

WIOA Orientation and Intake Information

Thank you for your interest in Workforce Innovation and Opportunity Act (WIOA) services. This document provides essential information and instructions to help you prepare for your WIOA Orientation and complete the intake process efficiently. Please read the following details carefully and follow the instructions for pre-registration and document submission.

Orientation Overview

During the WIOA orientation, a Case Manager will provide you with detailed information regarding eligibility and the various services available to those who qualify. It is important that you come prepared with all required documentation to ensure a smooth and successful orientation process.

Pre-Orientation Instructions

- 1. Pre-Register on the WorkSource Georgia Portal**
 - Before attending your orientation, you must pre-register on the WorkSource Georgia Portal. This is a mandatory step to streamline your orientation process.
 - Please visit the following link to begin your registration: [WorkSource Georgia Portal](#).
 - Detailed instructions for registration are attached to this document.
- 2. Review and Upload Required Orientation Documents**
 - Review the list of required WIOA Orientation Documents provided below and begin uploading them to the WorkSource Georgia Portal as soon as possible.

How to Upload Documents to the WorkSource Georgia Portal

1. After completing your registration on the WorkSource Georgia Portal, navigate to:
 - **Document Management**
 - **Upload a Document**
 - **Select the Type of Document** being uploaded from the available options.
2. Repeat this process for each document required.

Note: Screenshots of documentation are not acceptable. Please ensure that you upload clear and complete copies of the required documents.

Required WIOA Orientation Documents

Please ensure that you have the following documents ready to upload or bring physical copies to your orientation session:

- **Valid Driver's License, State Issued ID Card, Military ID, or Passport**
- **Original SIGNED Social Security Card** (Name on ID and Social Security Card must match)
- **Social Security Numbers of Household Members** (spouse and dependents)
- **Males:** Proof of Selective Service Registration ([Verification Link](#))
- **Income Documentation** - Proof of all household income for six months prior to orientation date:
 - Paycheck Stubs (including spouse if applicable)
 - Public Assistance Benefit Letters or Printouts (SNAP, TANF, etc.)
 - Social Security Benefit Letters (SSI, SSDI, Retirement, etc.)
 - Unemployment Benefits – UI Benefit Determination Letter, UI Claims Benefit Determination Letter
 - Child Support Documentation
 - Any Other Income Documentation
- **Separation Notice** (if applicable)
- **Veterans:** Copy of DD214
- **Resume**
- **GDOL Wage Verification** (WIOA staff can assist in obtaining this)

Additional Documentation for Training Services and Childcare Reimbursements

If you are applying for training services and seeking childcare reimbursements, you will need to provide the following additional documents for dependent children aged 13 and under:

- Social Security Card(s) for each child
- Birth Certificate(s) for each child
- Copy of Childcare Agency's License for the current year
- Childcare Agency's Fees on agency letterhead

Next Steps

Please complete the registration and document submission process, in addition to the intake forms in this packet, before your scheduled orientation. If you have any questions or need further assistance, do not hesitate to contact your Case Manager or reach out to our office.

We look forward to assisting you through the WIOA program and helping you achieve your employment and training goals.

Industries with the Most Expected Job Growth

Nearly 100 industry subsectors were analyzed to identify the 20 expected to have the most job growth in Georgia from 2022-2024. The 20 industries in the chart below represent well over three-fourths of the total job growth in all industry subsectors in Georgia during the projected period. The base employment, projected employment, and total job growth are listed for each industry.

| Industry | 2022 Base Employment | 2024 Projected Employment | Employment Change |
|--|----------------------|---------------------------|-------------------|
| Private Educational Services | 390,380 | 413,080 | 22,700 |
| Food Services & Drinking Places | 365,710 | 386,380 | 20,670 |
| Professional, Scientific, & Technical Services | 285,410 | 303,810 | 18,400 |
| Warehousing & Storage | 72,380 | 87,580 | 15,200 |
| Ambulatory Health Care Services | 245,940 | 258,860 | 12,920 |
| Social Assistance | 77,210 | 84,590 | 7,380 |
| Personal & Laundry Services | 37,760 | 45,120 | 7,360 |
| Amusement, Gambling, & Recreation Industries | 35,890 | 43,210 | 7,320 |
| Accommodation, including Hotels & Motels | 39,530 | 46,770 | 7,240 |
| Air Transportation | 30,440 | 36,960 | 6,520 |
| Support Activities for Transportation | 38,700 | 44,570 | 5,870 |
| Merchant Wholesalers, Durable Goods | 111,040 | 116,830 | 5,790 |
| Building Material & Garden Equipment & Supplies Dealers | 45,230 | 49,800 | 4,570 |
| General Merchandise Stores | 110,990 | 115,330 | 4,340 |
| Clothing & Clothing Accessories Stores | 33,920 | 38,080 | 4,160 |
| Real Estate | 53,390 | 57,450 | 4,060 |
| Religious, Grantmaking, Civic, Professional, & Similar Organizations | 53,650 | 57,700 | 4,050 |
| Self Employed & Unpaid Family Workers | 246,940 | 250,950 | 4,010 |
| Publishing Industries (except Internet) | 29,500 | 33,360 | 3,860 |
| Construction of Buildings | 44,730 | 48,510 | 3,780 |

Top Five Occupations within Industries with the Most Job Growth

Educational Services: elementary school teachers, except special education; teaching assistants, except postsecondary; middle school teachers, except special and career/technical education; secondary school teachers, except special and career/technical education; teachers and instructors, all other, except substitute teachers

Food Services and Drinking Places: fast food and counter workers; cooks, restaurant; waiters and waitresses; first-line supervisors of food preparation and serving workers; bartenders

Professional, Scientific, and Technical Services: software developers and software quality assurance analysts and testers; management analysts; accountants and auditors; lawyers; project management specialists and business operations specialists

Warehousing and Storage: industrial truck and tractor operators; laborers and freight, stock, and material movers, hand; stockers and order fillers; shipping, receiving, and inventory clerks; heavy and tractor-trailer truck drivers

Ambulatory Health Care Services: Medical assistants; registered nurses; home health and personal care aides; nurse practitioners; receptionists and information clerks

Continued on the back panel

Top Five Occupations within Industries with the Most Job Growth continued

Social Assistance: childcare workers; home health and personal care aides; preschool teachers, except special education; nursing assistants; teaching assistants, except postsecondary

Personal and Laundry Services: hairdressers, hairstylists, and cosmetologists; animal caretakers; laundry and dry-cleaning workers; receptionists and information clerks; parking attendants

Amusement, Gambling, and Recreation Industries: amusement and recreation attendants; exercise trainers and group fitness instructors; general and operations managers; waiters and waitresses; landscaping and groundskeeping workers

Accommodation, including Hotels and Motels: maids and housekeeping cleaners; hotel, motel, and resort desk clerks; waiters and waitresses; maintenance and repair workers, general; cooks, restaurant

Air Transportation: flight attendants; airline pilots, copilots, and flight engineers; industrial truck and tractor operators; reservation and transportation ticket agents and travel clerks; aircraft mechanics and service technicians

Support Activities for Transportation: heavy and tractor-trailer truck drivers; laborers and freight, stock, and material movers, hand; logisticians; cargo and freight agents; customer service representatives

