



Cincinnati – Hamilton County

A proud partner of the American Job Center network

Registration

Date: _____

* Required Fields

Last Name: *		First Name: *		Gender:
SSN: *		Date of Birth: * / /		Homeless: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: *				Family Size:
City: *	State: *	Zip Code: *	County: *	
Phone: * ()		Email:		
Emergency Contact Name:		Contact's Phone: ()		
Please Check All That Apply				
Race: *	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black/African-American		<input type="checkbox"/> Other
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
	<input type="checkbox"/> Did Not Declare	<input type="checkbox"/> White		
Ethnicity: *	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Did Not Declare	
Citizenship: *	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Other Legal Alien	<input type="checkbox"/> Other	
	<input type="checkbox"/> Registered Alien	<input type="checkbox"/> Refugee		
Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Language:			
Do you have a criminal record? <input type="checkbox"/> YES <input type="checkbox"/> NO	Criminal Record Dates:			

Income

Employment Information:	Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Current/Most Recent Employer:		
Dislocated Worker Status: *	<input type="checkbox"/> Terminated/Laid Off – Employer: _____ <input type="checkbox"/> Plant Closure – Employer: _____ <input type="checkbox"/> Military Spouse <input type="checkbox"/> Self-Employed <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Never been Employed			
UI Status: * (Unemployment Insurance)	<input type="checkbox"/> Currently receiving UI benefits from what state? <input type="checkbox"/> Have Exhausted UI benefits <input type="checkbox"/> Not receiving UI benefits			
Type	No	Yes	Amount	
Refugee Assistance	<input type="checkbox"/>	<input type="checkbox"/>		
SSI	<input type="checkbox"/>	<input type="checkbox"/>		
SSDI	<input type="checkbox"/>	<input type="checkbox"/>		
SNAP	<input type="checkbox"/>	<input type="checkbox"/>		
TANF/OWF	<input type="checkbox"/>	<input type="checkbox"/>		
Subsidized Housing?	<input type="checkbox"/>	<input type="checkbox"/>		

Education, Training, Skills

Highest Education Level: *	<input type="checkbox"/> Did not Complete High School	<input type="checkbox"/> Some College, No Degree
	<input type="checkbox"/> High School Diploma/ GED	<input type="checkbox"/> Associate Degree/ Technical Degree
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Current High School Student
	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Current College Student
	Current Trade/Vocational Training or Skills: *	
<input type="checkbox"/> No Trade/ Vocational Training	<input type="checkbox"/> Trade Vocational Certificate or License	
<input type="checkbox"/> Some Trade/ Vocational Training	<input type="checkbox"/> Additional Training	

Veteran Status

		No	Yes	Branch & Dates:
Veteran Details:	Are You an Armed Forces Veteran? *	<input type="checkbox"/>	<input type="checkbox"/>	
	Is Your Spouse a Veteran? *	<input type="checkbox"/>	<input type="checkbox"/>	
	Are You On Active Duty?	<input type="checkbox"/>	<input type="checkbox"/>	
	I Have A Service Connected Disability Rated by the VA at _____%			
Are You Registered with SELECTIVE SERVICE? (Applies to males born after 12/31/1959)* <input type="checkbox"/> YES; <input type="checkbox"/> NO; <input type="checkbox"/> EXEMPT				

Work History

Starting with most recent job:

Employer	Start	Wage	Certificate Endorsement Skills
Job Title	End		Reason for Separation
		\$	
		\$	
		\$	
		\$	
		\$	

Purpose for Today's Visit:



Intake Form

Customer Name:				Date:
Age:	Sex: <input type="checkbox"/> M; <input type="checkbox"/> F	Race/Ethnicity:	Nationality:	# of Persons in Your Household:

Household Members' Name(s)	Relationship to Customer	Age

Reasons for Seeking Help *(as stated by the customer)*

Work History:

Has customer worked in the past? Yes; No
 What was their longest employment (# of months or years?)
 How long have you been unemployed?
 How many jobs have you applied for in the last month?
 How many interviews have you had?
 What was the result?

Have you received any denial letters for employment?
(Note: customer will need to provide proof of applying for jobs).

