



WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) NEXTGEN PROGRAM

WorkSource Atlanta Regional (also known as The Atlanta Regional Workforce Development Board (ARWDB)), whose services are administered and staffed by the Atlanta Regional Commission, provides workforce services funded by the Workforce Innovation & Opportunity Act (WIOA) to Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry and Rockdale counties. Workforce services are provided by NextGen Service Providers, one of which you are applying to.

NextGen Program provides **FREE** (no cost) services to WIOA eligible individuals between the ages of 14-24 years old who have barriers to education, training, and employment. NextGen Program focuses on individuals who are school dropouts, in the last year(s) of high school, have a disability, English language learners, have exposure to the foster care or justice systems, as well as other individuals who are considered at-risk.

The following application will help match you with education, training, and employment services that best suit your interests and skills. **Filling out the application does not automatically guarantee enrollment into NextGen Program.** Along with completing an application, you will also be required to submit verification documents (see the “Application Checklist” on the next page). The information provided within the application and the documents submitted will be used to determine eligibility for the program. In addition to completing the application, you will be required to complete assessment activities to determine your reading and math skills, set education, employment, and career goals, and establish immediate steps towards these goals.

Thank you for your interest in participating in WorkSource Atlanta Regional NextGen Program.

NEXTGEN PROGRAM APPLICATION

NEXTGEN SERVICE PROVIDER NAME _____

ENGLISH LANGUAGE LEARNER

ARE YOU AN ENGLISH LANGUAGE LEARNER? Yes No (No, if English is your primary language)

If Yes, indicate what is your primary language _____

Do you need an interpreter? Yes No

COUNTY OF RESIDENCE

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

If Yes, indicate which County: Cherokee Clayton Douglas Fayette

Henry Gwinnett Rockdale

If No, indicate the County where you live: _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
------------------	-------------------	-------------	-------------------------------	--

If HOMELESS, use address of shelter or location you last stayed.

RESIDENCE ADDRESS	COUNTY	CITY	STATE	ZIP CODE
--------------------------	---------------	-------------	--------------	-----------------

If HOMELESS, use address where you receive your mail.

MAILING ADDRESS (IF DIFF.)	COUNTY	CITY	STATE	ZIP CODE
-----------------------------------	---------------	-------------	--------------	-----------------

HOME PHONE	APPLICANT'S CELL PHONE	APPLICANT'S EMAIL
-------------------	-------------------------------	--------------------------

AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
------------	--	-----------------------------------

RACE/ETHNICITY

Native American White Asian Hispanic or Latino Pacific Isle

Black or African American Information Not Available (INA)

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

Yes No (If Yes, indicate the name of the site(s) you frequent the most and your profile name):

Name of Site: _____ Profile Name: _____

Name of Site: _____ Profile Name: _____

PARENT/LEGAL GUARDIAN	WORK PHONE	CELL PHONE
------------------------------	-------------------	-------------------

EMERGENCY CONTACT PERSON	RELATIONSHIP	HOME PHONE	CELL PHONE
---------------------------------	---------------------	-------------------	-------------------

WHAT IS YOUR CITIZENSHIP STATUS?

U.S Citizen U.S. Permanent Resident Alien/Refugee Lawfully Admitted to U.S.

Alien Registration Number (USCIS): _____ & Expiration Date: _____

ARE YOU REGISTERED WITH SELECTIVE SERVICE? Yes No Not Applicable

ARE YOU or YOUR SPOUSE (if applicable) A VETERAN? Yes No Not Applicable

If Yes, indicate who: Self Spouse

WITHIN THE LAST 12 MONTHS, HAVE YOU RECEIVED SEPARATION DOCUMENTATION FROM MILITARY SERVICE?

Yes No Not Applicable **DATE:** _____

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

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

LIVING & FINANCIAL SITUATION

WHAT IS YOUR RESIDENCE STATUS?

I live on my own I live with my parent/legal guardian
 I live with a family member I live with a friend

HAVE YOU LIVED IN DIFFERENT HOUSEHOLDS OR LIVING SITUATIONS FOR THE LAST SIX MONTHS? Yes No

If Yes, attach a signed and dated statement describing your living situation(s).

DO YOU CURRENTLY LIVE OR IN THE PAST SIX MONTHS LIVED IN AN EMERGENCY OR TRANSITIONAL SHELTER?

Yes No

If Yes, describe the circumstances: _____

WOULD YOU DESCRIBE YOUR LIVING SITUATION AS UNSTABLE? Yes No

If Yes, describe the situation: _____

WHAT IS YOUR EMPLOYMENT STATUS?