Merchant Wholesalers, Durable Goods: sales representatives, wholesale and manufacturing, except technical and scientific products; laborers and freight, stock, and material movers, hand; light truck or delivery services drivers; software developers and software quality assurance analysts and testers; industrial machinery mechanics

Building Material and Garden Equipment and Supplies Dealers: retail salespersons; stockers and order fillers; cashiers; first-line supervisors of retail sales workers; laborers and freight, stock, and material movers, hand

General Merchandise Stores: retail salespersons; first-line supervisors of retail sales workers; general and operations managers; cashiers; stockers and order fillers

Clothing and Clothing Accessories Stores: retail salespersons; first-line supervisors of retail sales workers; general and operations managers; cashiers; stockers and order fillers

Real Estate: maintenance and repair workers, general; property, real estate, and community association managers; real estate sales agents; counter and rental clerks; secretaries and administrative assistants, except legal, medical, and executive

Religious, Grantmaking, Civic, Professional, and Similar Organizations: project management specialists and business operations specialists, all Other; general and operations managers; childcare workers; fundraisers; recreation workers

Self Employed and Unpaid Family Workers: passenger vehicle drivers, except bus drivers, transit and intercity; farmers, ranchers, and other agricultural managers; hairdressers, hairstylists, and cosmetologists; photographers; animal caretakers

Publishing Industries (except Internet): software developers and software quality assurance analysts and testers; project management specialists and business operations specialists, all other; general and operations managers; computer user support specialists; computer and information systems managers

Construction of Buildings: construction laborers; construction managers; first-line supervisors of construction trades and extraction workers; personal service managers - entertainment & recreation managers, except gambling - and managers, all other; carpenters

2022 - 2024

Short-term Employment Projections



Georgia jobs expected to be in highest demand over the next two years



Workforce Statistics Division

GEORGIA'S TOP JOBS BY EDUCATION AND MOST EXPECTED ANNUAL OPENINGS FOR 2022-2024

Over the 2022-2024 projection cycle, Georgia is forecasted to add jobs to its economy at the rate of 2.18 percent annually. The overall job growth is expected as nearly all sectors have now topped their pre-pandemic levels. This two-year job projection is relatively strong with most major industries in the state adding workers through 2024.

Over this short-term projection period, we project that over 207,000 occupational separations will arise each year due to labor force exits. We also estimate that about 328,000 occupational separations will occur each year because of occupational transfers. Labor force exits are workers who leave the labor force permanently and includes retirees while occupational transfers leave a job for a different occupation. During this 2022-2024 projection cycle, Georgia occupational openings (sum of net employment change and occupational separations) will approach 642,000 annually while total employment is projected to increase by nearly 213,000 from 2022-2024.

This brochure lists jobs that will be in most demand from 2022- 2024. Tables show occupations with the most annual occupational openings by education level. Annual occupational separations from labor force exits and occupational transfers, along with annual wages from the 2021 Edition of Georgia Wage Estimates, are also displayed. Shown lastly are industries with the most job growth and the main occupations within them.

Doctoral or Professional Degree

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Lawyers | 490 | 550 | 1,550 | \$145,900 |
| Postsecondary Teachers, All Other | 380 | 390 | 980 | \$80,000 |
| Health Specialties Teachers, Postsecondary | 280 | 290 | 840 | \$127,300 |
| Pharmacists | 180 | 190 | 400 | \$123,600 |
| Physical Therapists | 120 | 130 | 400 | \$92,500 |
| Nursing Instructors & Teachers, Postsecondary | 70 | 70 | 210 | \$75,000 |
| Veterinarians | 40 | 40 | 170 | \$99,700 |
| Business Teachers, Postsecondary | 60 | 60 | 160 | \$89,800 |
| Medical Scientists, Exc Epidemiologists | 20 | 80 | 140 | \$78,800 |
| Education Teachers, Postsecondary | 50 | 50 | 140 | \$104,300 |

Master's Degree

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Ed, Guidance, & Career Counselors & Advisors | 380 | 690 | 1,420 | \$60,600 |
| Instructional Coordinators | 410 | 360 | 1,000 | \$68,700 |
| Nurse Practitioners | 170 | 250 | 860 | \$110,500 |
| Education Admin, Kindergarten through Secondary | 200 | 370 | 780 | \$99,300 |
| Physician Assistants | 100 | 250 | 560 | \$108,400 |
| Healthcare Social Workers | 140 | 310 | 520 | \$53,800 |

Master's Degree Continued

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Speech-Language Pathologists | 80 | 120 | 330 | \$81,300 |
| Counselors, All Other | 80 | 150 | 290 | \$51,100 |
| Occupational Therapists | 80 | 120 | 280 | \$92,500 |
| Art, Drama, & Music Teachers, Postsecondary | 90 | 90 | 230 | \$69,900 |

Bachelor's Degree

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| General & Operations Managers | 1,970 | 6,100 | 10,890 | \$118,400 |
| Registered Nurses | 2,260 | 2,130 | 5,070 | \$74,400 |
| Accountants & Auditors | 1,230 | 2,610 | 4,840 | \$86,800 |
| Elementary School Teachers, Exc Special Education | 1,470 | 1,920 | 4,700 | \$63,700 |
| Management Analysts | 910 | 1,620 | 3,350 | \$99,200 |
| Market Research Analysts & Marketing Specialists | 580 | 1,780 | 3,240 | \$72,000 |
| Human Resources Specialists | 760 | 1,870 | 3,170 | \$65,300 |
| Middle School Teachers, Exc Special & Career/Tech Ed | 810 | 1,060 | 2,600 | \$63,600 |
| Secondary School Teachers, Exc Special & Career/Tech Ed | 630 | 960 | 2,240 | \$64,400 |
| Financial Managers | 440 | 1,080 | 2,120 | \$148,300 |

Associate's Degree

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Paralegals \$ Legal Assistants | 450 | 790 | 1,570 | \$56,300 |
| Preschool Teachers, Exc Special Education | 400 | 570 | 1,330 | \$36,100 |
| Radiologic Technologists & Technicians | 170 | 260 | 480 | \$60,500 |
| Physical Therapist Assistants | 120 | 200 | 420 | \$61,400 |
| Human Resources Assistants, Exc Payroll & Timekeeping | 150 | 240 | 410 | \$43,900 |
| Veterinary Technologists & Technicians | 90 | 140 | 330 | \$35,600 |
| Architectural and Civil Drafters | 80 | 170 | 300 | \$59,100 |
| Electrical & Electronics Engineering Techs | 80 | 170 | 290 | \$70,300 |
| Respiratory Therapists | 90 | 110 | 280 | \$59,000 |
| Diagnostic Medical Sonographers | 70 | 110 | 230 | \$63,500 |

For more information contact Workforce Statistics Division
at (404) 232-3875 • Fax (404) 232-3888
• Email: Workforce_Info@gdol.ga.gov

Postsecondary Nondegree Award

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Heavy & Tractor-Trailer Truck Drivers | 2,900 | 4,810 | 9,930 | \$50,900 |
| Medical Assistants | 1,210 | 2,210 | 4,130 | \$36,900 |
| Automotive Service Technicians & Mechanics | 740 | 1,690 | 2,720 | \$46,800 |
| Hairdressers, Hairstylists, & Cosmetologists | 700 | 730 | 2,230 | \$37,700 |
| Licensed Practical & Licensed Vocational Nurses | 780 | 960 | 2,020 | \$46,500 |
| Dental Assistants | 480 | 740 | 1,430 | \$44,200 |
| Heating, Air Cond, & Refrig Mechanics & Installers | 300 | 780 | 1,250 | \$48,000 |
| Telecom Equip Installers & Repairers, Exc Line Installers | 290 | 650 | 1,070 | \$59,800 |
| Firefighters | 240 | 560 | 740 | \$41,400 |
| Phlebotomists | 220 | 380 | 730 | \$36,100 |

