Atlanta Regional
WORK SOURCE GEORGIA
Connecting Talent with Opportunity
A proud partner of the AmericanJobCenter network

Babel Notice
Vital Information

IMPORTANT! This document contains important information about WIOA training guidelines including eligibility, application procedures, benefits and your rights. It is critical that you understand the information in this document. Translation assistance is available for WIOA services at www.atlantaregional.org/wioatraining. Click on "Select Language". Telephone Translation assistance of this vital document is available at the WorkSource Atlanta Regional Career Resource Center in your County: Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry, and Rockdale. For the telephone number and address www.atlantaregional.org/wioatraining.

¡IMPORTANTE! Este documento contiene información importante acerca de las guías de formación WIOA incluyendo la elegibilidad, los procedimientos de aplicación, beneficios y sus derechos. Es fundamental que usted entienda la información contenida en este documento. Ayuda de la traducción está disponible para servicios WIOA en www.atlantaretional.org/wioatraining. Haga clic en "Seleccionar idioma". Ayuda de teléfono de la traducción de este documento vital está disponible en el centro WorkSource Atlanta Regional carrera recursos en su condado: Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry y Rockdale. Para el teléfono y dirección www.atlantaregional.org/wioatraining.

QUAN TRỌNG! Tài liệu này chứa các thông tin quan trọng về nguyên tắc đào tạo WIOA trong đó có đủ điều kiện, thủ tục áp dụng, lợi ích và quyền lợi của bạn. Nó là rất quan trọng là bạn hiểu các thông tin trong tài liệu này. Hỗ trợ dịch có sẵn cho WIOA dịch vụ hội viên số www.atlantaretional.org/wioatraining. Click vào "Chọn ngôn ngữ". Điện thoại hỗ trợ dịch thuật tài liệu quan trọng này là có sẵn tại WorkSource Atlanta khu vực sự nghiệp tài nguyên Trung tâm ở quận của bạn: Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry và Rockdale. Đối với điện thoại số và địa chỉ www.atlantaregional.org/wioatraining.

중요! 이 문서에는 자격, 신청 절차, 혜택 및 권리를 포함 하 여 WIOA 교육 지침에 대 한 중요 한 정보가 들어 있습니다. 이 문서의 정보를 이해 하는 것이 중요 하다. Www.atlantaretional.org/wioatraining에서 WIOA 서비스에 대 한 번역 지원을 이용하실 수 있습니다. "언어 선택"을 클릭 하십시오. 당신의 카운티에서 WorkSource 애틀랜타 지역 경력 자원 센터에서 전화 번역 지원의이 중요 한 문서는: 체로키, 클레이튼, 더글라스, 페이, Gwinnett, 헨리, 및 Rockdale. 전화 번호와 주소 www.atlantaregional.org/wioatraining에 대 한.

很重要 ！ 本文档包含 WIOA **培**训准则包括资格、 **申**请程序、 **利益和你的**权利有关的重要信息。 **很重要你明白此文档中的信息。** 翻译援助是可用于在 www.atlantaretional.org/wioatraining **的** WIOA **服**务。 单击"选择语言"。 电话翻译协助的这份重要的文件是可用在你县的人员亚特兰大区域职业资源中心： **切**诺基、 **克莱**顿、 **道格拉斯、** 费耶特，格温莱特，亨利和其它。 为电话号码和地址 www.atlantaregional.org/wioatraining。

IMPORTANT ! Ce document contient des informations importantes concernant les directives de formation WIOA y compris l'admissibilité, vos droits, avantages et procédures de demande. Il est essentiel que vous compreniez les informations contenues dans ce document. Aide de traduction est disponible pour les services WIOA à www.atlantaretional.com/wioatraining. Cliquez sur « Select Language ». Aide traduction téléphonique de ce document essentiel est disponible au centre WorkSource Atlanta régional carrière ressource dans votre Comté : Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry et Rockdale. Pour le téléphone numéro et l'adresse www.atlantaregional.org/wioatraining.