Employed Not Employed Seeking Employment Not Seeking Employment

DO YOU or A MEMBER OF YOUR FAMILY RECEIVE PUBLIC/GOVERNMENT ASSISTANCE? Yes No

If Yes, indicate which one(s): Food Stamp (SNAP) TANF Foster Care
 Refugee Cash Assistance (RCA) Not Applicable

ARE YOU CURRENTLY LIVING IN A HIGH POVERTY AREA? Yes No

DO YOU RECEIVE FREE or REDUCED LUNCH? Yes No

FOR THE LAST SIX MONTHS, HOW MANY PERSONS LIVE IN YOUR HOUSEHOLD? _____

Below, list the information for all persons living in your household

Name	Relationship	Age	Income Source	Past Six (6) Months Income
	Self			

ARE YOU HOMELESS? Yes No

ARE YOU A RUNAWAY? Yes No

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

ARE YOU PREGNANT? Yes No Not Applicable

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

HAVE YOU EVER BEEN ARRESTED OR BEEN/CURRENTLY IN THE JUVENILE JUSTICE SYSTEM (OFFENDER)?
 Yes No If Yes, what county? _____
If Yes, indicate the type(s) of offense(s): Misdemeanor Felony
 Dismissed In-School Offense
If Yes, are you currently on probation/parole? Yes No Not Applicable

DO YOU NEED ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM OR SECURE AND RETAIN EMPLOYMENT? Yes No
If yes, what type(s) of additional assistance are you seeking?
 To Enroll in an Educational Program (High or Alternative School, GED, College, Advanced Training)
 To Complete an Educational Program (High or Alternative School, GED, College, Advanced Training)
 To Prepare for Employment (Resume Writing, Interview Skills, etc.)
 To Find Employment (Job Search, Complete Job Application, etc.)
 To Retain Employment (Work Etiquette Training, Time Management Training, etc.)
 Other: _____

EDUCATION STATUS

WHAT IS YOUR CURRENT SCHOOL STATUS?

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

IF YOU ARE **ATTENDING SCHOOL** (High School or Post-secondary), **SKIP TO "SECTION B"**

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

INDICATE THE NAME OF LAST SCHOOL ATTENDED, COUNTY AND LAST GRADE COMPLETED.
School Name: _____ County: _____ Last Grade Completed: _____

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

HAVE YOU PASSED ANY PART(S) OF THE GED? Yes No Not Applicable
If Yes, indicate part/s: Reasoning Through Language Arts Science
 Mathematical Reasoning Social Studies

HAVE YOU PARTICIPATED IN A PROGRAM LIKE THIS BEFORE? Yes No
If Yes, indicate: Name of Program: _____ Location: _____

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN IN A TRAINING PROGRAM? Yes No
If Yes, check the program from the list below:
 Job Corps YouthBuild Boot Camp Youth Challenge Other: _____

If Yes, indicate: Location _____ Month _____ Year _____

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

LIST NAME OF SCHOOL CURRENTLY ATTENDING: _____

WHAT IS YOUR CURRENT GRADE IN SCHOOL? _____

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

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

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

CURRENT/PAST EMPLOYMENT STATUS & GOALS

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

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

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

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

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

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

Duties: _____

Equipment/s Used: _____

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

Reason for Leaving: Laid-off Quit Terminated Employment Other

Explain Reason: _____

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

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

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

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

Duties: _____

Equipment/s Used: _____

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

Reason for Leaving: Laid-off Quit Terminated Employment Other

Explain Reason: _____

DO YOU HAVE A CURRENT RESUME? Yes No

If Yes, attach it with this application.

DO YOU HAVE ANY COMPUTER SKILLS? Yes No

If Yes, how would you rate your computer skills?