Specific Job Skills:

Transferable Skills:

Educational Background *(formal or informal education and training)*

Support Services: *(Items needed to participate in WIOA Services – check all that apply.)*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> TTY | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Counseling | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> College Information | <input type="checkbox"/> GED Prep/Testing | <input type="checkbox"/> Job Training | <input type="checkbox"/> Better Job |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> English/Language (ESL) | <input type="checkbox"/> Language Interpreter | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Substance Abuse Issues | <input type="checkbox"/> HS Proficiency Test | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Job | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Younger Youth | | | |

Preference Criteria: *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Veterans and eligible spouses | <input type="checkbox"/> Low-Income |
| <input type="checkbox"/> Public Assistance Recipients | <input type="checkbox"/> Food Assistance Recipients |
| <input type="checkbox"/> Dislocated Worker | <input type="checkbox"/> Under-Skilled Adults |
| <input type="checkbox"/> Disconnected Youth (from education and/or work) | <input type="checkbox"/> Unemployment Claimants |
| <input type="checkbox"/> Individual with Disabilities | <input type="checkbox"/> Offender |

For Office Use Only:

Will this customer benefit from WIOA Services? Yes; No

If YES, how will they benefit?

As a WIOA Staff person, will a significant amount of time be spent with this customer? Yes; No



Statement of Relationship Form

Instructions: Customer Completes Section 1 only

Hamilton County Job & Family Services, in administering the Workforce Innovation and Opportunity Act, must be informed of any relationship that may exist between WIOA clients/customers and stakeholders.

Client/Customer

Last Name	First Name	MI
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Section 1: Client/Customer

I, _____ am
 am not
 a relative* of, a friend of, or have/had any relationship with the Case Manager, WIOA Administrator, Elected Officials, OhioMeansJobs Employees, WDB Members, Youth Council or State Employees.

***Relative definition:** parent, step-parent, spouse, domestic partner, child, step-child, sibling, grandchild, grandparent or related by marriage.

My relationship identified above with: _____
 Name Relationship

 Signature Date

Section 2: Case Manager Agreement

I, _____ am
 am not
 a relative* of, a friend of, or have/had any relationship with the WIOA Client/Customer identified in Section 1 above.

***Relative definition:** parent, step-parent, spouse, domestic partner, child, step-child, sibling, grandchild, grandparent or related by marriage.

My relationship with the client/customer is: _____
 State Relationship

 Signature Date

Section 3: Administrator Statement

I, _____ am
 am not
 a relative* of, a friend of, or have/had any relationship with the WIOA Client/Customer identified in Section 1 above.

***Relative definition:** parent, step-parent, spouse, domestic partner, child, step-child, sibling, grandchild, grandparent or related by marriage.

My relationship with the client/customer is: _____
 State Relationship

 Signature Date



Hamilton County and the City of Cincinnati WIOA Summary of Complaint Rights Form

WIOA complaint procedures are for program applicants/registrants, participants, Local Workforce Innovation and Opportunity Areas (LWIOAs) and their subrecipients/providers, labor unions/joint labor/management committees, community-based organizations or any individual or organization wishing to file a WIOA-based complaint. Complaints must be reduced to writing. They may be filed by mail (regular or electronic) or in person by the Complainant or his/her authorized representative.

Jacqueline Farrier-Hogan (513) 946-1117
Equal Opportunity Officer Phone

Julian Wagner (513) 946-1484
Alternate EO Officer Phone

Area 13: Hamilton County and City of Cincinnati
LWIOA grant recipient

222 East Central Parkway, Cincinnati, Ohio 45202 (513) 946-1840
Address

Fax: 513-946-2368

Programmatic Complaints

LWIOA 13 Grant Recipient Level:

Persons who wish to file programmatic complaints have ONE YEAR from the date of the incident or alleged unfair treatment to do so. It is recommended, however, that a complaint be filed within TEN (10) DAYS of the incident/treatment. The Equal Opportunity Officer shall be available to provide assistance to the Complainant.

WITHIN TEN (10) CALENDAR DAYS of the filing of the complaint, an INFORMAL CONFERENCE will be held to attempt resolution of the complaint. If no resolution is reached, the Complainant will be given written notice of his/her right to REQUEST A HEARING.

