

Client Information Sheet

Name _____ Date of Birth _____
 Address _____ City/Zip _____
 Social Security Number _____ Primary Phone _____
 E-mail _____ High School Status ☐ Graduated ☐ GED
 Do you receive food stamps? ☐ Yes ☐ No
 Current Employment Status: ☐ Full time ☐ Part time ☐ Unemployed ☐ Never Worked
 If employed, list hours per week and wage: _____
 Are you receiving or have you received unemployment benefits? ☐ Yes ☐ No

Family Status: List the names and ages of those in your household that are related to you by blood or marriage, including children:

Name(s) of Family Member(s) Who Live with You	Relationship	Age	Has income? (yes or no)	Dependent under 18? (yes or no)

Please provide contact information for 2 individuals who do not live at your residence, that you maintain frequent contact with (family members are preferred).

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

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

The information above is correct to the best of my knowledge and there has been no attempt to commit fraud.

 Applicant Signature

 Date

 Parent Signature (if under 18)

 Date

 Coordinator Signature

 Date

DOCUMENTS OF SUPPORT

The following documents are required of ALL participants of the Workforce Innovation Opportunity Act. The checklist will help you organize your documentation.

- | | |
|--|--|
| 1. Citizenship (choose one) <ul style="list-style-type: none"><input type="checkbox"/> Birth Certificate<input type="checkbox"/> Passport<input type="checkbox"/> DD214 (if place of birth is listed)<input type="checkbox"/> Alien Registration Card<input type="checkbox"/> Immigration/Naturalization Paper | 3. Social Security Number <ul style="list-style-type: none"><input type="checkbox"/> Social Security Card |
| 2. Current Residence (choose one) <ul style="list-style-type: none"><input type="checkbox"/> Driver's License<input type="checkbox"/> Voter Registration Card<input type="checkbox"/> Utility Bill<input type="checkbox"/> Postmarked Envelope | 4. Proof of Education (all that apply) <ul style="list-style-type: none"><input type="checkbox"/> High School Diploma or Transcripts<input type="checkbox"/> Proof of GED |
| | 5. Must have registered for Selective Service
<u>www.sss.gov (for male clients only)</u> |

Must have a photo ID

If you select one of the following barriers you must provide documentation for the barrier.

- ☐ Pregnant or parenting*
- ☐ Homeless*
- ☐ High-school dropout*
- ☐ Runaway*
- ☐ Individual with disability*
- ☐ Foster Child*
- ☐ Juvenile or adult justice system*

Income Eligibility Documentation:

- ☐ SNAP Card (Food stamps)
- OR*
- ☐ Current check stubs
- ☐ Birth certificates for all family members to prove family size
- ☐ Current income for all family (Paystubs, SSI, etc.)

*****All documentation must be provided before an application can be completed.
The coordinator may require additional information if the above is not sufficient.***

Basic Skills Screening Tool

Name:

Date of Birth:

- 1) Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)? ☐ Yes ☐ No ☐ Currently in high school (does not include GED or HSED programs)
- 2) Can you follow basic written instructions and diagrams with no help or just a little help? ☐ Yes ☐ No
- 3) Can you fill out basic medical forms and job applications? ☐ Yes ☐ No
- 4) Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits? ☐ Yes ☐ No
- 5) Can you do basic tasks on a computer? ☐ Yes ☐ No
- 6) Do you speak and read English well enough to get and keep a job? ☐ Yes ☐ No

Signature:

Date Signed:

For Internal Use Only:

Was the individual able to complete the screening tool without help? ☐ Yes ☐ No

For the Adult Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.

Does the individual receive priority?

☐ Yes ☐ No

For the Youth Program Only:

If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.

Does the individual have an eligibility barrier?

☐ Yes ☐ No

Name of Career Planner:

Career Planner
Signature:

Date Signed:

Work History

Beginning with the current or most recent position, list and describe all jobs held.