Some College, No Degree

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Bookkeeping, Accounting, & Auditing Clerks | 2,440 | 2,120 | 5,100 | \$44,600 |
| Computer, Auto Teller, & Office Machine Repairers | 100 | 260 | 390 | \$41,100 |
| Order Clerks | 120 | 180 | 310 | \$38,600 |

High School Diploma or Equivalent

| Occupation | Annual Occupational Separations Labor Force Exits | Occupational Transfers | Annual Openings | Annual Wage |
|---|--|------------------------|-----------------|-------------|
| Customer Service Representatives | 5,040 | 8,430 | 14,610 | \$36,600 |
| Office Clerks, General | 3,680 | 4,000 | 8,380 | \$36,700 |
| Secretaries & Admin Assistants, Exc Legal, Medical, & Executive | 3,580 | 3,930 | 7,950 | \$36,400 |
| Supervisors of Food Prep & Serving Workers | 1,650 | 3,770 | 6,480 | \$36,200 |
| Supervisors of Retail Sales Workers | 1,760 | 3,450 | 5,930 | \$47,100 |
| Childcare Workers | 2,170 | 2,250 | 5,510 | \$22,700 |
| Sales Reps, Wholesale & Manufacturing, Exc Tech & Scientific Products | 1,360 | 3,110 | 5,460 | \$75,400 |
| Maintenance & Repair Workers, General | 1,610 | 2,660 | 5,450 | \$41,600 |
| Receptionists & Information Clerks | 2,030 | 2,510 | 5,310 | \$31,400 |
| Light Truck Drivers | 1,480 | 2,440 | 4,940 | \$41,400 |

HOT

The careers in this chart have it all!

Skills and Abilities

- advanced skills required
- moderate skills required

Work Activities

- frequently found ○ occasionally found

HOT jobs have faster than state annual average job growth, above the state annual average wage, and have at least 100 annual openings.

Skills and Abilities

● advanced skills required ○ moderate skills required

Work Activities

● frequently found ○ occasionally found

● HOT jobs have faster than state annual average job growth, above the state annual average wage, and have at least 100 annual openings.

Skills and Abilities

Critical Thinking/Problem Solving

Judgement & Decision Making

Service Oriented/Instructing

Listening/Reading

Oral Expression/Comprehension

Dexterity/Arm-Hand Steadiness

Reasoning

Written Expression/Comprehension

Assisting & Caring for Others

Coaching/Training & Teaching Others

Communicating Outside Organization

Control Machines/Inspect Equipment

Working With Computers

Monitor Processes, Matrls, Surroundgs

Process/Analyze Data or Information

Schedule/Orgniz, Plan, & Prioritiz Wrk

Thinking Creatively

Work Activities

Physical Acts/Handle-Move Objects

Process/Analyze Data or Information

Schedule/Orgniz, Plan, & Prioritiz Wrk

Thinking Creatively

Occupational Characteristics

2021 Edition - Georgia Wage Estimate

2020-30 Annual Openings

| Doctoral or professional degree | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-------|--|
| Health Specialties Teachers, Postsec | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ○ | ● | ● | ○ | ● | ● | ● | \$127,300 | 690 | |
| Lawyers | ○ | ● | ● | ● | ● | | ● | ● | | | ● | | | ● | | ● | ● | ● | \$145,900 | 1,470 | |
| Medical Scientists, Except Epidemiologists | ● | ● | ● | ○ | ● | | ● | ● | | ● | | ○ | ● | ● | | ● | ● | ● | \$78,800 | 210 | |
| Nursing Instructors & Teachers, Postsec | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ○ | ● | ● | ○ | ● | ● | ● | | \$75,000 | 120 | |
| Physical Therapists | ○ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | \$92,500 | 480 | |
| Veterinarians | ● | ● | ● | ○ | ● | ○ | ● | ● | ● | ○ | ● | ○ | ● | ● | ○ | ● | ○ | | \$99,700 | 130 | |
| Master's degree | | | | | | | | | | | | | | | | | | | | | |
| Nurse Practitioners | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | | ● | ● | ● | \$110,500 | 1,250 | |
| Occupational Therapists | ● | ● | ● | ○ | ● | ○ | ● | ● | ● | ● | ● | | ● | ● | ○ | ● | ● | ● | \$92,500 | 270 | |
| Physician Assistants | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ○ | ● | | ● | ● | | ● | ○ | ● | \$108,400 | 520 | |
| Speech-Language Pathologists | ● | ● | ● | ● | ● | | ● | ● | ● | ● | | | ● | ● | | ● | ● | ● | \$81,300 | 400 | |
| Bachelor's degree | | | | | | | | | | | | | | | | | | | | | |
| Accountants & Auditors | ● | ● | | ● | ● | ○ | ● | ● | | | ● | | ● | | | ● | ● | ● | \$86,800 | 3,940 | |
| Art Directors | ● | ● | ● | ○ | ● | | ● | ○ | | | ● | | ● | ● | | ● | ● | ● | \$109,000 | 230 | |
| Camera Operators, TV, Video, & Motion Picture | ● | ● | | ○ | ● | | ● | | ● | ● | ● | ● | ● | | ○ | ○ | ○ | ● | \$60,200 | 200 | |
| Commercial & Industrial Designers | ○ | ● | | ○ | ● | | ● | ● | | | ● | | ● | ● | | ● | ○ | ● | \$60,800 | 110 | |
| Construction Managers | ● | ● | ● | ● | ● | | ● | | | ● | ● | ○ | ● | ● | | ● | ● | ● | \$96,800 | 1,100 | |
| Environmental Scientists & Specialists, Including Health | ● | ● | ● | ● | ● | | ● | ● | | | ● | ○ | ● | ● | | ● | ● | ● | \$78,600 | 260 | |
| Film & Video Editors | ● | ● | | ○ | ● | | ● | ● | | | ● | ○ | ● | ● | | ● | ● | ● | \$78,600 | 160 | |
| Financial Examiners | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | | ● | ● | | ○ | ○ | | \$96,000 | 110 | |
| Financial Managers | ● | ● | | ● | ● | | ● | ● | | ● | ● | | ● | ● | | ● | ● | ● | \$148,300 | 1,940 | |
| General & Operations Managers | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | | ● | ● | | ● | ● | ● | \$118,400 | 8,060 | |
| Human Resources Specialists | ○ | ● | ○ | ○ | ● | | ● | ● | | ● | ● | | ● | | | ● | ● | ● | \$65,300 | 2,430 | |
| Industrial Engineers | ● | ● | | ● | ● | | ● | ● | | ● | ● | ● | ● | ● | | ● | ● | ● | \$90,400 | 670 | |
| Interpreters & Translators | ● | ● | ● | ● | ● | | ● | ● | ● | | ● | | ● | ● | | ○ | | ● | \$60,800 | 310 | |
| Loan Officers | ● | ● | ● | ● | ● | | ● | ● | | | ● | | ● | | | ● | ● | ● | \$89,700 | 1,070 | |
| Logisticians | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | | ● | ● | | ● | ● | ● | \$71,200 | 1,120 | |
| Management Analysts | ● | ● | ● | ● | ● | | ● | ● | | ● | ● | | ● | ● | | ● | ● | ● | \$99,200 | 2,350 | |
| Market Research Analysts & Marketing Spec | ● | ● | | ● | ○ | | ● | ● | | | ● | | ● | ● | | ● | ● | ● | \$72,000 | 2,750 | |
| Multimedia Artists & Animators | ● | ● | | ● | ● | | ● | ● | | ○ | | | ● | ● | | ● | ● | ● | \$67,400 | 320 | |
| Operations Research Analysts | ● | ● | ○ | ● | ● | | ● | ● | | | ● | | ● | | | ● | ● | ● | \$74,200 | 350 | |

Fast job growth

Above average wages

At least 100 expected annual job

- ✓ **Fast job growth**
- ✓ **Above average wages**
- ✓ **At least 100 expected annual job openings**

PLAN YOUR CAREER AND SUCCEED!



