundred and eighty (180) days of the alleged discriminatory act. Per 29 C.F.R. 38.72 WSD will provide a "Written Notice of Final Action" within 90 days of the date on which the complaint was filed. If the complainant is dissatisfied with WSD's decision, may file a complaint with the Georgia Department of Economic Development, Workforce Division (GDEcD, WFD). Upon receiving a notice of final action from GDEcD, WFD, should the complainant still not satisfied, may file a complaint with the Director of the United States Department of Labor's Civil Rights Center within thirty (30) days of receiving the Written Notice of Final Action. (38.79 and 38.80). To clarify, the complainant must file with the Director within one hundred eighty (180) days of the date on which the complaint was filed with the recipient (38.76).

6) Do you feel you have been discriminated against? ☐ Yes ☐ No

7) On what date (s) did the alleged discriminatory action occur?

8) Check all grounds of discrimination that apply and specify the characteristic

☐ Race
☐ Religion
☐ Sex Male ☐ Female ☐
☐ Disability
☐ Citizenship
☐ Reprisal/Retaliation

☐ Color
☐ National Origin
☐ Age
☐ Sexual Harassment
☐ Political Affiliation
☐ Other

9) Explain briefly how you were treated differently. Attach any written material pertaining to your case.

10) Do you have an attorney or other representative for this complaint? ☐ Yes ☐ No If yes, please provide name, address and phone:

Attorney Name _____ Address _____ Phone _____

11) If you have filed a case or complaint with any other government agency or non-federal entity, please list below:

Agency _____	Date Filed _____
Case or Docket Number _____	Date of Trial or Hearing _____
Location of agency or court _____	Name of Investigator _____
Status of Case _____	Comments _____

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.

Complainant _____ Signature _____

Employment Consent Agreement

This agreement is made by and between WorkSource DeKalb and _____ As _____ a program participant and while enrolled in the WIOA program with **WorkSource DeKalb**, I understand that it is my responsibility to make every effort to successfully complete the program. I agree to immediately provide or give permission to _____ release employment and training information to WorkSource DeKalb.

I agree to notify **WorkSource DeKalb** employment and furnish the name, address and telephone number of my employer. I further agree to report the starting date, starting salary, job title, and benefits offered. However, my employer is authorized to release employment information to WorkSource DeKalb on my behalf.

Employment Start Date: _____ Salary: \$ _____

Job Title: _____ Benefits: _____

Business: _____ Supervisor: _____

Employer Address: _____

Employer Phone: _____ Employer Fax: _____

IF I SHOULD FAIL TO PROVIDE THIS INFORMATION, I HEREBY GIVE PERMISSION TO WORKSOURCE DEKALB (WSD) TO CONTACT MY SCHOOL/EMPLOYER TO OBTAIN THIS INFORMATION.

Print Name

Participant's Signature

Career Consultant's Signature

Veterans Determination Form

Name _____

Date _____

If you think you may qualify to receive Veteran/Eligible Spouse Priority of Service, please complete this form and turn it in at the **WorkSource DeKalb Career Center** that serves your county of residence. You must meet at least one of the definitions below to qualify for Veteran/Eligible Spouse Priority of Service. In addition, you must provide the documentation supporting your section (e.g. DD214, Veteran's ID, Veteran Eligibility letter from Department of Veterans Affairs, Marriage License & Spouse's DD214, etc.)

Are you a veteran as defined below? Yes ☐ No ☐

Veteran: A person who served at least one day in the active military, naval or air service, and who was discharged or released under conditions other than dishonorable. Active service includes full-time Federal service in the National Guard or a Reserve component. The definition of "active service" does not include full-time duty performed strictly for training purposes (i.e., that which is often referred to as "weekend" or "annual" training), nor does it include full-time active duty performed by National Guard personnel who are mobilized by State rather than Federal authorities.

Are you an eligible spouse as defined below? Yes ☐ No ☐

Spouse: A spouse of any one of the following individuals:

- p A veteran who died of a service-connected disability
- p A member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
 - q Missing in action
 - q Captured in line of duty by a hostile force
 - q Forcibly detained or interned in the line of duty by a foreign government or power
- p A veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs
- p A veteran who died with a total service-connected disability as evaluated by the **Department of Veterans Affairs** was in existence

Basic Services Needed: (Mark all that apply)

_____ Resume Assistance

_____ Computer Lab Assistance

_____ Labor Market Information

_____ Training Provider Information

Additional Services Needed:

_____ Career Advisement

_____ Training Assistance and Information

I certify that I have received a copy of this policy and procedures.