Employer Name: _____ Employment Status: _____
Employer's Address: _____
Job Title: _____ Starting Date: _____ Ending Date: _____
Wage: _____ Per: (hour/day/week) Hours per week: _____
Job Duties: _____

Reason for leaving: _____

Employer Name: _____ Employment Status: _____
Employer's Address: _____
Job Title: _____ Starting Date: _____ Ending Date: _____
Wage: _____ Per: (hour/day/week) Hours per week: _____
Job Duties: _____

Reason for leaving: _____

Employer Name: _____ Employment Status: _____
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Wage: _____ Per: (hour/day/week) Hours per week: _____
Job Duties: _____

Reason for leaving: _____

Employer Name: _____ Employment Status: _____
Employer's Address: _____
Job Title: _____ Starting Date: _____ Ending Date: _____
Wage: _____ Per: (hour/day/week) Hours per week: _____
Job Duties: _____

Reason for leaving: _____

Have you been employed since job dislocation? Yes ____ No ____

If yes, was the employment temporary for the purpose of Income maintenance? Yes ____ No ____

Release of Information

Name: _____

Social Security # _____

In an effort to coordinate and customize my services, I _____, give my permission to Grundy Workforce Services to obtain or release, and/or discuss the following information from/to/with other training and service providers, including employers, with whom I may be involved.

- ☐ Participation and Progress
- ☐ Testing and Assessment
- ☐ Qualifications for Employment
- ☐ Verification of Employment and Gross Earnings
- ☐ Disability Services
- ☐ Post-termination Follow-up
- ☐ Other (specify)

Those providers may include, but are not limited to, Illinois Department of Human Services, Illinois Department of Employment Security, Office of Rehabilitation Services, local education providers/schools, (including adult education providers), and potential/current employers as part of job development and/or retention done on my behalf.

I attest that this authorization is given freely. Furthermore, I have not waived my rights to privacy nor the right to revoke this authorization at any time in writing, but that revoking it will not cancel what was already done. I understand that I have the right to inspect and copy any information to be disclosed.

This release of information is valid for as long as I am receiving services funded by the Workforce Innovation Opportunity Act.

Participant Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable/client is under 18 years of age)

Coordinator Signature: _____ Date: _____

Drug Free Policy

Purpose and Goal

The Grundy Livingston Kankakee Workforce Board is committed to protecting the safety, health and well being of all employees, contracted providers and their employees, clients, and other individuals in our workplace and in our programs. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free program that balances our respect for individuals with the need to maintain a drug-free environment. This organization encourages clients to voluntarily seek help with drug and alcohol problems.

Covered Clients

Any individual who is enrolled in services and receiving funding from the organization under Title 1 of the Workforce Innovation Opportunity Act or any other funding the Workforce Board is administering is covered by this drug-free policy.

Each enrolled client, as a condition of continued funding, may be required to participate in for cause testing upon selection or request of their career specialist/case manager, or based on enrollment in training programs that require initial testing or testing prior to licensing.

Drug Testing

Testing will be conducted at a locally recognized facility of the provider's choice. All drug-testing information will be maintained in confidential records.

Consequences

Any client who tests positive will be immediately referred to a substance abuse professional for assessment and recommendations. Career specialists/case managers may refer clients to any appropriate, locally accessible substance abuse counseling facility. Referrals must be documented in the client's case file. WIOA funds may not be expended on direct counseling, but may be used for follow-up testing. Clients who have been referred to a substance abuse counseling facility may be subject to ongoing, unannounced, follow-up testing for a period of three years or exit from the program, whichever comes first.

Clients will be exited from the program immediately if he/she tests positive a second time.

A client will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in any way.

Assistance

Grundy Livingston Kankakee Workforce Board recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our clients, our drug-free policy:

- Encourages clients and employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages clients and employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Ensures the availability of a current list of qualified community professionals.

Communication

Communicating our drug-free policy to clients is critical to our success. To ensure all clients are aware of their role in supporting our drug-free program:

- All clients will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new clients.
- All clients will acknowledge that they have received, read and understand this policy by signing the policy.

Name

Date

TRAINING PROGRAM INFORMATION

In order to be considered for WIOA funding, the training program you choose must be pre-approved.