هام إيحتوي هذا المستند على معلومات هامة حول المبادئ التوجيهية للتدريب ويوا بما في ذلك الأهلية وإجراءات التطبيق، والفوائد وحقوقك. من المهم أن تفهم المعلومات الواردة في هذه الوثيقة. الترجمة والمساعدة متاحة لخدمات ويوا في www.atlantaretional.com/wioatraining. انقر فوق "اختيار اللغة". يتوفر هاتف المساعدة ترجمة هذه الوثيقة الحيوية في مركز الموارد ووركسورسي أتلانتا الإقليمية الوظيفي في مقاطعة الخاص بك: شيروكي، كلايتون، دوغلاس، فاييت، غوينيت، وهنري، وروكديل. العنوان ورقم الهاتف www.atlantaregional.org/wioatraining.

ВАЖНО! Этот документ содержит важную информацию о руководящих принципах подготовки WIOA, включая отбора, процедуры применения, преимущества и ваши права. Важно, что вы понимаете информацию в настоящем документе. Перевод помощи доступен для WIOA услуг на www.atlantaretional.com/wioatraining. Нажмите на «Выбор языка». Телефон помощи перевод этого жизненно важных документа доступен в Атланте WorkSource региональный карьеры ресурсный центр в вашем округе: Чероки, Клейтон, Дуглас, Fayette, Gwinnett, Генри и Рокдейл. Для Телефон номер и адрес www.atlantaregional.org/wioatraining

Atlanta Regional Workforce Development Board

WIOA Application Instructions

STEP 1

Go to the Georgia WorkReady Online Participant Portal: https://www.workreadyga.org/vosnet/Default.aspx

- Click not registered?
- Select Option 3 - Create a User Account→Individual Complete registration
- Record Your Registration information in space provided below for future reference.

If you need assistance in completing the online registration, you may go to the Career Resource Center and assistance will be provided.

PLEASE NOTE THE FOLLOWING IN REGARD TO MEDICAL AND DISABILITY RELATED INFORMATION (Last page)

1. **Any information you provide shall be voluntary, and**
2. **Any information provided shall be kept confidential as provided by law, and**
3. **Your refusal to provide any information shall not subject you to any adverse treatment, and**
4. **Any information provided shall be used only in accordance with the law**

STEP 2

Print the application and complete. **The application cannot be uploaded or submitted online.**

STEP 3

Attach all required documents listed on Page 3 and take or mail the complete application package to the Career Resource Center in your county of residency, listed on Page 2.

Call the training hotline 404-463-3327 or email workforce@atlantaregional.org with questions.

Record your information to the Georgia WorkReady Online Participant Portal for future use:

User name: _____

Password: _____

Security Response: _____

WIOA Application

Thank you for your interest in applying for services under the Workforce Innovation and Opportunity Act (WIOA). To help you identify a service that best meets your needs and interests, please complete this application and return it with all the required documentation to the Career Resource Center listed below. Some key items you need to be aware of include:

- In addition to completing the application, you will be required to complete additional assessments, including TABE and Career Scope, 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.

- If you are interested in attending training for which 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 apply on-line at www.fafsa.ed.gov.

- Not all eligible applicants are approved for WIOA funding. **Applicants who live in the Atlanta Regional service area of Cherokee, Clayton, Douglas, Fayette, Henry, Gwinnett and Rockdale counties**, or who were laid off from a business in one of the 7 counties, 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 completed application, your last date of employment, availability of the training you want, your need for training or retraining, and other funds available to you. First priority will be given to Veterans and eligible spouses (Jobs for Veterans Act PL107-288).
  If you have questions, call the Training Hotline: 404-463-3327 or e-mail: workforce@atlantaregional.org.
  Additional Information is available on the Internet at. http://atlantaregional.org/job-training-education/

Mail or drop off the completed application and required documentation to the WorkSource Atlanta Regional Office for your county of residence.

No faxed forms will be accepted.