**We envision employees with quality jobs
and employers with qualified employees.**

WORKFORCE UNITED

LET US HELP YOU:

- Find employment
- Identify training programs that will prepare you to meet the needs of today's careers and employers
- Help you develop the skills needed to gain employment

For more information,
please call:

770.229.9799

For the Hearing Impaired, please call:
Toll Free TTY: 1-800-255-0056

WHO IS ELIGIBLE?

The Workforce Innovation and Opportunity Act (WIOA) provides funding for services to adults, dislocated workers, and youth.

We serve the 10-county region
(see map above)

FOR ELIGIBLE INDIVIDUALS, WE PROVIDE:

- Job Search Assistance
- Individualized Career Counseling
- Budgeting & Financial Planning
- Skills Assessments
- Résumé Preparation
- Pay the cost of training including:
 - Tuition
 - Books
 - Required equipment
 - Uniforms
 - Daily travel allowance
 - Childcare needs

FOR EMPLOYERS, WE ASSIST WITH:

- On-the-Job Training
- Customized Training
- Incumbent Worker Training
- Skilled Workforce Recruitment
- Apprenticeship

FOR ELIGIBLE YOUTH, WE PROVIDE:

- Tutoring & Mentoring
- Leadership Development
- Work Experience
- Community Service
- Financial Literacy
- GED Preparation & Alternative Secondary School Service

Griffin Career Center
1534 Hwy. 16 West
Griffin, GA 30223
770-228-7226

LaGrange Career Center
1002 Longley Place
LaGrange, GA 30240
770-845-4000

**West GA Technical College
Campus Central Education**
160 MLK Jr. Drive
Newnan, GA 30236
770-755-7414

Carroll Career Center
275 Northside Drive
Carrollton, GA 30116
770-836-6668

ADULT DISLOCATED WORKERS



The Workforce Innovation and Opportunity Act (WIOA) offers various types of services for Adults and Dislocated Workers, connecting talent with opportunity.

1

Participant Eligibility

GENERAL REQUIREMENTS FOR ADULT, DISLOCATED WORKERS

- Must meet draft registration requirements (males only)
- Must be eligible to work in the US
- Reside within the 10-county region (see map above)

ADULT ELIGIBILITY

- Adults are individuals age 18 or older who at the time of application are unemployed, OR
- Who are under-employed, OR
- Whose family meets adult low income

DISLOCATED WORKER ELIGIBILITY

- Terminated or laid off, or has received a notice of termination or layoff from employment
- Eligible for or has exhausted unemployment insurance
- Unlikely to return to a previous industry or occupation
- Terminated due to a permanent closure or substantial layoff
- Employed at a facility where employer has announced the facility will close within 180 days
- Was self-employed but unemployed now due to economic conditions
- A displaced homemaker who is an adult that is unemployed or under-employed and has not worked a full-year or more in the labor force or worked primarily without wages to care for the home and family

2

Individualized Career Services

The Adult and Dislocated Worker program funds careers and training services for eligible Adults and Dislocated Workers. There are three types of career services: basic career services, individualized career services, and follow-up services.

WIOA SERVICES

- Basic career services may include: labor exchange services, information on programs and services, and program referrals
- Individualized career services are available and customized to each Individual Employment Plan (IEP) development, counseling, and work experiences (including transitional jobs), etc.
- Follow-up services include monthly connections to employed individuals with continued support and resources needed to retain employment for up to 12 months. Included during this time, we assist the job placement to ensure participants meet outcomes and performance

3

Training Services

Training Services may be determined after conducting an interview, an evaluation, assessment, and career planning, that training is necessary to assist a participant according to locally determined criteria. Training is available through Eligible Training Provider List (ETPL) and must be provided by an eligible training provider, except for On-the-Job Training (OJT), Incumbent Worker Training (IWT), and Customized Training.

TYPES OF TRAINING THAT MAY BE PROVIDED INCLUDE

- Occupational skills training, including training for nontraditional employment
- Incumbent Worker Training
- Programs that combine workplace training with related instruction, which may include cooperative education programs
- Training programs operated by the private sector
- Skill upgrading and retraining
- Entrepreneurial training
- Job readiness training provided in combination with the training services or transitional jobs
- Adult education and literacy activities, including activities of English Language acquisitions

For more information, please call:

770.229.9799

For the Hearing Impaired, please call:
Toll Free TTY: 1-800-255-0056

Babel Notice Vital Information

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 (770) 229-9799** 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 (770) 229-9799** 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**(770) 229-9799** 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 của 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 (770) 229-9799** để được hỗ trợ về việc thông dịch và hiểu thông tin trong 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 ibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (770) 229-9799** 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 (770) 229-9799** 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 (770) 229-9799** 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 (770) 229-9799** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك و/أو فوائدها. من الأهمية بمكان فهم المعلومات الواردة في للحصول على مساعدة **(770) 229-9799** هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم في ترجمة المعلومات الواردة في هذا المستند وفهمها.

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 (xxx) xxx-xxxx** 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. **(770) 229-9799로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

DRUG-FREE WORKPLACE

Three Rivers Workforce Development Board recognizes that a drug-free workplace encourages employee productivity and promotes the accomplishment of the agency's mission and goals. In accordance with the Drug-Free Workplace Act of 1988 and the state Drug Free Public Workforce Act of 1990. The THREE RIVERS WORKFORCE DEVELOPMENT BOARD hereby declares that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, marijuana or dangerous drug is prohibited for all THREE RIVERS WORKFORCE DEVELOPMENT BOARD supported employees at any anytime. Possession, use and distribution of alcohol on any THREE RIVERS WORKFORCE DEVELOPMENT BOARD premises or at any WORKSOURCE THREE RIVERS activity is prohibited.

For purposes of this policy, the following definitions shall apply. A controlled substance is defined as those drugs or substances listed in schedules I through V of the federal Controlled Substance Act, including but not limited to marijuana, cocaine, heroin, opiates, and amphetamines. Not included are substances used in accordance with a valid prescription. The workplace is defined as a geographic location at which an employee performs work pursuant to his or her employment with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD, including any travel while in travel status. A dangerous drug is any drug or substance defined as such in O.C.G.A. 16-13-71. Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence or both by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. A criminal drug statute is defined as a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, used of possession of any controlled substance, marijuana, or dangerous drug. Employee includes an employee of a contractor directly engaged in the performance of work under a contract with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD. Individual means an offeror/contractor that has no more than one employee including the offeror/contractor.