- | | | | |
|---------------------------|--------------------------------|---------------------------------------|--------------------------------------|
| Microsoft Word: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| Microsoft Excel: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| Microsoft PowerPoint: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| Internet Browse/Research: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| _____: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| _____: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| _____: | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |

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

CAN YOU ACCEPT A JOB ANYWHERE? Yes No

If No, explain: _____

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

WHAT ARE YOUR FUTURE GOALS? (Short Term – Less than one year) and (Long Term – One year or more)

Education: Short Term _____
Long Term _____
Employment: Short Term _____
Long Term _____
Personal: Short Term _____
Long Term _____
Dream Career 1: _____
Dream Career 2: _____
Dream Career 3: _____

SUPPORTIVE SERVICES

DO YOU NEED TRANSPORTATION ASSISTANCE? Yes No

If Yes, explain your needs: _____

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

DO YOU NEED CHILDCARE ASSISTANCE? Yes No Not Applicable

If Yes, explain your needs: _____

DO YOU NEED ANY OTHER ASSISTANCE? Yes No

If Yes, explain your needs: _____

MEDICAL & DISABILITY

ASSURANCE

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

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

DO YOU HAVE A DISABILITY? Yes No Not Specified

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

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

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

Supplemental Security Income (SSI)

Social Security Disability Insurance (SSDI)

❖ If any of the above box is checked, proof of the income/benefits MUST be submitted with application.

ADDITIONAL ASSISTANCE

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

RELEASE OF INFORMATION FOR ELIGIBILITY

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

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

Date

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

Date

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

FALSIFICATION OF INFORMATION

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

APPLICATION DENIAL

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

COMPLAINT

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

INTERPRETATION

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

SOCIAL NETWORK MEDIA

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

PERSONAL INFORMATION

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

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

Date

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

Date

“ABOUT US” FOR ORGANIZATIONS RELEASING INFORMATION

WorkSource Atlanta Regional (also known as The Atlanta Regional Workforce Development Board (ARWDB)), whose services are administered and staffed by the Atlanta Regional Commission, provides workforce services funded by the Workforce Innovation & Opportunity Act (WIOA) to Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry and Rockdale counties. Workforce services are provided by NextGen Service Providers

NextGen Program provides FREE (no cost) services to WIOA eligible individuals between the ages of 14-24 years old who have barriers to education, training, and employment. NextGen Program focuses on individuals who are school dropout, in the last year(s) of high school, have a disability, English language learners, have exposure to the foster care or justice systems, as well as other individuals who are considered at-risk.

RELEASE OF INFORMATION FOR ELIGIBILITY AND JOINT SERVICES

I authorize the release of my information to the Career Advisor at the above-named organization as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) NextGen 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 Division of Family & Children Services (DFCS), Juvenile Court, Department of Juvenile Justice, Vocational Rehabilitation, and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

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

RELEASE OF INFORMATION FROM EDUCATIONAL INSTITUTIONS

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

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

RELEASE OF INFORMATION FROM EMPLOYERS

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

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

GEORGIA ILLEGAL IMMIGRATION REFORM & ENFORCEMENT ACT AFFIDAVIT

(O.C.G.A.) § 50-36-1(E)(2) AFFIDAVIT

GEORGIA ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT

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

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

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

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

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

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

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

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____

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

REGISTRATION INSTRUCTIONS

Please be advised that the NextGen Program operates the Georgia Department of Economic Development, Workforce Division case (participant) management system for WIOA services. All applicants are requested to complete a Georgia Work Ready Online Participant Portal (GWROPP) registration. Registration is part of the WIOA NextGen Program enrollment process. Registration can be completed online at the NextGen Service Provider's office or at your home computer. **It is very important that you review the "Medical and Disability" related information on page 7 prior to completing the registration.**

The online registration directions are indicated below. Once registered, you **MUST** provide your registration log-in information to the NextGen Service Provider. Be sure to keep a record of your log-in information, so you may use the GWROPP at any time to utilize resources for career development and job search.

ONLINE REGISTRATION DIRECTIONS

Follow the steps below to complete the online registration:

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

Step 2: Click Not Registered?

Step 3: Click Individual under Option 2 – Create a User Account.

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

User Name: _____
Password: _____
Security Question Response: _____

Step 4: Complete the registration.

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

GWROPP/VOS REGISTRATION VERIFICATION

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

Last 4 digits of my social security numbers: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____

DO NOT COMPLETE THIS PAGE

(This page **MUST** be completed by the NextGen Service Provider).