Please refer to the following website for a list of WIOA approved training programs:

<https://www2.illinoisworknet.com/Training/Pages/WIOATrainingProgramSearch.aspx>

Research two different schools if available. Make sure you **print out** the page with the program information after you have completed your program search.

School Possibility #1	School Possibility #2
School name:	School name:
Name of program:	Name of program:
Total cost of program (books, supplies, licensure, certification):	Total cost of program (books, supplies, licensure, certification):
Name of advisor at the school that you spoke to:	Name of advisor at the school that you spoke to:
Length of program (including prerequisites/required classes):	Length of program (including prerequisites/required classes):
List the prerequisites needed for the training program:	List the prerequisites needed for the training program:
List the required classes needed for the training program:	List the required classes needed for the training program:
Do you plan to attend training on a full-time or part-time basis?	Do you plan to attend training on a full-time or part-time basis?

LABOR MARKET RESEARCH

It is your responsibility to research occupations that may be a match for you.
Below is a list of websites you can use to conduct labor market research.

1. www.illinoisworknet.com

2. <https://jjc.emsicareercoach.com/>

Type of career or job:

Average starting salary for this job:

List some of the job duties:

Outlook for this career (future growth):

Physical demands of this job:

Possible places of employment:

What type of training/skills are needed:

List training/skills you already have that fit this occupation:

FEDERAL STUDENT AID (FAFSA)

www.fafsa.ed.gov

If applicable, complete Free Application for Federal Student Aid (FAFSA) online or renewal FAFSA (for students who have applied in previous year). Make sure you print out your confirmation page and keep with your career search packet.

1. Apply to the school of your choice so when you submit your FAFSA application the school has your admissions application already on file.
2. Log into www.fafsa.ed.gov and click on “Start a New FAFSA”.



3. You will create a username and password to access your application in the future.
4. Complete the application using your previous* year's W-2's and Federal 1040's.
**In certain circumstances, you will need to use financial information from two previous years.*
5. **Print out your confirmation page.**

Illinois Department of Commerce and Economic Opportunity

EQUAL OPPORTUNITY IS THE LAW

It is against the law for the Illinois Department of Commerce and Economic Opportunity (DCEO), a recipient of federal financial assistance, to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

DCEO Must Not Discriminate in Any of the Following Areas:

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

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:

Kristin Bessette
LWA #11 WIOA Equal Opportunity Officer
200 E. Court Street, Suite 506
Kankakee, IL 60901

or:

The State Equal Opportunity Officer for WIOA
Bureau of Workforce Development
500 E. Monroe Street – 8th Floor
Springfield, Illinois 62701

or:

The Director of the Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210

If you file your complaint with DCEO, you must either wait until DCEO issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If DCEO does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for DCEO to issue that Notice before filing a complaint with CRC. 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 DCEO.)

If DCEO 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 DCEO Notice of Final Action.

DCEO is an equal opportunity employer and complies with all state and federal nondiscrimination laws in the administration of its program. Auxiliary aids and services are available upon request to individuals with disabilities. Contact the Deputy Director of the Equal Opportunity Monitoring and Compliance for WIOA or Tim Golemo, at (217) 558-2418 or TTY (800) 785-6055, or via email tim.golemo@illinois.gov.

WIOA encourages the informal, local resolution of complaints whenever possible. Following is the contact information for the Equal Opportunity Officer for Local Workforce Area #11: Kristin Bessette, Grundy Livingston Kankakee Workforce Board, 200 E. Court Street, Suite 506, Kankakee, IL 60901; Tel. No. 815-935-0074; TDD/TTY: 711

Customer Signature

Date

Intake Specialist Signature

Date

Workforce Innovation & Opportunity Act Grievance Procedures



Who Can File

All persons who are program applicants, participants, or staff under the Workforce Innovation and Opportunity Act (WIOA), all contractors and grantees, and sub recipients thereof, WIOA funds, and all interested persons shall be afforded the opportunity to resolve, by means of administrative process, any alleged violations of the Act, federal regulations promulgated thereto, any grant, contract, or other agreement entered into pursuant to the Act.