Each employee shall be given a copy of this policy. As a condition of employment, employees will abide by the terms of this policy and shall notify the agency Director in writing of any criminal drug statute conviction not later than five calendar days after such conviction. The THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall notify the appropriate federal agency within 10 days after receiving notice of the conviction from the employee or otherwise after receiving the actual notice of such conviction.

Within 30 days of notification by the employee or otherwise receiving actual notice of such conviction, the THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall, with respect to any employee so convicted:

- Take appropriate personnel action against such an employee, up to and including termination; or
- Require such employee, as a condition of further employment, to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such

purposes by a federal, state, or local health, law enforcement or other appropriate agency.

The Executive Director shall develop a drug-free awareness program to inform employees of the following:

- The danger of drug abuse.
- THREE RIVERS WORKFORCE DEVELOPMENT BOARD policy Drug-Free Workforce and any accompanying department administrative procedures concerning the maintenance of a drug-free workplace.
- Any available drug counseling, rehabilitation and employee assistance programs.
- Any penalties to be imposed upon employees for drug abuse violations occurring in the workplace.

Entities contracting with THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall, as a condition of the contract, assure a drug-free workplace. For contracts a drug-free workplace means a geographic location at which individuals are directly engaged in the performance of work pursuant to a contract with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD. Ref. O.C.G.A. 20-2-11; 16-13-71; 45-23-1 et seq. 21 U.S.C. 812

This is to certify that I have received a copy of and read the WORKSOURCE THREE RIVERS BOARD Drug Free Workforce Policy. As a condition of employment, I will abide by the terms of this policy and shall notify the Director of any criminal drug statute conviction not later than five days after such conviction.

Complaint & Grievance Procedures & Equal Opportunity Policy

For Applicants and Participants

DEFINITIONS

A **complaint** is an allegation of discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or participation in the program, and is covered by the nondiscrimination and equal opportunity provisions at 29 CFR 37.30. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under Workforce Innovation and Opportunity Act (WIOA) will be processed as a **complaint**.

A **grievance** is a complaint about services, working conditions, wages, work assignment, etc., arising in connection with (WIOA) programs operated by WIOA recipients including service providers, eligible training providers, and other contractors.

GENERAL POLICY

Individuals applying for or receiving services through the WIOA Title I paid for by Three Rivers Regional Commission Workforce Development (TRRCWD) and/or the Three Rivers Regional Commission Board will be treated fairly. If any individual, group or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Grievances should be filed in accordance with the written procedures established by TRRCWD. Signed and dated grievance forms will be included in all participant case files. **If you believe you have been harmed by the violation of the Workforce Innovation and Opportunity Act or regulations of the program, you have the right to file a grievance.**

EQUAL OPPORTUNITY POLICY

TRRCWD adheres to the following United States 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 WIOA, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. References include: USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014.

COMPLAINTS OF DISCRIMINATION

TRRCWD is prohibited from discriminating on the grounds of race, color, religion, national origin, age, sex, disability, political affiliation, or belief and for beneficiaries only, citizenship or participation in programs funded under WIOA, 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 with the TRRCWD, Equal Opportunity Officer, Mandy Nicholson, 120 N Hill Street, Griffin, Ga. 30224, (678-692-0510), mnicholson@threeriversrc.com

If you elect to file your complaint with the Technical College Systems of Georgia, Office of Workforce Development, you must wait until the TRRCWD issues a decision or until 30 days have passed, whichever is sooner, before filing with TCSG, Office of Workforce Development
Attention: Compliance & Legal Affairs Director David Dietrichs
1800 Century Place N.E., Suite 150, Atlanta, GA 30345
Phone (404) 679-1371 Fax: (404) 679-5460 TTY/TDD 1-800-255-0056.
Submissions should be sent to wioacompliance@tcsgeu.edu
<http://www.dol.gov/oasam/programs/crc/Cife.pdf>.

If TRRCWD has not provided you with a written decision within 30 days of the filing of the complaint, you need not wait for a decision to be issued. You may file a complaint with TCSG, Office of Workforce Development within 30 days of the expiration of the 30-day period. If you are dissatisfied with TRRCWD resolution of your complaint, you may file a complaint with TCSG, Office of Workforce Development. Such complaint must be filed within 30 days of the date you received notice of TRRCWD's proposed resolution.

Complaints may also be filed with the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210. Or at the website below
<http://www.dol.gov/oasam/programs/crc/external-enforce-complaints.htm>

COMPLAINTS OF FRAUD, ABUSE, OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644 or inspector.general@oig.ga.gov. Complaint & Grievance Procedures & Equal Opportunity Policy Rev. 09/2015 Equal Opportunity Employer/Program Auxiliary Aides & Services Are Available Upon Request to Individuals with Disabilities

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.

FILING A GRIEVANCE (VIOLATIONS OF THE ACT OR REGULATIONS)

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.

FILING A GENERAL GRIEVANCE (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 twenty (120) days after the act in question by first completing and submitting a written statement or completing the General Grievance Form to:

**WIOA Equal Opportunity Officer, Mandy Nicholson
Three Rivers Regional Commission
P.O. Box 818
120 North Hill Street
Griffin, GA. 30224**

The written statement must include

Complaints filed with TRRCWD must contain the following:

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

For the grievance submission form, see website: <http://www.threeriversrc.com>

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

Upon receipt of the complaint, if the TRRCWD WIOA Equal Opportunity Officer determines that it does not have jurisdiction over a complaint, it must notify the complainant, in writing within five business days of making such determination.

This Notice of Lack of Jurisdiction must include:

- (a) A statement of the reasons for that determination; and
- (b) Notice that the complainant has a right to file a complaint with CRC within 30 days of the date on which the complainant receives the Notice.

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

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, TRRCWD 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 TRRCWD; (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 TRRCWD 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 TRRCWD'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 he/she have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

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

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

Karen Kirchler
Deputy Commissioner for Workforce Development
1800 Century Place N.E., Suite 150,
Atlanta, GA 30345
Phone: (404) 679-1371
FAX: (404) 679-5460

The Assistant Commissioner shall act as the Governor's authorized representative. Either an informal resolution or a hearing will take place within 60 calendar days of the filing.

Appeal Process

An appeal to Workforce Development (WFD) of a Local Workforce Development Area's (LWDA) resolution must be filed within sixty (60) days of the date the LWDA issued its written resolution. However, a LWDA that fails to issue a written resolution of a locally filed Complaint within sixty (60) days shall give the Complainant the automatic right to file a Complaint with WFD. Once WFD has received the Complaint form and the local resolution, WFD shall issue its own resolution on the issue being appealed within sixty (60) days of receipt. Any resolution reached by WFD may be appealed to the United States Department of Labor's Employment and Training Administration.

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

PARTICIPANT NAME (PRINT)

DATE

PARTICIPANT NAME (SIGN)

DATE

**Parent/Legal Guardian
Signature (if under 18)**

DATE

HOW MAY WE HELP YOU?