WITHIN SIXTEEN (16) CALENDAR DAYS from the date the complaint was filed, the Complainant must provide a written REQUEST FOR HEARING. If any amendment(s) to the original complaint are needed, they must also be submitted, in writing, with the REQUEST FOR HEARING.

WITHIN THIRTY (30) CALENDAR DAYS of the filing of the complaint, a HEARING WILL BE CONDUCTED. The Complainant and Respondent shall be advised, in writing, of all procedural rights. (i.e., representation, presentation of evidence, witnesses, etc.)

WITHIN SIXTY (60) CALENDAR DAYS of the filing of the complaint, a written **decision** shall be rendered by the Hearing Officer. The decision shall be mailed to the parties (Complainant and Respondent) by certified mail, return receipt requested. The decision shall include, but not necessarily be limited to the following:

- (1) The reason(s) for the decision;
- (2) A statement as to whether LWIOA complaint procedures have been complied with; and,
- (3) Notice of the right to request a review at the State Recipient Level (Ohio Department of Job and Family Services, Bureau of Civil Rights) when any party disagrees with any aspect of the local Hearing Officer's decision.



State Recipient Level Review:

Any party has TEN (10) CALENDAR DAYS from the date of receipt of the local Hearing Officer's decision or FIFTEEN (15) CALENDAR DAYS from the date on which the decision should have been received to request a review with the Ohio Department of Job and Family Services' Bureau of Civil Rights, 150 E. Gay Street, 18th floor, Columbus, Ohio 43215-3130. The Bureau of Civil Rights reviewer may uphold the local level decision, in whole or in part, or may provide a hearing and final written decision within THIRTY (30) CALENDAR DAYS of the date of receipt of the request for review. Pursuant to the WIOA regulations, this decision exhausts administrative remedies at the State Recipient Level.

If the results of the State Recipient Level Review have not been provided to both parties within THIRTY (30) CALENDAR DAYS of the request for review, or if either party is dissatisfied with the results of the review, a complaint may be filed with the Secretary, U. S. Department of Labor, Washington, DC 20210, ATTN: Assistant Secretary for Employment and Training (ASET).

Discrimination Complaints

Any person who believes that he/she has been subjected to unlawful discrimination may file a complaint. It is unlawful for WIOA-funded programs to discriminate against any person or class of individuals because of race, color, religion, national origin, sex, political affiliation or belief, age, disability or (for beneficiaries only) citizenship status, as a lawfully admitted immigrant, authorized to work in the United States. It is also unlawful to discriminate against individuals on the basis of their WIOA participant status.

A complaint must be filed within 180 DAYS of any alleged discriminatory act or treatment. Only the Director of the USDOL Civil Rights Center, for good cause shown, may extend the filing time limit.

Discrimination complaints may be filed in the following ways:

- A complaint may be filed with the Ohio Department of Job and Family Services' Bureau of Civil Rights. The Bureau is located at 150 East Gay Street, 18th floor, Columbus, Ohio 43215-3130, toll-free phone: 1-866-BCR-ODJF (227-6353). BCR will conduct an investigation of the complaint and issue its **Notice of Final Action** within NINETY (90) DAYS of receipt of the complaint, with applicable appeal rights. The LWIOA Equal Opportunity Officer shall provide assistance to the Complainant, as needed. **or**
- A complaint may be filed directly with the U. S. Department of Labor, **Civil Rights Center**. **CRC** is located at 200 Constitution Avenue, N. W., Room N-4123, Washington, DC, 20210. Their phone number is: (202) 693-6500. If the Complainant chooses the federal process, the complaint is to be sent *directly* to the Civil Rights Center.

Complainants shall be offered a choice of having their allegations addressed through the customary investigative process **or** through **Alternative Dispute Resolution (ADR)**. More information on this is available from the ODJFS Bureau of Civil Rights.

Fraud, Abuse or Criminal Activity

All information and/or complaints alleging program fraud, abuse or criminal activity are reported directly and immediately to the U. S. Department of Labor, Office of Inspector General, Room S5514, 200 Constitution Avenue N.W., Washington, DC, 20210. The OIG Hotline phone number is: 1-800-347-3756.