Applicant Name (signature): _____

Date: _____

FAMILY INCOME AND COMPOSITION (For Adult eligibility only)

*Please complete the chart below for each family member in your household including yourself.
 Attach any income verification to this form.*

Names of Family Members Including Applicant	Relationship to Applicant	Age	Social Security Number	Gross Income (From 6 months prior to date of this application)
Customer	Self			
TOTAL NUMBER OF FAMILY MEMBERS:				COMBINED GROSS TOTAL INCOME: \$ _____ Compare this total 6-month income to the Income Chart in The Eligibility Checklist to see if you are eligible
Include any other sources of Financial support such as: <i>Unemployment, Child Support, Social Security</i>				

Note: Falsification of Data on this form is a crime against Federal and State laws. Falsification or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to, or on behalf of, the applicant while in a training program.

 Signature of Applicant

 Date

Affidavit

This page must be signed in the presence of a notary. If you are unable to have notarized personally, a Notary Public is available at WorkSource DeKalb. All Workforce Innovation and Opportunity Act (WIOA) Applicants must submit a signed, notarized O.C.G.A. Affidavit

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for Workforce Innovation and Opportunity Act (WIOA) Services as referenced in O.C.G.A. § 50-36-1, from WorkSource DeKalb, 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 (01) 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. A complete list of acceptable documents is attached.

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: _____

Attendance Verification Form

This form serves as a letter of confirmation that_

(Participant's Name)

attended the following **Georgia Department of Labor Job Readiness Workshop(s)**:

(Workshop Title)

Time: _____ Date: _____

Instructor Signature: _____

This form serves as a letter of confirmation that_

Participant's Name

attended the following **Georgia Department of Labor Job Readiness Workshop(s)**:

(Workshop Title)

Time: _____ Date: _____

Instructor Signature: _____

This form serves as a letter of confirmation that_

(Participant's Name)

attended the following **Georgia Department of Labor Job Readiness Workshop(s)**:

(Workshop Title)

Time: _____ Date: _____

Instructor Signature: _____

Note: Workshop attendance can be verified by logging into your Employ
Georgia – GDOL account and print the verification for all GDOL workshops.

WorkSource DeKalb (WSD) ITA Enrollment Agreement

Between: Participant: _____

Career Consultant _____ Training Provider _____

1. **Vouchers:** I have received a copy of my voucher from my Career Consultant. I understand that the Workforce Innovation and Opportunity Act (WIOA) will only pay for the expenses listed on that voucher.
2. **Registration:** I understand that I am solely responsible for registering for the training classes paid by WIOA, and agree to register as a full-time student, as defined by my school, unless I have written approval from my Career Consultant. I also understand that I must pay for the late registration fees or penalties if this matter was caused by my error or delay.
3. **Books and Supplies:** I understand that WIOA will pay up to the amount listed on the voucher for books and related supplies, and that WIOA will not pay expenses above that amount without prior written approval. I understand that any tools and equipment purchased with WIOA funds remain the property of WIOA, and that I may keep these items if I obtain full-time, training related employment. I agree to return any tools or equipment purchased on my behalf if I do not obtain full time, training related employment within 90 days of the last day of training.
4. **Withdraw:** If I plan to withdraw from class or school, I will first contact my Career Consultant. I understand that if I withdraw from class, the WIOA will not provide the funds to re-enroll in that class at a later date.
5. **Cancellation Policy:** I understand that if I attend a school with a cancellation policy that includes a fee for either a class I cancel or if I fail to show for a scheduled class, that I, and not WIOA, am responsible for the payment of the cancellation fee.
6. **Contact with Career Consultant:** I agree to contact my Career Consultant as scheduled. I understand that if I am attending a school that operates on a quarter or semester system, I must meet with my Career Advisor prior to registration for continued assistance from the program.
7. **Attendance:** I will make every effort to attend all classes scheduled and understand that I am solely responsible for my attendance. It has been explained to me that my attendance must be documented. If I am receiving the allowances for meals/transportation and/or dependent care, I agree to sign in and sign out on the time sheets provided to me by WIOA program. Instructions for the time sheets have also been provided to me.
8. **Conduct:** I understand that by enrolling in the training organization listed above, I agree to adhere to that organization's policies regarding conduct. I also understand that failure to adhere to these policies will result in my dismissal from school and termination from WIOA.
9. **Additional Financial Aid:** I agree to notify my Career Consultant as soon as possible if I receive financial aid that is in addition to the amounts listed on the voucher and understand that this change may reduce the amount of Job Training funds available to me. I also understand that if I fail to inform my Career Consultant of this change, it may result in either suspension from the WIOA program for one quarter or semester, or termination of WIOA funded training.
10. **Job Placement:** I will make every effort to complete the training program and immediately seek, find and maintain full time employment near or after the completion of training. I agree to provide a resume to my Career Consultant before the completion of training to assist with job placement activities. I agree to inform my career consultant when I become employed, and to furnish the name, address, and telephone number of my employer. I also agree to report the starting date, starting salary, job title, and benefits offered. **IF I SHOULD FAIL TO PROVIDE THIS INFORMATION, I HEREBY GIVE PERMISSION TO MY CAREER CONSULTANT TO CONTACT ANY FUTURE EMPLOYER, IF NECESSARY, TO OBTAIN THIS INFORMATION.**
11. **Supportive Service Availability:** I understand that by enrolling in the training organization listed above, I may be eligible for supportive service assistance. I also understand that I may be required to provide proof of the following and other eligibility items before approval for supportive services are provided. Supportive service approval is based on need, availability of funding, case by case basis.
12. **Availability of Funds:** I have been informed that my training is contingent on the availability of funds provided by WIOA.