Our goal is to provide excellent customer services through our friendly, knowledgeable staff and easy access to all workforce-related services provided in this region. By completing this form, you equip our team to best assist you and to ensure you are aware of, and receive, all available services that may help you achieve your career goals. ***All service provision is contingent upon eligibility determination and availability of the service in your area.***

PLEASE COMPLETE THE FORM BELOW:

| | |
|--------------------------|--------------|
| Name (Last, First) | Date |
| City, State of Residency | Zip Code |
| Email Address | Phone Number |

Please Check the Circumstances That Best Describes You and Your Employment Service Needs

- | | |
|--|---|
| I am between the ages 16-24 yrs.* | I am a veteran or spouse of a veteran*** |
| I am 55 + years of age ***** | I have a work/life-related limitation or disability** |
| I am Underemployed (Current job is not self-sustaining)* | |

PLEASE SELECT (✓) ALL SERVICES WHICH MAY BE HELPFUL: Employment Services

- | | |
|---|---|
| Unemployment Insurance (UI)*** | Assistance Choosing the Right Job*** |
| Wages Documentation*** | Exploring "Hot" Jobs*** |
| Assistance Finding a Job*** | Identifying My Skills* |
| Find Job Leads*** | Assess My:* |
| Access to the Internet/phone to Find Job Leads*** | Typing Speed Job Interests |
| Resume and Cover Letter Assistance* | Job Aptitudes |
| Job Application Assistance*** | Exploring Career Options* |
| Interviewing Skills Development* | Learning about Wages*** |
| Information about Employers or Industries* | Setting Goals* |
| Job Retention Services (e.g., Incumbent Worker Training)* | Vocational Rehabilitation Training Services** |

Education & Training Services

GED Prep and/or Attainment****
 Basic Skills Attainment
 (Math/Reading)*
 English as a Second Language Training
 (ESL)****
 Assistance for Improving Skills (e.g.,
 typing, computer or software, soft skills,
 writing, etc.)*
 Training/Education Goals*
 Financial Aid for Education and
 Training*

Certificate Attainment*
 Technical Training****
 Accessibility Assistance to Accommodate a
 Disability during Training or Educational
 Services**
 Work-Based Learning – On-The-Job Training,
 Work Experience, Apprenticeships (*This May
 Allow For Income *A Paycheck* during Training.*)**

Support Services

Clothing – Interview/Professional*
 Healthcare Assistance*
 Transportation Assistance*
 Relocation Assistance for a Job*
 Equipment for Employment (tools,
 uniform, etc.)*

Vocational Rehabilitation Support Services**
**Workplace or Homebased Equipment or Services to
 Accommodate a Disability/Promote Independence
 (Including Sensory, Technological, Physical
 Accommodations and Modifications, etc.)****
**Overcoming background Issues (*TOPPSTEP: The
 Offender Parolee Probationer State Training
 Employment Program, Federal Bonding, etc.*)*****
**Federal Bonding– (*Provides limited liability coverage
 to employers new hires who cannot be bonded,
 including: ex-offender, ex-addict, poor credit record,
 dishonorably discharged from the military, or
 persons lacking a work history*)*****

Workshops & Counseling Services

Resume & Cover Letter Building*
 Applications and Internet Job Searching*
 Financial/Stress Management Counseling*
 Networking*
 Interviewing*
 IT Training*
 Soft Skills Training*

Succeeding/Advancing on a Job*
 Vocational Rehabilitation Counseling**
 Medical Management Counseling*
 Keeping a Job (Job Retention)*
 Keep Me Updated on Other Workshop Options*

Other:

WIOA*
 GVRA**
 GDOL***

Technical College ****
 SCSEP*****

WIOA RELEASE OF INFORMATION CONSENT/CERTIFICATION & ACKNOWLEDGEMENT FORM

Please read carefully, initial each release/acknowledgement, sign and date.

Name: _____ **Date:** _____ **SSN# (last 4 digits):** ____ _

RELEASE INFORMATION FOR ELIGIBILITY

Initial Here

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

RELEASE INFORMATION FOR EDUCATION INSTITUTION

Initial Here

I authorize of my current and past educational records from high schools, colleges, universities, and training schools to WorkSource Three Rivers. Such records to include my current/past enrollment, transcripts, attendance records, graduation and /or completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Workforce Development Division, WorkSource Three Rivers must have written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT

Initial Here

I authorize and release WorkSource Three Rivers to obtain and verify information regarding my income, wages, and employment history from my current and previous employers, financial institutions, and any other relevant sources for the purpose WorkSource Three Rivers of verifying employment, and any other related employment information.

CERTIFICATION & ACKNOWLEDGEMENT

Initial Here

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date. I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

AUTHORIZATION TO PUBLISH

Initial Here

WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some cases, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. WorkSource Three Rivers may use my photo in print advertising or on the local area's website.

I AGREE _____ I DO NOT AGREE _____

Signature:

Parental Signature: (if under 18)

All information I hereby authorize to be obtained from this agency will be strictly confidential and cannot be released by the recipient without written consent. I understand that this authorization will remain in effect for the period necessary to complete all transactions in accounts related to services provided to me. I understand that I may revoke this this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

(USE THIS SPACE ONLY IF THE CLIENT WITHDRAWS CONSENT)

(Date Consent is Revoked by Client)

(Client Signature or Authorized Representative)

CUSTOMER AFFIDAVIT FOR PUBLIC BENEFIT ELIGIBILITY

By executing this affidavit under oath, as an applicant for a(n) Workforce Innovation and Opportunity Act, as referenced in O.C.G.A. § 50-36-1, from WorkSource Three Rivers, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

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

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

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can 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:

FAMILY COMPOSITION

PLEASE READ: Falsification of data on this form is a crime against federal and state laws. Falsification of or concealment of information is punishable by fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in a Georgia job training program.

PLEASE SIGN BELOW ATTESTING TO READING AND UNDERSTANDING THIS STATEMENT AND CERTIFYING THE REPORTED FAMILY COMPOSITION AND ADDRESS INFORMATION IS COMPLETE AND ACCURATE.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Applicant Printed Name: _____

Full Physical Address: _____

| Name | Relationship to Applicant | Age | Social Security No. | Employer Name or Source of Income | Amount of Income | How often are you paid? |
|------|---------------------------|-----|---------------------|-----------------------------------|------------------|--|
| | Applicant | | | | | Weekly Bi-monthly Bi-weekly Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly |

FOR USE BY WIOA STAFF/REPRESENTATIVE: STANDARD FAMILY COMPOSITION

Type of Income used to certify income eligibility: ☐ Employment ☐ Public Assistance: SNAP TANF High School Drop-out Other _____
(check all that applies)

Total # in Family _____

Total Included Family Income Reported by Applicant (prior 6 months) \$ _____

Total Excluded Family Income Reported by Applicant (prior 6 months) \$ _____

(Using the 6-month income guideline for WIOA, determine the applicable income for the WIOA applicant.)