Cherokee County:	Oakside Office Park, 203 Oakside Lane, Suite E, Canton, GA 30114 (770-800-2593) **or** GA Dept. of Labor, Attention: WIOA, 465 Big Shanty Rd., Marietta, GA 30066 (770-528-6103)
Clayton County:	3000 Corporate Center Dr., Suite 350, Morrow, GA 30260 (678-271-3554)
Douglas County:	8595 Club Drive, Douglasville, GA 30134 (770-920-4104)
Fayette County:	Magnolia Ofc/Warehouse Park, 500 W. Lanier Ave, Suite 707, Fayetteville, GA 30214 (770-599-2449)
Gwinnett County:	3885 Crestwood Parkway, Suite 200, Duluth, GA 30096 (678-268-6610)
Henry County:	Heritage Square Business Centre, 1950 Pennsylvania Ave, McDonough, GA 30253 (770-847-9082)
Rockdale County:	1400 Parker Road, Lobby A, Conyers, GA 30094 (404-484-5400)

WIOA Programs operated by ARWDB/ARC are equal opportunity programs.
Auxiliary aids and services are available upon request to individuals with disabilities.

Date _____

Name_____

Date Received by
ARWDB Career Resource Center

WIOA Application Cover Sheet & Checklist

EVERYONE MUST SUBMIT THE DOCUMENTATION IN BOX #1 AND EITHER ITEMS IN BOX #2 OR BOX #3

1.

- ☐ Driver's License **or** State I. D. **or** Birth Certificate (Copy)
- ☐ Social Security Card (Copy)
- ☐ Selective Service Registration (Males only, born on or after 1/1/1960) www.sss.gov
- ☐ DD214 (Veterans only)
- ☐ Proof of unemployed status at time of application including information on last employment/employer, pay stubs for last employment period and/or tax forms – W-2
- ☐ Resume (If not available, you will be required to attend a resume workshop)
- ☐ OCGA Affidavit, signed in front of Notary Public (form included in application)
- ☐ Signed Grievance Form (Last page of application. Keep a copy for yourself)
- ☐ Proof of Current Residency (Drivers License with correct address, utility bill, lease agreement or notarized statement)
- ☐ Your original signature or initials on Pages 5, 8, 10, 11 (notarized), 14, 15 and 16 (if appropriate) of this completed application

ADDITIONAL DOCUMENTATION FOR YOUR ELIGIBILITY *(See next page for descriptions)*

2. ADULT ELIGIBILITY

- ☐ **If unemployed:** Proof of unemployed status at time of application including information on last employment/employer, pay stubs for last employment period **and/or** tax forms (W2) ***OR***
- ☐ **For under-employed or low-income:** Food Stamps or TANF Letter (Current within last 6 months) ***OR*** Paycheck Stubs (for 6 months since date of this application) ***OR*** Letter from Employer ***AND***
- ☐ Completed Family Income and Composition Form

3. DISLOCATED WORKER or DISPLACED HOMEMAKER ELIGIBILITY

- ☐ Notice of Layoff, Separation Notice or U.I. Determination Letter (Layoff due to no fault of the customer)
- ☐ Verification of Unemployment Insurance Status (Claims Determination Letter)
- ☐ Spouse Layoff (Displaced Homemakers only)

Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.

Adults are individuals age 18 and older who are **unemployed** at time of application **OR** who are **under-employed.**

Adult Low-Income WI0A Guidelines		***Effective June 1, 2018***
Family Size	**Annual Income**	**Six-Month Eligibility Period Income**
One	$13,009	$6,505
Two	$21,313	$10,657
Three	$29,258	$14,629
Four	$36,107	$18,054
Five	$42,612	$21,306
Six	$49,834	$24,917
Additional family members	$7,222 for each additional family member	$3,611for each additional family member

ADULT ELIGIBILITY REQUIREMENTS

U.S. Citizen/or Legal Alien
Social Security Number
18 years old or older
Selective Service Registration (Males only born on or after 1/1/1960) www.sss.gov
Individual Receiving Public Assistance – Supplemental Nutrition Assistance Program (SNAP) **OR**

1. Temporary Aid to Needy Families (TANF)
2. Disabled individual whose personal income meets guidelines but whose family income does not
   An Individual who is Underemployed includes:
   a. Individuals employed less than full-time who are seeking full-time employment; **OR**
   b. Individuals who are employed in a position not commensurate with the individual's demonstrated level of educational attainment and skills; **OR**
   c. Individuals who are employed, but whose current job's earnings are not sufficient compared to their previous job's earnings; **OR**
   d. Individuals who are working full time and meet the income guidelines in the chart above.