Participant's Signature & Date

Career Consultant's Signature & Date

Training Interest Questionnaire

Dear Training Applicant:

Thank you for your interest in applying for services under the Workforce Innovation Opportunity Act (WIOA). To help us match you with a training program that best meets your needs and interests, please complete this Questionnaire and return it to WorkSource- DeKalb, 774 Jordan Lane, Building #4, Decatur, GA 30033. If some questions make you uncomfortable, you may wait and discuss your answers with a Career Advisor. A Career Advisor will schedule an appointment and review your answers with you. Some other important key items you need to be aware of include:

- p In addition to completing the Questionnaire, you may be required to complete additional tests to determine your employment skills. If you have low skills in reading and math, or lack a high school diploma or GED, you may be required to attend classes to improve your skills before you can begin training.
- p If you are interested in attending training where PELL grants and HOPE scholarships are available, you will be required to complete the Federal Financial Aid Form (FAFSA) before you are approved for training. You can obtain a copy of the FAFSA information packet online at www.fafsa.ed.gov.
- p Because of funding limitations, not all eligible applicants are approved for WIOA funding. Applicants from the DeKalb County service area, who have met the basic eligibility criteria, will be given priority for training funds. Your request for training will be evaluated on the following criteria: date of your questionnaire, your last date of employment, availability of the training you want, your need for training or retraining, and other funds available to you. Your Career Advisor will keep you informed about the status of your application.
- p You will also have to meet additional eligibility requirements for training. Your Career Advisor will review the eligibility requirements and begin documenting your eligibility. We will work with you to collect information to establish your eligibility for training and support assistance.

If you have questions about completing this application, you may call 404.687.3400. Additional information is available on the internet at:

<http://www.dekalbcountyga.gov/worksource-dekalb/are-you-interested-occupational-training>

Name: _____
Last First MI

Social Security No: _____

Street Address: _____ Apartment No. _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Message Phone: (____) _____ - _____

Email Address: _____

Please complete and return this form, along with required documentation listed on the Eligibility Requirement Checklist at your first appointment with your Career Counselor at WorkSource DeKalb, 774 Jordan Lane, Building #4, Decatur, GA 30033.

SECTION A: TRAINING SELECTION

Name of your first school of choice: _____

Name of the program you want at this school: _____

Did you make this selection from the approved vendor's list at www.workreadyga.org? Yes ☒ No ☐

Start date _____ End date _____

Total Cost: _____

What's the average salary for this industry (job) in Georgia? _____

Are jobs available in this field that you would qualify for after training? _____

Attach 3 detailed job ads to support that jobs are available in this field. They must be detailed ads which would show education required; skills required; salary range offered, etc.

List required tasks and responsibilities for this industry. (Ex: ability to lift 50 pounds, type 50 wpm, etc.)

- a. _____
- b. _____
- c. _____

Name of your second school of choice: _____

Did you make this selection from the approved vendor's list at www.workreadyga.org? Yes ☐ No ☐

Start date _____ End date _____

Total Cost: _____

Does each school offer 100% Instructor Lead Classes? _____ If no, what percentage? _____
(WIOA does not pay for all online courses)

Does each school offer job placement services and if yes by what method (job leads, placement staff, etc.)? _____

List other funds you are seeking to assist you throughout training (i.e. PELL, HOPE, scholarships, etc.)? _____

Are you receiving PELL, HOPE, Scholarships, Loans, etc.? You will be required to submit proof of either receiving or not receiving these benefits if you are attending a school that accepts any of the above.