Total 6-month income from guideline chart \$ _____

Compare to the total INCLUDED Family Income to the total 6-month program guideline:

Subtract Total Included Family Income from 6-month
Income Guideline figure for number in the family

Note the Difference: (+) _____ or (-) _____
(Over Income) (Under Income)

Applicant: Meets Income Eligibility
Does Not Meet Income Eligibility
DW Over Income DW Wages does not count against Eligibility
Participant Eligible due to Public Assistance – Lack Self Sufficiency

| (PY 2023-2024) Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 16, 2024 | | | |
|---|--------------------|----------------|-----------------------|
| Family Size | Metropolitan Areas | Atlanta MSA | Nonmetropolitan Areas |
| 1 | \$7,530 | \$7,530 | \$7,530 |
| 2 | \$10,220 | \$10,220 | \$10,220 |
| 3 | \$13,311 | \$13,211 | \$12,910 |
| 4 | \$16,434 | \$16,304 | \$15,842 |
| 5 | \$19,396 | \$19,241 | \$18,695 |
| 6 | \$22,684 | \$22,501 | \$21,864 |
| 7 | \$25,973 | \$25,760 | \$25,032 |
| 8 | \$29,261 | \$29,020 | \$28,201 |
| For each over 8, add: | \$3,289/person | \$3,260/person | \$3,169/person |

WIOA Staff Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER/PROGRAM
AUXILIARY AIDS & SERVICES AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.
TOLL FREE TDD/TTY: 1-800-255-0056 FOR THE HEARING IMPAIRED

FOR USE BY WIOA STAFF/REPRESENTATIVE: LACKS SELF SUFFICIENCY COMPOSITION

Type of Income used to certify income eligibility: ☐ Employment ☐ Public Assistance: SNAP TANF High School Drop-out Other _____
(check all that applies)

Total # in Family _____

Total Included Family Income Reported by Applicant (prior 6 months) \$ _____

Total Excluded Family Income Reported by Applicant (prior 6 months) \$ _____

(Using the 6-month income guideline for WIOA, determine the applicable income for the WIOA applicant.)

Total 6-month income from guideline chart \$ _____

Compare to the total INCLUDED Family Income to the total 6-month program guideline:

Subtract Total Included Family Income from 6-month
Income Guideline figure for number in the family

Note the Difference: (+) _____ or (-) _____
(Over Income) (Under Income)

Applicant: Meets Income Eligibility
Does Not Meet Income Eligibility
DW Over Income DW Wages does not count against Eligibility
Participant Eligible due to Public Assistance – Lack Self Sufficiency

| (PY 2023-2024) Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 16, 2024 | | | |
|---|--------------------|---------------|-----------------------|
| Family Size | Metropolitan Areas | Atlanta MSA | Nonmetropolitan Areas |
| 1 | \$15,060 | \$15,060 | \$15,060 |
| 2 | \$20,440 | \$20,440 | \$20,440 |
| 3 | \$26,622 | \$26,422 | \$25,820 |
| 4 | \$32,868 | \$32,608 | \$31,684 |
| 5 | \$38,792 | \$38,482 | \$37,390 |
| 6 | \$45,368 | \$45,002 | \$43,728 |
| 7 | \$51,946 | \$51,520 | \$50,064 |
| 8 | \$58,522 | \$58,040 | \$56,402 |
| For each over 8, add: | \$6,578/person | \$6520/person | \$6,338/person |

WIOA Staff Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER/PROGRAM
AUXILIARY AIDS & SERVICES AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.
TOLL FREE TDD/TTY: 1-800-255-0056 FOR THE HEARING IMPAIRED

(Additional page to enter family members)

Family Composition:

Applicant Printed Name: _____ Date: _____

SSN: _____ Full Physical Address: _____

| Name | Relationship to Applicant | Age | Social Security Number | Employer Name or Source of Income | Amount of Income | How often are you paid? | |
|------|---------------------------|-----|------------------------|-----------------------------------|------------------|--|--|
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | | | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |

Orientation Certification

This is to certify that I have received orientation to WIOA Services and the WorkSource Three Rivers One-Stop System, including performance information.

The Orientation included the following as I have **initialed** in the space provided:

- _____ Explanation and copy of the Grievance & Complaint form
- _____ Information about WIOA Services and Eligibility Requirements and a summary handout
- _____ Information about growth jobs, wages and training
- _____ Explanation and copy of the Drug Free Workplace Policy

Signature: _____ **Date:** _____

I was asked if I would like to apply for additional WIOA service. I have **checked** my response below.

_____ I wish to see if I qualify for WIOA services.

_____ I am not interested in WIOA services.

Printed Name: _____

Signature: _____ **Date:** _____

Parent or Legal Guardian Signature: _____
(If under 18 years of age)

HOW DID YOU HEAR ABOUT US? (Please circle one)

Internet Radio TV Newspaper Brochure DOL

Flyer Friend Other: (please specify) _____



DOL-3404 VETERANS AND ELIGIBLE SPOUSE QUESTIONNAIRE

Name: _____

| I. MILITARY/SPOUSE | | |
|---|-----|----|
| 1. Are you now serving, or have you served in the active* military, naval, or air service? | Yes | No |
| 2. Were you discharged or released under conditions other than dishonorable? If YES to both 1 and 2 above, complete Section II or III. If NO, then do not complete the remainder of the form. | Yes | No |
| 3. Are you a spouse or caregiver of a veteran? If YES, complete Section IV. | Yes | No |
| II. VETERANS | | |
| 1. Did you serve more than 180 days? If YES, please answer the following questions: | Yes | No |
| ▪ Are you aged 18-24 years old? | Yes | No |
| ▪ Are you or have you ever been incarcerated? | Yes | No |
| ▪ Did you earn a high school diploma or equivalent certificate? | Yes | No |
| ▪ Are you a recently separated service member, who at any point in the last 12 months has been unemployed for 27 or more weeks? | Yes | No |
| ▪ Do you meet the lower level income guidelines (See Income Guidelines for WIOA Low Income Level)? | Yes | No |
| 2. Did you serve in a Reserve Unit during a period of war, campaign, or expedition for which a campaign badge was authorized? | Yes | No |
| 3. Were you discharged because of a service-connected disability? | Yes | No |
| 4. Do you have a VA rated service-connected disability? If YES, <input type="checkbox"/> 10-20% VA rated or <input type="checkbox"/> 30% or greater VA rated | Yes | No |
| 5. Are you a homeless veteran? | Yes | No |
| III. TRANSITIONING SERVICE MEMBERS (TSM's) | | |
| <i>If you are a transitioning service member, answer questions #1-2.</i> | | |
| 1. Will you retire from service within 24 months or separate from service within 12 months? | Yes | No |
| ▪ Were you referred via DD-2958 (Service Member Career Readiness Standards/Individual Transition Plan) or other? | Yes | No |
| ▪ Are you aged 18-24 years old? | Yes | No |
| ▪ Are you being involuntarily separated through a service reduction-in force? | Yes | No |
| 2. Are you a service member who is wounded, ill, or injured and receiving treatment in a Military Treatment Facility (MTF) or Warrior Transition Unit (WTU)? | Yes | No |
| IV. MILITARY SPOUSES/CAREGIVERS | | |
| <i>If you are a military spouse, answer questions #1-3.</i> | | |
| 1. Do you have a letter from the VA stating that you are an eligible spouse? | Yes | No |
| 2. Does your spouse have a total disability resulting from a service-connected disability? | Yes | No |
| 3. Has your spouse been listed as forcibly detained or interred by a foreign government or power, missing in action, or captured in the line of duty for a total of more than 90 days? | Yes | No |
| <i>If you are the surviving spouse of a veteran, answer questions #4-5.</i> | | |
| 4. Did your spouse die of a service-disconnected disability as evaluated by the VA? | Yes | No |
| 5. Did your spouse die while having a total permanent disability resulting from a service-connected disability? | Yes | No |
| <i>If you are a caregiver of a service member, answer question #6.</i> | | |
| 6. Are you a caregiver of a service member who is wounded, ill, or injured and receiving treatment in a Military Treatment Facility (MTF) or Warrior Transition Unit (WTU)? | Yes | No |



WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) APPLICATION

Adult Eligibility - Eligibility Date: _____

DW Eligibility - Eligibility Date: _____

Youth Eligibility - Eligibility Date: _____

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Birth Date: _____ Age: _____ Email Address: _____ Phone Number: _____

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

Alternative Contact (Please make sure that you provide the name of someone who does not live in the same house with you.)

