



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.

APPLICANT, DO NOT COMPLETE THIS PAGE
(This page **MUST** be completed by the NextGen Service Provider).

Participant Name: _____	Last Four of SSN: _____	Age at Registration: _____
GENERAL ELIGIBILITY		SERVICE AREA RESIDENCY
<input type="checkbox"/> Work Eligibility/Citizenship <input type="checkbox"/> Social Security Number <input type="checkbox"/> Meet Age Requirement (14-24yrs) <input type="checkbox"/> Selective Service (males 18yrs+) <input type="checkbox"/> Picture ID	Documentation: _____ Documentation: _____ Documentation: _____ Documentation: _____	<input type="checkbox"/> Cherokee <input type="checkbox"/> Clayton <input type="checkbox"/> Douglas <input type="checkbox"/> Fayette <input type="checkbox"/> Gwinnett <input type="checkbox"/> Henry <input type="checkbox"/> Rockdale <input type="checkbox"/> Other _____ (Prior ARC approval required if other county) Documentation: _____
INCOME ELIGIBILITY		
Government/Public Assistance Income <input type="checkbox"/> Food Stamps (SNAP) – must be within six (6) months of application date. <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) – must be within one (1) month of application date. <input type="checkbox"/> Supplemental Social Security Income (SSI) Recipient ❖ If any of the above government/public assistance is used to determine income eligibility, no “Family Size” or additional income eligibility information is required. ❖ Applicant must be the direct recipient or listed on the award letter as one of the family members receiving the government/public assistance Documentation: _____		<input type="checkbox"/> Refugee Cash Assistance (RCA) <input type="checkbox"/> Veteran Status (you or Spouse if applicable) <input type="checkbox"/> Live in High-Poverty Area <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Foster Care
Family Size/Income (Provide signed and dated “Income Calculation Worksheet” and if applicable, conduct “UI Wage Inquiry.”) <input type="checkbox"/> Family income (e.g., wages from employment) <input type="checkbox"/> Attestation Certification Form <input type="checkbox"/> Family of One/Non-Dependent Individual <input type="checkbox"/> Age 19yrs (provide explanation): _____ <input type="checkbox"/> Age 18yrs or younger (provide explanation): _____ <input type="checkbox"/> Disabled Individual: Type of Disability _____ Income _____ Source of Income _____		
Over Income Funding Used <input type="checkbox"/> 5% Exception – Prior ARC approval required (provide explanation): _____		
BARRIERS TO EDUCATION / EMPLOYMENT (Check all that apply)		
<input type="checkbox"/> School Dropout <input type="checkbox"/> Grade or More Behind <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care or in an Out-of-Home Placement <input type="checkbox"/> Runaway <input type="checkbox"/> Offender <input type="checkbox"/> Pregnant/Parent <input type="checkbox"/> English Language Learner <input type="checkbox"/> Basic Skills Deficient [<input type="checkbox"/> Yes <input type="checkbox"/> No] Indicate test scores and date(s) below: TABE Math: _____ Date _____ TABE Reading: _____ Date _____ <input type="checkbox"/> Requires Additional Assistance to Complete an Educational Program or to Secure and Retain Employment. (If this box is checked, the applicant must meet one of the requirements below; please check the one/s that applies): <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed for the last six months; left employment at least three times over last year. <input type="checkbox"/> Requests assistance in beginning or completing secondary or post-secondary education. <input type="checkbox"/> Is currently attending or requests assistance in attending public or private alternative education institutions which are designed to serve community individuals who are deemed at risk, are not allowed in mainstream institutions, or who have been determined by the community as needing special attention. <input type="checkbox"/> A court-involved individual or at-risk of court involvement. <input type="checkbox"/> An individual of incarcerated parent(s). <input type="checkbox"/> Has been in the foster care system, in a program related to that system, aging out or has aged out of the foster care system. <input type="checkbox"/> Requests assistance in identifying/choosing and/or applying for, and/or preparing resumes/completing applications for a job.		
Verification Document(s) Used _____		
OTHER REQUIRED FORMS AND DOCUMENTATION		
<input type="checkbox"/> “NextGen Program Application” was completed, signed, dated by the applicant and the applicant’s parent/guardian (if under 18yrs old). <input type="checkbox"/> “Grievance Procedures” form was signed, dated by the applicant and the applicant’s parent/guardian (if under 18yrs old). <input type="checkbox"/> “Release of Information Consent” was signed, dated by the applicant and the applicant’s parent/guardian (if under 18yrs old). <input type="checkbox"/> “GA Illegal Immigrant and Enforcement Act Affidavit” was completed, signed, dated <u>and notarized</u> by the applicant (18yrs & older). <input type="checkbox"/> Orientation about WIOA NextGen Program and services was conducted, and a completion form has been signed and dated by the applicant. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has an Objective Assessment for placement into the appropriate service/s conducted? ❖ The “Individual Service Plan (ISP)”/ “Individual Employment Plan (IEP)” MUST be completed within 30 days of participation.		
ELIGIBILITY VERIFICATION AND DOCUMENTATION		
VERIFICATION MUST BE DOCUMENTED. This is certified by the NextGen Service Provider staff’s signature below.		
<input type="checkbox"/> YES <input type="checkbox"/> NO – Has the applicant eligibility for WIOA-funded services been determined? If “Yes”, what is the enrolment date? _____ If “No”, provide explanation: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO – Has all eligibility documentation been collected, placed in the applicant’s file, uploaded to GWROPP/VOS and copies given to the applicant where necessary? NextGen Service Provider Staff Signature: _____ Date (prior to/equals WIOA enrolment date into VOS) _____		