APPLICATION COMPLETENESS, ACCURACY, PROCESS & VOS COMPLIANCE

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

STAGE ONE – APPLICATION COMPLETION & VOS DATA ENTRY

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

STAGE TWO - ELIGIBILITY & PARTICIPATION DATE DETERMINATION

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

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

APPLICATION DATE VERIFICATION

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

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

ELIGIBILITY & PARTICIPATION DATE VERIFICATION

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

NEXTGEN SERVICE PROVIDER ASSURANCE AND SIGNATURE

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

NextGen Service Provider (Staff) Name _____

NextGen Service Provider (Staff) Signature _____

Date _____



Atlanta Regional

Equal Opportunity Complaint & General Grievance Policy and Procedure

For Applicants, Participants, Other Interested or Affected Parties

SECTION I: Equal Opportunity Complaint
Policy SECTION II: General Grievance Policy

SECTION III: Complaints of Fraud, Abuse, or Other Alleged Criminal
Activity SECTION IV: Complaints against Public Schools

I. EQUAL OPPORTUNITY COMPLAINT POLICY

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

The recipient must not discriminate in any of the following areas: (1) Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; (2) providing opportunities in, or treating any person with regard to, such a program or activity; or (3) making employment decisions in the administration of, or in connection with, such a program or activity.

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

What to Do If You Believe You Have Experienced Discrimination

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

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.
- If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.
- If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).
- If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

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

Note: A complaint cannot be processed as both a program complaint and as a discrimination complaint.

FILING COMPLAINTS OF DISCRIMINATION (under Equal Opportunity Complaint Policy)

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

WorkSource Atlanta Regional/ARWDB is prohibited from discriminating against a person, or any specific class of individuals, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69 in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity. If you think that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within **180 days** from the date of the alleged violation with:

**SUZETTE TUITT, EO OFFICER
WORKSOURCE ATLANTA REGIONAL
229 PEACHTREE STREET N.E / SUITE
100 ATLANTA, GEORGIA 30303
(470) 378-1515**

TDD: 711, voice: 1-800-255-0056,

stuitt@atlantaregional.org

Each complaint must be filed in writing, either electronically or in hard copy, and must contain the following information:

- (A) The complainant's name, mailing address, and, if available, email address (or another means of contacting the complainant).
- (B) The identification of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination).
- (C) A clear description of the allegations in sufficient detail including the date(s) and timeline that the alleged violation occurred to allow the recipient, as applicable, to decide whether: (1) what agency has jurisdiction over the complaint; (2) the complaint was filed in time; and (3) the complaint has apparent merit; in other words, whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of WIOA or part 29 CFR Part 38.
- (D) The written or electronic signature of the complainant or the written or electronic signature of the complainant's representative.

Complaint Processing Procedure

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

- (1) Acknowledgement of complaint received including date received; notice that the complainant has the right to be represented in the complaint process; notice of rights contained in §38.35; and notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into the non-English languages as required in §§38.4(h) and (i), 38.34, and 38.36.
- (2) A written statement of issue(s) which includes a list of the issues raised in the complaint; for each issue, a statement of whether or not the issue is accepted for investigation or rejected and the reasons for each rejection after performing a period of fact-finding.
- (3) Notice that the complainant may resolve the issue Alternative Dispute Resolution (ADR) any time after the complaint has been filed, but before a Notice of Final Action has been issued.

If the complaint does not fall within the Workforce Innovation and Opportunity Act jurisdiction for processing complaints alleging discrimination under Section 188 or Equal Opportunity and Nondiscrimination provisions at 29 CFR Part 38.74, the complainant will be notified in writing within five (5) business days of making such determination. The notification shall include the basis of the determination as well as a statement of the complainant's right to file with the Civil Rights Center (CRC) within thirty (30) days of the determination.

Complaint Processing Time Frame

A complaint will be processed, and Notice of Final Action issued within ninety (90) days of receipt of the complaint pursuant to 29 CFR 38.72. Complainant may elect to file his or her equal opportunity complaint with the Technical College System of Georgia (TCSG) Office of Workforce Development (OWD). TCSG OWD's address and information is as follows: Attention: Compliance & Legal Affairs Director, David Dietrichs, 1800 Century Place N.E., Suite 150, Atlanta, Georgia 30345-4304; (404) 679-1371; wioacompliance@tcsq.edu.

If WorkSource Atlanta Regional/ARWDB has not provided complainant with a written decision within ninety (90) days of the filing of the complaint, complainant need not wait for a decision to be issued. Complainant may file a complaint with TCSG or CRC within thirty (30) days of the expiration of the 90-day period. If complainant is dissatisfied with WorkSource Atlanta Regional/ARWDB's resolution of his or her equal opportunity complaint, complainant may file a complaint with TCSG. Such complaint must be filed within thirty (30) days of the date you received notice of WorkSource Atlanta Regional/ARWDB's proposed resolution.

OR

Complaints may be initially filed or appealed to the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc within thirty (30) days of complainant's receipt of either WorkSource Atlanta Regional/ARWDB Notice of Final Action or TCSG Notice of Final Action. In other words, within one hundred twenty (120) days Complainant may file his or her appeal.