Equal Opportunity Is the Law

It is against the law for this recipient 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 of 1998 (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. The recipient 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 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 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. 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 (see address above). 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 do not have to wait for the recipient 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 file 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.

If you have questions regarding your rights, you may contact your local Equal Opportunity Officer or the ODJFS Bureau of Civil Rights.

I hereby acknowledge that I have received this summary of rights and the recipient's equal opportunity/nondiscrimination policy statement.

Name	Date
Signature	Program/Activity
Relationship to Program (Applicant, Registrant, Participant, Other)	



Cincinnati - Hamilton County
 A proud partner of the
 American Job Center network

1916 Central Parkway
 Cincinnati OH 45214-2305
 (513) 946-7200

Authorization to Release Information

I, _____ hereby authorize HCJFS, ODJFS, Southwest Ohio Regional Workforce Investment Board, training vendors and other **OhioMeansJobs** Partners to share information regarding my:

- Program eligibility
- Training and/or employability
- Unemployment insurance status
- Partner Referrals
- WorkFirst participation
- Academic plans, financial awards, and progress reports if enrolled in training.

Training Provider _____

- Employer _____
- Other (Please designate) _____

The information will be shared with **OhioMeansJobs** partners only for the purpose of providing you employment and training related services. This document supersedes other release of information forms you have signed and is valid for 2 years.

If you choose to revoke this release of information please provide a written notice of revocation.

This release will be valid from: _____ to: _____

By contract, **OhioMeansJobs** partners are prohibited from further disclosing this information. This information is not subject to disclosure under the Public Records Act (RCW 42.17.310).

 Signature

 Date

 Social Security Number

OhioMeansJobs Representative

 Date

 Email

 Phone



Dislocated Worker Pre-Screening Checklist

Customer:	Career Coach:	Date:
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Complete checklist for all WIOA Adult cases approved for ITA or OJT training.

Checking **YES** to any item(s) listed below indicates the customer is likely to be a dislocated worker.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Applicant is UI eligible now or was in the last 2 years a recipient of UI.
<input type="checkbox"/>	<input type="checkbox"/>	Job seeker is currently employed but was previously laid off and now earning 25% less.
<input type="checkbox"/>	<input type="checkbox"/>	Customer is in the process of being laid off from a job they have held for at least 3 months.
<input type="checkbox"/>	<input type="checkbox"/>	Was self employed and went out of business or is in the process of going out of business.
<input type="checkbox"/>	<input type="checkbox"/>	Worked in the home previously but now required to seek employment due to family circumstances changes.
<input type="checkbox"/>	<input type="checkbox"/>	Was laid off from a job customer held for at least 3 months and did not receive UI. *
<input type="checkbox"/>	<input type="checkbox"/>	Is a worker who accepted a retirement option or other buyout option within the last 90 days.
<input type="checkbox"/>	<input type="checkbox"/>	Is a recently discharged veteran or the spouse of a recent veteran, current military personnel, or spouse of a deceased veteran.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant is currently employed but his/her company is projected to close within the next 6 months.
<input type="checkbox"/>	<input type="checkbox"/>	Laid off, unemployed and unlikely to return

* If terminated or laid off from their last job and they are not UI eligible but they did work there for 3 months or longer, then they must be determined as **unlikely** to return. Some indicators include:

1. Unemployed for 6 months or longer
2. Unemployed for 3 months or longer and applied for 5 jobs in the last 30-60 days without success
3. Customer's whose previous job/career is associated with an ONET code in a field with a net job loss over the last 10 years
<http://www.bls.gov/news.release/ecopro.t02.htm>

In all cases, we want the job seeker to make a good faith effort to provide supporting documentation of prior employment history. Examples might include Pay stubs, Tax records, Layoff notice and Communication from the Bureau of Unemployment Compensation. If customer makes a good faith effort and is unable to provide documentation, we can accept self-attestation to document:

1. Date of dislocation
2. Proof of employment
3. Proof of layoff
4. Unlikely to return

If customer fails to make a good faith effort, they should be denied services as unsuitable. They should not be approved as adults.