Once you meet with your Career Consultant you may be asked for further documentation to help support your training request.

SECTION B: EMPLOYMENT HISTORY

Please list current and previous employers, job title, wage and dates of employment below, beginning with your current or most recent job.

Employer #1

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
From: _____ To: _____ Hourly Wage: _____ Job Title: _____
Duties: _____

Equipment and Tools Operated: _____
Reason for Leaving: _____

Employer #2

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
From: _____ To: _____ Hourly Wage: _____ Job Title: _____
Duties: _____

Equipment and Tools Operated: _____
Reason for Leaving: _____

Employer #3

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
From: _____ To: _____ Hourly Wage: _____ Job Title: _____
Duties: _____

Equipment and Tools Operated: _____
Reason for Leaving: _____

Employer #4

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
From: _____ To: _____ Hourly Wage: _____ Job Title: _____
Duties: _____

Equipment and Tools Operated: _____
Reason for Leaving: _____

SECTION C: EDUCATION AND ASSETS/BARRIERS

EDUCATION

What is the highest grade you have completed? _____ Years _____

List the name and address of every school you have attended, including high school. Indicate any degrees or certificates and areas of study.

School	Course of Study	Did You Graduate?	Year
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

SECTION D: ASSETS AND BARRIERS TO EMPLOYMENT

Please answer the following questions to help us determine your employment and training assets and barriers. If you are uncomfortable with any question and would prefer to address the question directly with a Career Advisor, please specify.

1. Do you have problems reading and understanding written English? Yes ☐ No ☐
2. Do you have problems understanding spoken English? Yes ☐ No ☐
3. Do you have children who will need childcare while you are in training? Yes ☐ No ☐
4. Do you have a misdemeanor or felony conviction? Yes ☐ No ☐
5. Will you need to arrange transportation before you can accept a job? Yes ☐ No ☐
6. Are you under the age of 22? Yes ☐ No ☐
7. Are you over the age of 55? Yes ☐ No ☐
8. Are you working a fulltime job now? Yes ☐ No ☐
9. Do you have a part-time job? Yes ☐ No ☐
10. Have you registered for work at Georgia Department of Labor? Yes ☐ No ☐
11. Have you applied for unemployment insurance? Yes ☐ No ☐
12. Are you receiving unemployment compensation? Yes ☐ No ☐
13. Was your unemployment insurance claim denied? Yes ☐ No ☐
14. Were you laid off from your job because of company downsizing or reorganization? Yes ☐ No ☐
15. Are you now or have you in the past six months received food stamps? Yes ☐ No ☐
16. Are you now or have you in the past six months received TANF or welfare? Yes ☐ No ☐
17. For males between 18 and 26 years of age, are you registered for the draft with Selective Service?
Yes ☐ No ☐ Exempt ☐
18. Are there work limitations due to a disability? Yes ☐ No ☐
19. Currently receiving a Pell Grant? Yes ☐ No ☐

SECTION E: EMPLOYMENT/LAY OFF STATUS/FAMILY INCOME

1. Determine if the individual is a dislocated worker based on the following categories of dislocation.

Check all that apply below:

- ☐ **A.** Has been terminated or laid off, or has received a notice of termination or layoff from employment; **and**
- ☐ is eligible for or has exhausted unemployment compensation; **and**
- ☐ is unlikely to return to previous industry or occupation.
- ☐ **B.**
- ☐ Has been terminated or laid off, or has received a notice of termination or layoff from employment; **and**
- ☐ Has shown attachment to the workforce, but is not eligible for unemployment compensation due to
- ☐ insufficient earnings or the employer was not covered under a State unemployment compensation law;
- ☐ **and** is unlikely to return to previous industry or occupation.
- ☐ **C.** Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise.
- ☐ **D.** Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days.
- ☐ **E.** Was self-employed (including as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community or because of natural disasters.
- ☐ **F.** Is a displaced homemaker.