REQUIRED DOCUMENTATION

Driver's License OR State I.D. OR Birth Certificate
Social Security Card
Selective Service Registration (Males only, born on or after 1/1/1960) www.sss.gov
Resume – If not available, you will be required to attend resume workshop

DISLOCATED WORKER & DISPLACED HOMEMAKER ELIGIBILITY REQUIREMENTS

1. Dislocated worker is an individual who has been terminated or laid off, or who has received a notice of termination or lay off, from employment; **OR**
2. Is eligible for or has exhausted entitlement to unemployment compensation; **OR**
3. Has been employed for a duration sufficient to demonstrate to WIOA an attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered by state unemployment compensation law; **OR**
4. Has been terminated or laid off or has received notice of termination or layoff as a result of permanent closure of, or any substantial layoff; **OR**
5. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; **OR**
6. Was self-employed but is unemployed as a result of general economic conditions in community where he lives or natural disaster; **OR**
7. Is a displaced homemaker – an individual who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income **OR**
8. The spouse of a member of the Armed Forces on active duty who has lost employment as direct result of relocation to accommodate permanent change in duty status of such member or is spouse of member of the Armed Forces on active duty or who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. **OR**
9. Is dependent spouse of active duty Armed Forces member and whose family income is significantly reduced because of a deployment or pursuant to call to active duty, permanent change of station or service-connected death or disability.

REQUIRED DOCUMENTATION

Driver's License or State I.D. OR Birth Certificate
Social Security Card
Notice of layoff or no fault termination notice (Dislocated Homemakers bring copies of lay off of spouse)
Selective Service Registration (Males only, born on or after 1/1/1960) www.sss.gov
Verification of Unemployment Insurance Status
Resume
Job Search Records (Can send copies of records submitted to U.I.)

For Currently employed dislocated workers: Eligibility documentation may include tax return information (up to 2 years) validating an income decrease. This will not be required If dislocation & WIOA application occur within same year.

ARWDB WORKFORCE INVESTMENT ACT (WIOA) APPLICATION

GA Work Ready Online Registration Verification

☐ **Yes, I have completed registration on the GA Work Ready Online Participant Portal. (Step 1)**

_____ Initial Here *(Please hand-initial here when you print your completed application)*

Applicant Information

Name (First, Middle Initial, Last):_____**Social Security #:**_____ **County**:_____

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

Home Phone:_____ **Cell Phone:**_____ **Alternate Phone:** _____

Email address:_____

Are you a part of a Social Networking Site (E.g. Facebook, Twitter, LinkedIn) ☐ Yes ☐ No
(If "Yes", please list at least one below)

Name of Site:_____ **Profile Name:**_____

Additional Contact Information

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

Name:_____ **Relationship**:_____

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

Home Phone:_____ **Cell Phone**: _____ **Email address**:_____

Selective Service (Males only)

If you are registered with Selective service, please complete:
Selective Service Registration Number_____ **Selective Service Registration Date** _____

Driver's License Information

Do You Have a Georgia Driver's License or Georgia I.D.? ☐ Yes ☐ No
Has your license ever been or/ is currently Suspended or Revoked? ☐ Yes ☐ No
Driver's License Type: ☐ Regular ☐ Commercial(CDL) ☐ CDL Endorsements
Class: ☐ A ☐ B ☐ C (Auto, light truck)

Public Assistance

Within the last 6-months have you received any of the following:

Assistance Type	Yes or No	Comments
Temporary Assistance for Needy Family (TANF)	☐ Yes ☐ No	
Food Stamps (FS)	☐ Yes ☐ No	
Trade Adjustment Assistance	☐ Yes ☐ No	
Refuge Cash Assistance	☐ Yes ☐ No	
Are you currently, or have you been notified, that you will receive Pell Grant funds?	☐ Yes ☐ No	

Additional Veterans Information

Are you recently separated? (within last 48 months) ☐ Yes ☐ No
Are you a BRAC-impacted worker? ☐ Yes ☐ No **(BRAC considered eligible as Dislocated Worker)**

Employment Status

Current or most recent rate of pay per hour _____
Did you receive severance pay from your last employer? ☐ Yes ☐ No
Are you currently receiving retirement pay? ☐ Yes ☐ No