The Limits

The time limits for complaints are measured in calendar weeks (seven consecutive days). A time limit begins upon a receipt of a written complaint whether or not the complaint received has insufficient information. Time limits have been established to ensure both expeditious resolution of complaints and provide necessary time for adequate review of all appropriate material. Should an aggrieved person(s) or entity neglect to adhere to the time requirements set throughout this procedure, the aggrieved party(ies) is considered to have abandoned his/her complaint and the matter should be considered resolved. In turn, failure by management to render a decision within an allotted time at any step constitutes denial and the complaint may proceed to the next step.

Policy/Confidentiality

It is the policy of DCEO and the US Department of Labor that no one be punished for filing a complaint under WIOA. It is also the policy not to discuss the identity of any person who has furnished information or assistance in the investigation of a WIOA violation unless absolutely necessary, nor may any person, organization, or agency discharge or in anyway discriminate or retaliate against a person for the filing of a complaint or the rendering of testimony in any proceeding or investigation.

Various Types of Complaints May Be Filed:

Fraud/Abuse Complaints

Complaints concerning fraud, abuse, or criminal activity shall be reported immediately to the Department of Labor.

Labor Standards Complaints

Complaints concerning labor standards violations will follow the procedures outlined under local level.

State Level Complaints

Complaints arising from actions taken by DCEO i.e., monitoring, sanctions, & investigations, are filed directly at the State level and the hearing would then be made through an Independent State Review. Complaints should be mailed to:

Illinois Department of Commerce and Economic
Office of Employment & Training
500 East Monroe
Springfield, IL 62701-1643

Discrimination Complaints

If a complaint concerns discrimination on the basis of race, color, national origin, age, sex, religion, disability, political affiliation or belief, and for beneficiaries only citizenship or participation in programs under WIOA, the complaint shall be filed with the local level recipient, the Office of Equal Opportunity Monitoring & Compliance (EOMC), or the Directorate of Civil Rights (DOL/DCR). Complaints must be filed no later than 180 days of alleged discrimination.

Discrimination complaints will follow the procedures as outlined under "Equal Opportunity is the Law."

Local Level Complaints

Complaints concerning program discrimination, i.e. hiring, promotions, working conditions, disciplinary actions, & pay disputes, shall be filed at the local level within one year from the date of alleged incident. The complaint procedures involve several steps, some of which are combined responsibilities of the complaint and WIOA. A complaint may be filed by submitting to:

Kristin Bessette
Equal Opportunity Officer
200 E. Court St., Ste. 506
Kankakee, IL 60901
(815)935-0074

Filing Complaints

Applicants, participants, sub grantees, subcontractors, staff, and other interested persons, hereto referred to as the complainant, shall notify the Grant Recipient's or the Administrative Entity's Equal Opportunity Officer when filing a complaint. Complainants shall be advised of their rights to have the complaint resolved either formally or by submitting a written complaint. A written complaint shall be filed by either completing the State of Illinois Workforce Innovation and Opportunity Act Complaint Form or the written complaint shall contain the following information: must be signed by the complainant or his/her authorized representative, contain the complainant's name and address (or specify other means of contacting him/her); identify the respondent, and describe the complainant's allegations in sufficient detail to allow the Directorate of Civil Rights, the EOMC, or the recipient, as applicable, to determine whether the Directorate or recipient, as applicable, has jurisdiction over the complaint; the complaint was thereby filed and has apparent merit. The EO Officer must assist the complainant when a written complaint is filed.

Informal Resolution

Nothing in the State or Federal statute or regulations precludes the use of informal mechanisms for the resolution of all complaints and prospective complaints under WIOA. Complainants shall be encouraged, but not required, to informally resolve complaints. The complainant should first notify the proper authority at the local level of the alleged violation. Prior to the commencement of the investigation, pre-hearing conference, or hearing activities conducted by the LWA, attempts shall be made to resolve a complaint with the involved supervisor. Upon receipt of a written complaint, the EO Officer will log, investigate, and review all allegations prior to a pre-hearing conference so that an appropriate resolution can take place at the meeting.

Within ten (10) days of receipt of the written complaint by the LWA, they will forward to the complainant and other involved parties, a report outlining the judgement of the issue: and the complainant shall request a formal hearing.