2. Date of Dislocation: Month _____ Day _____ Year _____
(***This only relates to the employer of dislocation, which may or may not be the last employer.***)

3. Homeless? Yes ☐ No ☐
4. Receiving any of the following at this time: Yes ☐ No ☐
- A. Temporary Assistance for Needy Families (TANF) Yes ☐ No ☐
- B. General Assistance: Yes ☐ No ☐
- C. Refugee Assistance: Yes ☐ No ☐
- D. Supplemental Security Income (SSI) Yes ☐ No ☐
- E. Received food stamps at any time in the last six months?** Yes ☐ No ☐
- F. Number in Family (including customer) Yes ☐ No ☐

a. Single Parent? _____

Family Member	Source of Income	6-Month Amount (to nearest dollar)
Customer		
	Total 6-Month Income	

WIOA STAFF ONLY: Indicate the individual's eligibility for WIOA services based on the information collected. Check all that apply:

Dislocated Worker ☐

Adult ☐

Older Youth ☐

Younger Youth (14 – 18) ☐

8)SECTION F: EMERGENCY CONTACT PERSON

The person whose name is listed below does not live with me but can always contact me.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Message Telephone: _____

Email: _____

Applicant Acknowledgment:

The information I have provided is true and accurate. I understand that any misrepresentation of information may adversely affect my application for WIOA assistance. I also understand that an application and eligibility determination are initial steps. After those steps are completed, staff will work with me to complete an Individual Employment Plan (IEP). Staff is unable to make any commitments about whether or not I will be approved for training until this plan has been completed, reviewed and approved. I also understand that any payments I make to a school (tuition, fees, etc.) before my training request is approved, will not be reimbursable by WIOA.

Signature of Applicant

Date

I also attest that the following information, indicated with a check, is true and accurate for the purpose of program eligibility for training and support services. I also understand that I may be required to provide proof of the following and other eligibility items before approval for training and/or supportive services are provided.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am authorized to work in the United States.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am a resident of DeKalb County Service Area
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am registered with the Selective Service (males only, born on or after 1/1/1960
Yes <input type="checkbox"/>	No <input type="checkbox"/>	U.S. Citizen. If no, please complete:

Alien Card #: _____ Expiration Date: _____

Signature of Applicant

Date

Demand Occupations List

WorkSource Metro Atlanta represents the collective efforts of five Local Workforce Development Boards within the 10-county metro Atlanta region. Each Board provides occupational specific skills training for industries that are stable or have projected growth.

This list serves as a guide for in-demand jobs and is not meant to be an all-inclusive list of acceptable WIOA funded occupational skills training options. There may be additional occupations in which demand occurs based on the job market or specific opportunities within the broad spectrum of occupations. This list includes occupations that show a favorable mix of projected long-term job growth, projected annual job openings, and median wages. WIOA participants seeking training in an occupation not on this Demand Occupations List may discuss the appropriateness and relevance of the proposed training with their career advisor for additional consideration (approval is at the discretion of the Local Workforce Development Board).

SOC Code (ONET-6)	Occupation Title	Total Jobs	Average Hourly Wage	10 - Year Total New Demand	Typical Education Needed for Entry	Work Experience	Typical On-the-Job Training Needed	Median Wage
Business and Financial Operations Occupations								
131071	Human Resources Specialists	11,601	\$30.77	13,426	Bachelor's degree	None	None	\$30.75
131111	Management Analysts	16,441	\$46.59	18,053	Bachelor's degree	Less than 5 years	None	\$46.58
132011	Accountants and Auditors	26,135	\$37.98	28,836	Bachelor's degree	None	None	\$38.00
132051	Financial Analysts	5,367	\$42.21	5,668	Bachelor's degree	None	None	\$42.21
Computer and Mathematical Occupations								
151121	Computer Systems Analysts	12,525	\$45.34	10,304	Bachelor's degree	None	None	\$45.35
151122	Information Security Analysts	2,118	\$46.73	2,355	Bachelor's degree	Less than 5 years	None	\$46.71
151131	Computer Programmers	4,609	\$46.59	2,737	Bachelor's degree	None	None	\$46.57
151132	Software Developers, Applications	21,013	\$51.63	22,945	Bachelor's degree	None	None	\$51.64
151133	Software Developers, Systems Software	8,729	\$51.44	7,406	Bachelor's degree	None	None	\$51.45