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

Most Recent Employer:_____ Type of Business:_____

Address:_____ Phone: _____

Job Title:_____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____ ☐ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date:_____ End Date:_____

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

Explain Reason:_____

Employer:_____ Type of Business:_____

Address:_____ Phone: _____

Job Title:_____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____ ☐ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date:_____ End Date:_____

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

Explain Reason:_____

Employer:_____ Type of Business:_____

Address:_____ Phone: _____

Job Title:_____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____ ☐ Paid/ Volunteer/ Internship

Main Duties: _____

Equipment/s Used: _____

Start Date:_____ End Date:_____

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

Explain Reason:_____

Termination/Layoff

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

Actual Layoff Date: _____ Projected Layoff Date:_____

What is the reason for the layoff? _____

Company that laid off/terminated you:_____

Dislocation Employer Address:_____

Dislocation Hourly Rate: _____

Rapid Response (Layoff) Event: Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce Training? ☐ Yes ☐ No Date Attended:

Additional Education History

Are you currently In school? ? ☐ Yes ☐ No

If yes, Name of School, Program, Anticipated completion date: _____

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

School	Course of Study	Did you graduate?	Year
_____	_____	☐ Yes ☐ No	_____
_____	_____	☐ Yes ☐ No	_____
_____	_____	☐ Yes ☐ No	_____

List any current professional license(s) you hold:

_____ _____ _____

_____ _____ _____

Individual Barriers

Are you a displaced homemaker? ☐ Yes ☐ No

Are you a single parent? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor or felony? Misdemeanor: ☐ Yes ☐ No Felony: ☐ Yes ☐ No

Do you read and understand English? ☐ Yes ☐ No

What is your primary language? (If other than English): _____

Do you need and interpreter? ☐ Yes ☐ No

Income Information

What is your family size? _____

What is your annual family Income? _____

Training Goals

Do you have a training goal? ☐ Yes ☐ No

Describe your training goal? Be specific _____

Reason you selected this training goal? _____

If you do not have a training goal, do you need assistance in selecting a training goal? ☐ Yes ☐ No

Have you selected a school? ☐ Yes ☐ No

What school/program _____

Have you previously enrolled in training funded through WIOA? *If No, go to ** below* ☐ Yes ☐ No

Name of school attended:_____ Dates attended:_____

Name of training program or course of study:_____

Did you complete the training? ☐ Yes ☐ No - Why did you not complete training? _____

Did you find a job after you completed or left training? ☐ Yes ☐ No

If yes, was the job related to the training received? ☐ Yes ☐ No

Name of employer: _____ Position:_____

****List other funds you are seeking to assist you through training (i.e. PELL, HOPE, scholarships, loans, etc.)**

_____

Computer Skills

Rate your computer skills_____

Also note any information that should be considered as the foundation for additional training.

Skill Level	Version	None	Basic	Intermediate	Advanced	Formal Training
Microsoft Office	☐ 2010 ☐ 2013 ☐ Office 365					
Word		☐	☐	☐	☐	☐
Excel		☐	☐	☐	☐	☐
Access		☐	☐	☐	☐	☐
PowerPoint		☐	☐	☐	☐	☐
Internet		☐	☐	☐	☐	☐
Personal/Work E-mail		☐	☐	☐	☐	☐

Social Media Facebook ☐ Twitter ☐ LinkedIn ☐ None ☐

Operating Systems (Windows 7, Windows 8)_____

Programming Languages: _____

Current or previous IT Certifications:_____

Other Computer Skills/Experience/Training:_____

_____

_____

Name: **SS # (last 4 digits) __ __ __ __**

WIOA Release of Information Consent /Certification & Acknowledgment

(Please initial, sign and date where indicated when you print your completed application)

RELEASE INFORMATION FOR ELIGIBILITY	**Initial Here**	

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

RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION	**Initial Here**	

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

RELEASE INFORMATION FOR EMPLOYMENT	**Initial Here**	

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

CERTIFICATION & ACKNOWLEDGMENT	**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.

Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.

Please read carefully, initial each release/acknowledgment, sign and date when you print your completed application.