Formal Request for a Hearing

A formal complaint shall be filed by either submitting the State of Illinois Workforce Innovation and Opportunity Act Complaint Form or the required information requested under Filing Complaint.

Upon request of a formal hearing, the LWA shall appoint an impartial Hearing Officer to hear the complaint. The Hearing Officer shall schedule a hearing to convene within thirty (30) days of receipt of written complaint. Written notification shall be sent by the Hearing Officer to interested parties stating the date, time, and place of the formal hearing and the issues to be heard.

Conduct of Hearing

Complainants and respondents shall make every effort possible to be present at the hearing. However, if they are unable to be present, a 48 hour prior written notice must be given to the Hearing Officer. In the event circumstances arise prior to the hearing which, in the opinion of the Hearing Officer, is such as to be beyond the reasonable control of the complainant or respondent to prevent their attendance at the hearing, the Hearing Officer shall reschedule the proceedings. If the Hearing Officer determines that the complainant's or respondent's failure to attend is not beyond their reasonable control, the hearing shall be held in his/her absence.

All parties involved shall have the right to be accompanied by an attorney or other duly authorized representative; and the right of presenting any witness(es) or to introduce any evidence desired, subject to the approval of the Hearing Officer. The complainant shall be permitted access to WIOA files which would be germane to the complainant's allegations. Complainant's may be questioned and may also question any of the parties or witnesses at the hearing.

Hearing Officer's Decision

A written decision shall be prepared and distributed by the Hearing Officer to the complainant and all parties who attended the hearing within 60 days of the filing of the complaint. The conclusions or opinions of the decision shall be based upon facts and evidence presented during the hearing. The decision of the Hearing Officer shall contain a statement of the issues, synopsis of facts, a statement of reasons for the decision, remedies, and an aggrieved party's right to appeal the decision.

Appeal of the Decision

If an aggrieved party is not satisfied with the decision of the Hearing Officer or the decision is not received within 60 days of filing the complaint, an aggrieved party may file an appeal with DCEO. Appeals shall be filed within ten (10) days of receipt of the adverse decision or 25 days from the date on which the decision should have been received from the Hearing Officer. DCEO will then have 30 days after receipt of the written appeal to review the decision. If you do not appeal to DCEO, or the appeal is not made timely, the decision of the Hearing Officer will be final; otherwise, the decision rendered by DCEO (on behalf of the Governor) shall be final.

WIOA Public Law 105-220 non-Discrimination Section 188 States in Part

For the purpose of applying the prohibitions against discrimination on the basis of age under Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq., on the basis of disability under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.

No individual shall be excluded from the participation in, denied benefits of, subject to discrimination under, or denied employment in the administration of or in connection with, and such a program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendment of 1972), national origin, age, disability, or political affiliation or belief.

Participants shall not be employed under this title to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with the respect to maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship. In a case in which the organization operating the facility is part of a program or activity providing services to participants).

No person may discriminate against an individual who is a participant in a program or activity that receives funds under the title, with respect to the terms and conditions affecting, or rights provided to, the individual solely because of the status of the individual as a participant.

Participation in programs and activities or receiving funds under this title shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees and parolees, and other immigrants authorized by the Attorney General to work in the United States.

Equal Opportunity is the Law

This recipient is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and the beneficiaries only, citizenship or participation in programs funded

under the Workforce Innovation and Opportunity Act, as amended (WIOA), in admission or access to opportunity or treatment in, or employment in the administration or in connection with, any WIOA funded program or activity. If you think 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 recipient's Equal Opportunity Officer (or the person designated for this purpose), or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), Office of Equal Opportunity Monitoring & Compliance, 200 Constitution Ave, NW Room N-4123, Washington, D.C. If the recipient has not provided you with a written decision within 60 days of filing the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with DCR. Such complaint must be filed within 30 days of the date you received notice of the recipient's proposed resolution.

I have read and understand the Grievance Procedures.

Customer Signature

Date

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical you understand the information in this document and we will provide the information in your preferred language at no cost to you. Call (309) 268-8280 for assistance in the translation and the understanding of information in this document."