SOC Code (ONET-6)	Occupation Title	Total Jobs	Average Hourly Wage	10 - Year Total New Demand	Typical Education Needed for Entry	Work Experience	Typical On-the-Job Training Needed	Median Wage
Computer and Mathematical Occupations continued								
151134	Web Developers	2,548	\$39.42	2,381	Associate's degree	None	None	\$39.40
151141	Database Administrators	2,520	\$46.73	2,095	Bachelor's degree	None	None	\$46.73
151142	Network and Computer Systems Adminis- trators	6,887	\$43.80	5,192	Bachelor's degree	None	None	\$43.79
151143	Computer Network Architects	3,644	\$56.20	2,760	Bachelor's degree	5 years or more	None	\$56.21
151151	Computer User Support Specialists	13,890	\$26.54	13,007	Some college, no degree	None	None	\$26.55
151152	Computer Network Support Specialists	4,359	\$34.86	3,742	Associate's degree	None	None	\$34.85
271024	Graphic Designers	5,324	\$27.84	5,678	Bachelor's degree	None	None	\$27.86
Education, Training & Library Occupations								
252011	Preschool Teachers, Except Special Education	9,126	\$14.90	10,862	Associate's degree	None	None	\$14.92
252021	Elementary School Teachers, Except Special Education	22,305	\$28.08	19,204	Bachelor's degree	None	None	\$28.10
252031	Secondary School Teachers, Except Special and Career/Technical Education	13,832	\$28.89	11,641	Bachelor's degree	None	None	\$28.89
Healthcare Practitioners & Technical Occupations								
291141	Registered Nurses	37,807	\$35.82	28,365	Bachelor's degree	None	None	\$35.84
292021	Dental Hygienists	3,680	\$32.79	3,299	Associate's degree	None	None	\$32.78
292034	Radiologic Technologists	3,037	\$29.38	2,195	Associate's degree	None	None	\$29.39
292041	Emergency Medical Technicians and Paramedics	3,897	\$17.93	3,256	Postsecondary nondegree award	None	None	\$17.92

SOC Code (ONET-6)	Occupation Title	Total Jobs	Average Hourly Wage	10 - Year Total New Demand	Typical Education Needed for Entry	Work Experience	Typical On-the-Job Training Needed	Median Wage
Healthcare Practitioners & Technical Occupations continued								
292052	Pharmacy Technicians	5,375	\$15.43	5,289	High school diploma or equivalent	None	Moderate-term on-the-job training	\$15.44
292061	Licensed Practical and Licensed Vocational Nurses	10,109	\$21.63	9,406	Postsecondary nondegree award	None	None	\$21.62
292071	Medical Records and Health Information Technicians	3,261	\$20.00	2,722	Postsecondary nondegree award	None	None	\$20.01
Healthcare Support Occupations								
311014	Nursing Assistants	15,962	\$13.65	21,731	Postsecondary nondegree award	None	None	\$13.64
319091	Dental Assistants	5,141	\$18.56	7,463	Postsecondary nondegree award	None	None	\$18.55
319092	Medical Assistants	11,976	\$16.39	18,495	Postsecondary nondegree award	None	None	\$16.39
319097	Phlebotomists	2,196	\$16.44	3,142	Postsecondary nondegree award	None	None	\$16.44
Protective Services								
339032	Security Guards	20,491	\$13.94	31,026	High school diploma or equivalent	None	Short-term on-the-job training	\$13.96
Office & Administrative Support Occupations								
232011	Paralegals and Legal Assistants	6,364	\$27.07	8,240	Associate's degree	None	None	\$27.09
433031	Bookkeeping, Accounting, and Auditing Clerks	24,164	\$20.67	28,098	Some college, no degree	None	Moderate-term on-the-job training	\$20.69
436013	Medical Secretaries	10,090	\$18.03	14,743	High school diploma or equivalent	None	Moderate-term on-the-job training	\$18.04
436014	Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	37,756	\$17.64	39,197	High school diploma or equivalent	None	Short-term on-the-job training	\$17.66