Name: _____ Relationship to Applicant: _____ Phone Number: _____

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

DRIVERS LICENSE

Do you have a Georgia Driver's License or Georgia ID? Yes No **Class:** A B C
Driver's License Type: Regular Commercial (CDL) CDL Endorsements
Has your license ever been or is currently Suspended or Revoked? ☐ Yes ☐ No

DEMOGRAPHIC INFORMATION

| | |
|--|---|
| Registered for the Selective Service: Yes No | Race - Ethnicity: African American American Indian/Alaskan Native Hawaiian/Other Pacific Islander Asian White I do not wish to answer |
| Considered to be of Hispanic Heritage: Yes No | |
| Authorization to Work in U.S.: Alien/Refugee lawfully admitted U.S. Permanent Resident Citizen of U.S. or U.S. Territory None | |

DISABILITY INFORMATION

Do you have a Disability: Yes No **If yes, do you need any accomodations?** Yes No

TRANSITIONING SERVICE MEMBER

Type of Transitioning Service: Not Applicable **Transitioning Service Member:** Yes No
 Within 24 Months of Retirement
 Within 12 Months of Discharge **Estimated Discharge Date:** _____

VETERAN INFORMATION

Have you served in the US Military, Navel or Air Service? **Served More Than 1 Tour Duty:** Yes No
 Yes <= 180 Days Yes, eligible Veteran **Military Service Entry Date:** **Military Service Discharge Date:** **Campaign Veteran**
 No Yes, other eligible person Yes No

| | |
|---|---|
| Homeless Veteran: Yes No | Disabled Veteran Yes, Disabled Yes, Special Disabled (Greater than 30%) No |
| Recently Separated Veteran (within the last 48 months): Yes No | |
| Received Services From Veterans Vocational Rehabilitation: Yes No | |
| Attended a Transition Assistance Program (TAP) Workshop within 3 years: Yes No | |

EMPLOYMENT INFORMATION

Employment Status: Business Closed Discharged/or Fired Never Employed Self Employed
 Quit/Resigned Laid Off/Lack of Work Retirement Other
 Military Separation (ETS, Retirement)

If Employed, Individual is Under-Employed: Yes No

Unemployment Eligibility Status: Claimant Exhaustee Neither

Claimant has been Exempted from Work: Yes No **Date Claimant was Exempted:**

Long-term Unemployment (27 or more consecutive weeks): Yes No

Current or Most Recent Hourly Rate of Pay: \$

Occupation of Most Recent Employment Prior to WIA/WIOA Participation:

Farmworker Status: Yes No

EMPLOYER

Have you received a termination of layoff notice from your last job or job of dislocation? Yes No

Projected Layoff Date: _____

Actual Layoff Date: _____

Attended a group orientation (Rapid Response)?

Yes No

Date Attended: **Rapid Response Event Number:**

Are you a Dislocated Worker?: Yes No

Employer: _____

Employer Address: _____

Employer City, State & Zip: _____

Hourly Wage: \$_____

Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training?

Yes No

EMPLOYMENT

List current & previous employers going back 10 years, beginning with your most recent job.

Most Recent Employer: _____ **Type of Business:** _____

Address: _____ **Phone Number:** _____

Job Title: _____ **Main Duties:** _____

Equipment Used: _____

Hours per week: _____ **Shift:** _____ **Paid** **Volunteer** **Internship** **Hourly Pay:** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

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

Address: _____ **Phone Number:** _____

Job Title: _____ **Main Duties:** _____

Equipment Used: _____

Hours per week: _____ **Shift:** _____ **Paid** **Volunteer** **Internship** **Hourly Pay:** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____ Main Duties: _____

Equipment Used: _____

Hours per week: _____ Shift: _____ Paid Volunteer Internship Hourly Pay: _____

Start Date: _____ End Date: _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____ Main Duties: _____

Equipment Used: _____

Hours per week: _____ Shift: _____ Paid Volunteer Internship Hourly Pay: _____

Start Date: _____ End Date: _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

EDUCATION

Name of High School: _____ High School Diploma or Equivalent Received: Yes No

HIGHEST EDUCATION LEVEL COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

If yes, Year Graduated: _____

List the name of other schools attended, include degree/certificates and areas of study:

| School | Course of Study | Did you Graduate | Year |
|--------|-----------------|------------------|-------|
| _____ | _____ | Yes No | _____ |
| _____ | _____ | Yes No | _____ |
| _____ | _____ | Yes No | _____ |

I have attained the following credential(s): HS Diploma GED Certificate of Completion
 Technical School Certificate AA BA/BS MA/MS PH.D None

If available, please provide Three Rivers with copies of your attained credentials.

| PUBLIC ASSISTANCE | | | | | | | |
|---|--|---------------|-----|--|----|---------------|----|
| Individual or member of a family that is receiving or in the past 6 months has received: | | | | | | | |
| Are you receiving Supplemental Security Income (SSI): | | | Yes | No | | | |
| Are you receiving Refugee Cash Assistance (RCA): | | | Yes | No | | | |
| Are you receiving Social Security Disability Insurance income (SSDI): | | | Yes | No | | | |
| Are you in a household receiving Food Stamps (SNAP): | | | Yes | No | | | |
| Are you receiving or have you been notified you will be receiving the Pell Grant. | | | Yes | No | | | |
| Are you receiving TANF: | | | Yes | No | | | |
| Are you receiving General Assistance (GA): | | | Yes | No | | | |
| Foster Child: (state or local payments are made for applicant) | | | Yes | No | | | |
| Ticket to Work Holder Issued by the Social Security Administration: | | | Yes | No | | | |
| Receives, or is Eligible to receive Free or Reduced Lunch under the Richard B. Russell National School Lunch Act: | | | Yes | No | | | |
| INDIVIDUAL BARRIERS | | | | | | | |
| English Language Learner: | | Yes | No | Pregnant/Parenting Youth: | | Yes | No |
| Basic Skills Deficient/Low Levels of Literacy: | | Yes | No | Runaway: | | Yes | No |
| Youth in, or aged out of Foster Care: | | Yes | No | Are you Homeless: | | Yes | No |
| EX-Offender (individual has been arrested/convicted) | | Yes | No | | | | |
| Youth Requires Additional Assistance to Complete a Educational Program or to Secure/Hold Employment | | Yes | No | | | | |
| INCOME INFORMATION | | | | | | | |
| Due to the Individual's disability, they qualify as a Family of 1: | | | | Yes | No | | |
| What is your annualized family income: \$ _____ | | | | Family Size: _____ | | | |
| <p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.</p> <p>I acknowledge that my Personally Identifying Information (PII) and assessments will be used for grant purposes only.</p> | | | | | | | |
| _____ Applicant Signature | | _____ Date | | _____ Parent or Guardian Signature (if under 18yrs old) | | _____ Date | |