Resolution Process

Alternative Dispute Resolution: Complainant must be given a choice as to the manner in which they have their complaint resolved. After an investigation is conducted by the Equal Opportunity Officer, ADR may be chosen by the complainant to resolve the issues, as long as a Notice of Final Action has not been issued. Mediation is recommended ADR and will be conducted by an impartial mediator. Complainant must notify the Equal Opportunity Officer within ten (10) days of receiving the Notice of Issue Statement letter of whether ADR is selected to resolve the dispute. WorkSource Atlanta Regional/ARWDB will provide an impartial mediator and will provide interested parties information regarding the arrangements (date, time, and location).

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

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

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

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

Breach of Agreement: Any party to any agreement reached under ADR may file a complaint in the event the agreement is breached with David Dietrichs, Compliance & Legal Affairs Director, Technical College System of Georgia, Office of Workforce Development, 1800 Century Place N.E., Suite 150, Atlanta, Georgia 30345-4304; (404) 679-1371; wioacompliance@tcsq.edu; or Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc. The non-breaching party may file a complaint within thirty (30) days of the date that party learns of the alleged breach (29 CFR 38.72).

II. GENERAL GRIEVANCE POLICY

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

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 the General Grievance Form to:

**SUZETTE TUITT, EO OFFICER
WORKSOURCE ATLANTA REGIONAL
229 PEACHTREE STREET N.E / SUITE
100 ATLANTA, GEORGIA 30303
(470) 378-1515**

TDD: 711, voice: 1-800-255-0056,

stuitt@atlantaregional.org

Grievance Processing Procedure

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

In the event WorkSource Atlanta Regional/ARWDB does not issue a written resolution within the sixty (60) days of the complaint's filing as required, the grievant has the automatic right to file his or her complaint with the Technical College System of Georgia, Office of Workforce Development.

Hearing Process

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, WorkSource Atlanta Regional/ARWDB shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing; (5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

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

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision which shall serve as WorkSource Atlanta Regional/ARWDB's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any

evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

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

Appeal Process

An appeal may be requested by contacting the Technical College System of Georgia, Office of Workforce Development, Attention: Compliance & Legal Affairs Director, David Dietrichs, 1800 Century Place N.E., Suite 150, Atlanta, Georgia 30345-4304;

(404) 679-1371; wioacompliance@tcsge.edu within sixty (60) days of the date of the decision.

III. 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.

IV. COMPLAINTS AGAINST PUBLIC SCHOOLS

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

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURE AND UNDERSTAND THE INFORMATION PROVIDED WITHIN THIS DOCUMENT.

Participant Signature

Date

Print Name

Last 4 SS#

Parent/Guardian Signature (if participant is under age 18)



General Grievance Form
(For Non-Discrimination)

For Applicants, Participants, Other Interested or Affected Parties

INSTRUCTIONS: Please complete for a general complaint. Once you have completed the appropriate questions, please sign and date at the end of this form. If you require assistance in completing this form, please contact your local Career Resource Center and request to speak to a manager or career advisor.

Pursuant to Section 181 of the Workforce Innovation and Opportunity Act, WorkSource Atlanta Regional shall provide the grievant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if requested in writing. If a hearing is not requested, WorkSource Atlanta Regional shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the grievant is dissatisfied with the WorkSource Atlanta Regional's decision, he or she may appeal to the Technical College System of Georgia, Office of Workforce Development (OWD) Compliance Team. If such an appeal is made, the OWD shall issue a final determination within sixty (60) days of the receipt of the appeal.

WorkSource Atlanta Regional

ATTN: Suzette Tuitt, WIOA EO Officer
229 Peachtree Street, N.E. / Suite 100 / Atlanta, Georgia
30303 Office: (470) 378-1515
Submissions should be sent to: stuitt@atlantaregional.org

1. Complainant Information:

First Name MI Last Name:

Address: City: State: Zip:

Home Phone: () - Work Phone: () - Cell: () -

Email Address:

Are you a WorkSource Atlanta Regional employee? Yes No

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

Name: Telephone () -

Address City State Zip

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

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

- a. Please explain the basis of the complaint.

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

c. Please list the location and date. _____

5. Were you offered employment services? (if applicable) Yes No N/A

6. Were you offered to attend a Job Smart Workshop? Yes No

If Yes, did you attend? Yes No

7. Relief Requested?

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

Complainant Signature

Date

Print Name

Last 4 SSN