SOC Code (ONET-6)	Occupation Title	Total Jobs	Average Hourly Wage	10 - Year Total New Demand	Typical Education Needed for Entry	Work Experience	Typical On-the-Job Training Needed	Median Wage
Construction and Extraction Occupations								
472061	Construction Laborers	20,231	\$17.40	25,877	No formal educational credential	None	Short-term on-the-job training	\$17.39
472111	Electricians	9,811	\$26.06	12,999	High school diploma or equivalent	None	Apprenticeship	\$26.07
472152	Plumbers, Pipefitters, and Steamfitters	6,741	\$25.34	9,005	High school diploma or equivalent	None	Apprenticeship	\$25.36
472211	Sheet Metal Workers	1,967	\$20.77	2,461	High school diploma or equivalent	None	Apprenticeship	\$20.79
Installation, Maintenance, and Repair Occupations								
493023	Automotive Service Technicians and Mechanics	12,215	\$21.49	13,297	Postsecondary nondegree award	None	Short-term on-the-job training	\$21.50
493031	Bus and Truck Mechanics and Diesel Engine Specialists	4,802	\$23.17	5,194	High school diploma or equivalent	None	Long-term on-the-job training	\$23.18
499021	Heating, Air Conditioning, and Refrigeration Mechanics and Installers	5,148	\$20.91	6,344	Postsecondary nondegree award	None	Long-term on-the-job training	\$20.92
499071	Maintenance and Repair Workers, General	22,421	\$19.04	26,177	High school diploma or equivalent	None	Moderate-term on-the-job training	\$19.03
Production Occupations								
514121	Welders, Cutters, Solderers, and Brazers	4,124	\$19.18	5,023	High school diploma or equivalent	None	Moderate-term on-the-job training	\$18.40
Transportation & Material Moving Occupations								
533032	Heavy and Tractor-Trailer Truck Drivers	34,608	\$21.39	42,090	Postsecondary nondegree award	None	Short-term on-the-job training	\$21.39
533033	Light Truck or Delivery Services Drivers	18,031	\$18.56	22,181	High school diploma or equivalent	None	Short-term on-the-job training	\$18.57
537051	Industrial Truck and Tractor Operators	17,817	\$19.33	23,488	No formal educational credential	None	Short-term on-the-job training	\$19.34
537062	Laborers and Freight, Stock, and Material Movers, Hand	64,713	\$13.80	103,476	No formal educational credential	None	Short-term on-the-job training	10/2019 \$13.79

REQUEST FOR SUPPORTIVE SERVICES Determination Form

SECTION I: GENERAL PARTICIPANT INFORMATION

Participant's Name: _____ Date: _____

Participant's SSN #: _____ Case Manager: _____

SECTION II: PARTICIPANT STATEMENT OF NEED: *I certify that I have exhausted all reasonable means of acquiring the requested Supportive Services from other sources and the assistance is necessary for my continued participation in the Workforce Innovation and Opportunity Act (WIOA) activities. These include the completion of current activities, youth services, finding a job, training service, or to retain long-term employment.*

I understand that neither eligibility for, nor participation in a WIOA program:

☐ Adult ☐ Dislocated ☐ Incumbent Worker
☐ In School Youth ☐ Out of School Youth ☐ SNAP ☐ Other _____

creates an entitlement to services, and nothing in the WIOA shall be construed to establish a private right of action for a participant to obtain services described in the Individual Employment Plan (IEP) OR objective assessment or the Individual Service Strategy (ISS). I also understand should funding become limited, priority will be given to qualified Veterans. Furthermore, I certify that the above information is true and correct to the best of my knowledge.

I understand that WIOA Supportive Service benefits are only provided while I actively attend training and may change and/or be eliminated at any time based on funding availability, completion of training, or failure to comply with program criteria. I understand that I can be terminated from WSD WIOA services and held liable under Federal/State laws resulting in a fine, imprisonment or both. I may also be required to repay any monies received by me while in WIOA funded services due to any fraudulent information supplied by me. I understand that I must report any changes at the time of occurrence to my WSD Staff i.e., change in class schedule (add/drop), change in program of study, change in training institution, etc. I understand that funds provided are to assist with the cost of transportation and childcare. I further understand that I cannot receive any WIOA services (to include transportation and/or child care) if funds are being provided in full by another agency or resource for the same benefits.

Participant Signature _____

Date _____

This portion to be completed by a WSD STAFF

1. Has the participant been referred to other agencies for assistance with transportation, childcare or other supportive services needed to complete training? _____ Yes _____ No

If No, why hasn't the participant been referred? _____

If Yes, Name of Agency, Referral Date and Type of Assistance Requested: _____

2. Does the participant receive payments from other agencies or other resources for assistance with transportation, childcare or other support needed to complete training? _____ Yes _____ No

If No, please explain _____

If Yes, Name of Agency, Referral Date and Type of Assistance Requested: _____

Specify Type of Benefit and Amount Receiving _____

WIOA SUPPORTIVE SERVICE BENEFITS DETERMINATION

1. Does the client require assistance with transportation while in training (e.g. ITA, GED, WBL, etc.)? _____ Yes _____ No

Total Projected Cost \$ _____ (per _____)

(participant must attend 50% of scheduled class hours in order to be eligible for transportation)

2. Does the client have children under the age of 5 that need full-time childcare? _____ Yes _____ No

\$30.00 maximum per day, per child

Number of children _____ x \$30.00

Total Projected Cost \$ _____ (per day)

3. Does the client have children over the age of 6 that need after school childcare? _____ Yes _____ No

\$25.00 maximum per day, per child

Number of children _____ x \$25.00

Total Projected Cost \$ _____ (per day)

(participant must be scheduled and/or commuting to training activities (excluding core/intensive training))

If childcare needs are provided by an individual residing in the client's household the client **will not** be considered in need of childcare. If both parents are in training, only one parent is allowed to receive the childcare payment. Certification of childcare by a licensed or registered childcare provider or documentation of adequacy for alternative provider must be provided. A copy of the birth certificate for each eligible child must be on file with the WSD WIOA office.