Signature	**Date:**

Applicant Information

Name (First, Middle Initial, Last):	Social Security Number	Date:

Medical and Disability Related Information

In accordance with 29 CFR 38.41 (as incorporated by reference into the WIOA nondiscrimination regulations by 29 CFR 37.3(b)), before asking any applicant, employee, participant, or other individual questions that may lead to the disclosure of any type of medical or disability-related information, please be informed:

1. **Providing the information is voluntary.**
2. **This information will be kept confidential as provided by law.**
3. **Refusal to provide the information will not subject the applicant, employee or participant to any adverse treatment,**
4. **The information given will be used only in accordance with the law.**

All records containing medical or disability-related information, including information relating to an individual's disability status, are kept in separate files, apart from all other information about a particular individual; stored securely, with limited access.

RELEASE INFORMATION FOR ELIGIBILITY:

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

Signature:

This page must be signed in the presence of a Notary Public.
If you are unable to have notarized personally, a Notary Public is available at the ARWB Career Resource Centers.
All WIA 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 Investment Act Training Services as referenced in O.C.G.A. § 50-36-1, from Atlanta Regional Commission/Atlanta Regional Workforce Board Career Resource Center, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

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

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

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

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:

FAMILY INCOME AND COMPOSITON

Complete this form for Adult Eligibility

Dislocated Workers do not have to complete

Atlanta Regional

WORK SOURCE GEORGIA

Connecting Talent with Opportunity

Names of Family Members Including Applicant	Relationship to Applicant	Age	Social Security Number	Income (Six months prior to date of this application)
	SELF			

TOTAL # FAMILY MEMBERS: _____

Childcare/Dependent care needed? _____

How Many Children?_____

TOTAL INCOME: $ _____ Gross wages from unsubsidized employment (before deductions) including tips, commissions and severance pay.

Compare 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 Unemployment, Child Support, Social Security

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

Atlanta Regional WORK SOURCE GEORGIA Connecting Talent with Opportunity A proud partner of the AmericanJobCenter network	**Workforce Innovation & Opportunity Act Program Services** **Grievance/Complaint Procedures and Equal Opportunity Policy** **Applicants and Participants** **WIOA Adult, Dislocated Worker and Youth Programs**

GENERAL POLICY

If any individual, group, or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Applicants and Participants for services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by the Atlanta Regional Commission (ARC) and/or the Atlanta Regional Workforce Development Board (ARWDB) will be treated fairly. Grievance/complaints should be filed in accordance with the written procedures established by Workforce Solutions Group of the Atlanta Regional Commission. Signed and dated grievance forms are in all participant case files; updates to policies and procedures are distributed to all active participants. **If you believe you have been harmed by a violation of the Workforce Innovation and Opportunity Act or regulations of this program, you have the right to file a grievance/complaint as well as request information and assistance with filing a complaint.**

EQUAL OPPORTUNITY POLICY

ARC adheres to the following United States laws: "No individual shall be excluded from participation, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any such program because of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship or participation. References include WIOA Title 1, Title VI of the Civil Rights Act of 1964, Section 504 of Rehabilitation Act of 1973, The Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and 29 CFR §38.25.

COMPLAINTS OF DISCRIMINATION

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

If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the Atlanta Regional Commission, WIOA Equal Opportunity Officer, Suzette Tuitt, Workforce Solutions, 229 Peachtree St. NE, Suite 100 Atlanta, GA 30303, 470-378-1515, TDD/TTY: 1-800-255-0056, voice: 1-800-255-0135, workforce@atlantaregional.org **OR**

Complaints may also be filed in writing with the Technical College System of Georgia, David Dietrichs, Compliance and Legal Affairs Director, 75 Fifth Street, NW, Suite 845, Atlanta, GA 30308, 404-962-4136; DDietrichs@georgia.org; FAX: 404-486-1181; TTY/TDD 1-800-255-0056. Complaint Form at: http://www.georgia.org/wp-content/uploads/2014/06/WFD-Grievance-Form-110915.pdf **OR**

A complainant may file directly with the Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Or at the website below: http://www.dol.gov/oasam/programs/crc/external-enforc-complaints.htm.