NEXTGEN PROGRAM APPLICATION

NEXTGEN SERVICE PROVIDER NAME _____

ENGLISH LANGUAGE LEARNER

ARE YOU AN ENGLISH LANGUAGE LEARNER? Yes No

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

RESIDENCE ADDRESS	COUNTY	CITY	STATE	ZIP CODE
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If HOMELESS, use address where you receive your mail.

MAILING ADDRESS (IF DIFF.)	COUNTY	CITY	STATE	ZIP CODE
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HOME PHONE	CELL PHONE	PARTICIPANT EMAIL
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AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
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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
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EMERGENCY CONTACT PERSON	RELATIONSHIP	HOME PHONE	CELL PHONE
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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

High School or Less

Alternative School

Post-Secondary School

Advanced Training

GED Program

Other: _____

Received Diploma/Certificate/Degree

High School Diploma

GED or Equivalent

AA or AS Degree/Diploma

BA or BS Degree/Diploma

Occupational License/Certificate

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 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 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 <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

“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 *(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

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 *(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

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 *(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

GRIEVANCE/COMPLAINT PROCEDURES

Last Updated June 14, 2017

ATLANTA REGIONAL COMMISSION/ATLANTA REGIONAL WORKFORCE DEVELOPMENT BOARD
Workforce Innovation & Opportunity Act Program Services
Grievance/Complaint Procedures and Equal Opportunity Policy
For Applicants and Participants
WIOA NextGen Program

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, Anna Thompson, Workforce Solutions, 229 Peachtree St. NE, Suite 100 Atlanta, GA 30303, 470-378-1615, TDD/TTY: 1-800-255-0056, voice: 1-800-255-0135, workforce@atlantaregional.org **OR**

Complaints may also be filed in writing with the Georgia Department of Economic Development, Workforce Division, David Dietrichs, WIOA Title I Equal Opportunity Officer, 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 June 14, 2017, complaint with The Atlanta Regional Commission or Georgia Department of Economic Development, Workforce Division, (GDECD,WD) then GDECD,WD 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 GDECD,WD, 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 WFD complaint form:

[http://www.georgia.org/competitive-advantages/workforce-division/technical-assistance/.](http://www.georgia.org/competitive-advantages/workforce-division/technical-assistance/)

Deputy Commissioner
Georgia Department of Economic Development, Workforce Division
75 Fifth Street, NW Suite 845
Atlanta, GA 30308
Phone: 404-962-4005
FAX: 404-876-1181

The Deputy Commissioner shall act as the Governor's authorized representative. Once WD has received the Complaint form and the local resolution, WD 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.

Participant

Date

Parent

Date

Last Updated June 14, 2017

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 _____