**TOTAL PROJECTED COSTS OF DIRECT SUPPORTIVE
 SERVICE PAYMENTS TO BE PAID BY WSD WIOA:**

\$ _____ (per day)

PARTICIPANT SIGNATURE REQUIRED OCCUPATIONAL SKILLS:

1. I understand that to receive WIOA supportive service benefits, I must be enrolled full-time (12 credit hours) per semester in classroom/occupational skills training and actively be attending class.
2. I further understand that continued support is contingent upon maintaining my full-time status.
3. I will notify my WSD Staff if my credit hours drop below the required full-time status.
4. My WSD Staff will notify the WIOA office and indicate the reason for less than 12 credit hours.
5. Verifiable documentation must be provided to support circumstances and documented in state case management system.
6. The WIOA office will review the reason submitted and either
 - a) suspend the current support services; or
 - b) allow the current support services to continue

I have read the WIOA Request for Supportive Service Benefits Determination Form above:

Client Signature: _____ Date: _____

WSD Staff Signature: _____ Date: _____

SUSPENSION AND/OR TERMINATION OF SUPPORTIVE SERVICE

SECTION I: GENERAL PARTICIPANT INFORMATION

Participant's Name: _____ Date: _____

Participant's SSN #: _____ Case Manager: _____

NOTICE OF SUSPENSION/REMOVAL

Support Services have been suspended for _____ effective _____
Participant Name Date

due to _____
_____.

Participant has been informed of the suspension and the suspension reason. Documentation of this suspension has been placed in the participant's case file. Participant is aware that if support services are considered for reinstatement, a new determination form must be completed and submitted to the local WSD WIOA office for approval. The participant is aware that there are no guarantees that reinstatement of support will be granted and that such determination will be at the discretion of WSD WIOA.

WSD Staff Signature Date

Participant Signature Date

☐ Original to be placed in participant case file

☐ Copy to participant

☐ Copy to WSD WIOA program assistant

PROJECTED COST OF TRAINING

Participant Name: _____ SSN _____

Instructions: Complete the front and back of the Projected Cost of Training Form as accurately as possible utilizing the schools course catalog and website.

TRAINING			
Eligible Training Provider	Program of Study/Training	Start Date	Projected Completion Date

Training Costs Indicate Term →	Term		Term Winter Spring Summer
	Winter	Spring Summer	
Tuition			
Fees ⇒ (instructional, technology, student activity, lab, etc.)			
Books			
Supplies/Equipment			
Transportation Assistance			
Childcare			
Tools, Uniforms			
Testing/Physical			
Other			
Total			

PELL: _____ Yes _____ No

HOPE: _____ Yes _____ No

OTHER: _____ Yes _____ No

Specify type: _____
 (loans, scholarships, grants, etc.)

If ineligible, please explain: _____

Training (Work Based Learning) Costs Indicate Semester →	Initial Month	Second Month	Third Month
WBL Cost Commitment Total			
Transportation Assistance			
Childcare			
Supplies/Equipment			
Tools, Uniforms			
Testing/Physical			
Other			
Total			

If assistance needed is for education, have you applied for the following financial aid? (If yes, check type and provide support documentation from school) If no, please see your financial aid officer.

In determining a need for assistance with training expenses, funding may only be considered once all other avenues have been exhausted. For individuals requiring additional financial aid, documentation must be provided from your school's financial aid office that identifies what funding has been awarded.

We do not encourage students to take out loans to pay for schooling however, if any loans that you opt to receive and have been awarded, written documentation must be provided from the financial aid office showing how funds were applied to your educational costs.

CERTIFICATION

I understand that to receive WIOA assistance, I must adhere to the WIOA policies and that I will remain actively participating in training. I further understand that verifiable documentation must be provided to support my need for assistance. I understand that I will inform my WIA Case Manager if any changes inhibit me from attending as required by WIOA policy. WIOA assistance is not an entitlement program and is based upon funds availability and participant need. If there is any additional information that you wish to be considered, please comment in the space below.

Participant Signature _____

Date _____

WSD Signature _____

Date _____

Comments: _____