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

complaint with The Atlanta Regional Commission or Technical College System of Georgia (TCSG) then TCSG or the ARC has 90 days to resolve the complaint and issue a written Notice of Final Action. Options for resolving the complaint must include alternative dispute resolution, at the complainant's election.

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

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

ARC will offer full cooperation with any local, state, or federal investigation in accordance with the aforementioned proceedings, or with any criminal investigation; no evidence will be destroyed or altered if notice of investigation is received.

COMPLAINTS OF FRAUD, ABUSE OR OTHER ALLEGED CRIMINAL ACTIVITY

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

COMPLAINTS AGAINST PUBLIC SCHOOLS

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

ALL OTHER COMPLAINTS (VIOLATIONS OF THE ACT OR REGULATIONS)

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

WIOA Equal Opportunity Officer
Workforce Solutions Group
Atlanta Regional Commission
229 Peachtree St., NE,, Suite 100
Atlanta, Georgia 30303
workforce@atlantaregional.org

Rob LeBeau
Manager, Workforce Solutions Group
Atlanta Regional Commission
229 Peachtree St., NE, Suite 100
Atlanta, Georgia 30303
404-463-3327

Complaints filed with ARC must contain the following:

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

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

http://atlantaregional.org/wioagrievance

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

Upon receipt of the complaint, the ARC WIOA Equal Opportunity Officer will initiate efforts with the complainant and others

involved to bring resolution as soon as possible; this will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution or alternative dispute resolution if the complainant so chooses. If the complaint has not been resolved to the satisfaction of the complainant within thirty (30) days, the ARC WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within 60 days of grievance filing. Every complainant shall have the opportunity to request a hearing in writing for any complaint that is filed.

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

Hearings on any grievance/complaint filed shall be conducted within thirty (30) days of failed informal resolution or within 60 days of the date the complaint was filed. Written decisions shall be rendered not later than sixty (60) days after the hearing.

If the complainant(s) does not receive a written decision from the Hearing Officer within sixty (60) days of the hearing of the grievance/complaint, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by attaching the local resolution to the TCSG complaint form:

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

Joe Dan Banker, Assistant Commissioner
Technical College System of Georgia (TCSG)
75 Fifth Street, NW Suite 845
Atlanta, GA 30308
Phone: 404-962-4005
FAX: 404-876-1181

The Assistant Commissioner shall act as the Governor's authorized representative. Once TCSG has received the Complaint form and the local resolution, TCSG shall issue its own resolution on the issue being appealed within sixty (60) days. If the State does not respond within the 60 days, or either party wants to appeal the decision, WIOA allows for a formal appeal by certified mail, return receipt requested to Secretary, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, Attention: ASET (202) 693-3015. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator and the opposing party. For complaints made against WFD, complainant may request a hearing in writing within 60 days of the date complaint was filed.

Federal appeals must be made within 30 calendar days of the receipt of the local or State decision. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until and unless the proper, formal procedure has been followed. No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

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

_____ _____

Signed Date

Atlanta Regional WORK SOURCE GEORGIA
Connecting Talent with Opportunity
A proud partner of the AmericanJobCenter network

Complaint Form

1. Person Making Complaint
   Full Name:_____
   Telephone Number:_____
   Address:_____
   Email:_____
   Career Advisor:_____

2. Person or Organization Against Whom the Complaint is Made
   Full Name:_____
   Telephone Number_____
   Address:_____
   Email_____

3. Clear, Brief Statement of the Facts Including the Date(s) the Alleged Violation Occurred Including Identification of All Relevant Parties (write on back if necessary or attach typed statement) Must be within 180 days of the incident.

_____
_____
_____
_____
_____

4. Relief Requested

_____
_____
_____
_____

5. Complainant may request a hearing, alternative dispute resolution, participate in informal resolution attempts or file with Civil Rights if the complaint is a discrimination issue.

6. For questions, to request assistance or submit a grievance contact:
   Suzette Tuitt, WIOA Equal Opportunity Officer, Workforce Solutions Group, Atlanta Regional Commission, 229 Peachtree St, NE, Suite 100 Atlanta, GA 30303. Phone: 470-378-1515; FAX to email: 470-419-2704 stuitt@atlantaregional.org

7. The information contained in this complaint is true and accurate:

   Signed:_____

   Date:_____