

Welcome! We are glad you are here and look forward to working with you. This packet is designed to help you complete all necessary steps and gather all required documentation.

We value inclusion and access for all. If you need a reasonable accommodation, please contact us at 513-946-7200 or at omjhamil@jfs.ohio.gov.

We are proud to provide **priority of service** to US military veterans and eligible spouses. Thank you for your service.

What you are applying for:

This application is for career and training services through the Workforce Innovation and Opportunity Act (WIOA). We provide the following services:

- **Career Services:** Designed to help you prepare for, obtain, and retain employment. Tailored to your needs.
- **Training Services:** Designed to help you quickly obtain credentials in in-demand career fields with high wages. Provides up to \$7,000 in tuition and supplies through eligible training providers.
- **Supportive Services:** Financial assistance to purchase goods and services to remove barriers to success in training and/or employment.
- **Partner Referrals:** OhioMeansJobs has a network of partners co-located and off-site to assist participants with specific needs. We have services for Veterans, Youth (up to age 24), returning citizens, and seniors (over age 55).

Enrollment Process

The process to enroll in WIOA services is structured like a job application. Our primary goal is to help you achieve your career goals and gain self-sufficiency.

1. **Application:** Complete this application packet, attach required verification, and attend an Orientation Workshop. You can register for the workshop here: <https://OMJCinHam.as.me/Workshops>.
2. **Interview:** Based on your application, eligibility and suitability will be determined. If your application meets eligibility and suitability, you will be invited to an interview with a Career Coach.
 - a. **Treat this interview like a job interview.** Be on time. Dress for a job interview. Bring your resume, paper & pen, and be prepared to discuss your work history, barriers, and goals.
3. **Enrollment Decision:** Following the interview, the Career Coach will make a final determination. WIOA is not an entitlement program.
 - a. **Eligibility Factors:** (1) legally authorized to work in the United States, (2) age 18 years old or older, and (3) Registered for the Selective Service (males only)
 - b. **Suitability Factors,** include but are not limited to: Work History / Job Readiness, Past Education and Training, Current Skills, Availability of funding, Need for Assistance, Priority of Service.

Name:

Customer ID:

Please use the checklist below to ensure you've completed all application requirements.

✓	Item
<input type="checkbox"/>	Attend Orientation. Date attended: _____
<input type="checkbox"/>	Create your OHID and register on OhioMeansJobs.com (see page 3)
<input type="checkbox"/>	Explore your career and training options on OhioMeansJobs.com. Complete the Career Exploration Worksheet. (pages 4 – 5)
<input type="checkbox"/>	Use the Budget Tool on OhioMeansJobs.com. Does your intended career meet your needs? (page 4)
<input type="checkbox"/>	Complete your resume. If needed, attend the Resume Workshop on the 1 st and 3 rd Wednesday of the month at 10am. Register here: https://OMJCinHam.as.me/Workshops
<input type="checkbox"/>	Complete Registration (pages 6 – 8)
<input type="checkbox"/>	Complete Services Request (page 9)
<input type="checkbox"/>	Sign WIOA Statement of Understanding (page 10)
<input type="checkbox"/>	Complete and sign Section 1 of Statement of Relationship Form (page 11)
<input type="checkbox"/>	Sign WIOA Summary of Complaint Rights Form (page 12 – 14)
<input type="checkbox"/>	Complete Authorization to Release Information (page 15)
<input type="checkbox"/>	Complete Dislocated Worker Pre-Screening (page 16)
Attach copies of the following:	
<input type="checkbox"/>	Driver's License or State-Issued Identification
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Selective Service Registration (males only)
<input type="checkbox"/>	Pay stubs or income verifications for all income sources received in the past 90 days (include income for all adults (age 18+) in your household)
<input type="checkbox"/>	Unemployment award letters or denial letters
<input type="checkbox"/>	Notices of layoff or termination from employer (if applicable)

Applications are not considered complete until all items above are received. Missing signatures, dates, incomplete forms, and missing verifications will delay review of your application for services

Name:

Customer ID:

Create an OHID Account and Login to OhioMeansJobs.com

An OHID is an online user account that provides a secure, personalized experience for Ohioans to interact with multiple state agencies, programs, and services, all with a single username and password. The OHID was developed by the Ohio Department of Administrative Services, InnovateOhio Platform. It meets all federal and state security standards.

Step 1: Getting Started

Go to <https://ohid.ohio.gov>

Click on Create OHID Account. Use an email address that you have access to when creating your account.

Step 2: Verify your email with a one-time PIN

A verification PIN will be sent to the email address you entered when you created the account. Retrieve the PIN from your email, enter the PIN on the email verification screen and click Verify.

Step 3: Follow the prompts to create or OHID Account.

Follow the prompts provided by OHID to create your account. The sidebar navigation will document your progress, turning steps blue once completed.

Step 4: Use the Account Confirmation email to log into OHID

After creating an OHID account, you will land on an account creation confirmation page and will be prompted to log in with your newly created OHID credentials.

Step 5: Login to OhioMeansJobs.com

Go to <https://ohiomeansjobs.com>

Login using your OHID and create your ohiomeansjobs.com career profile.

BEFORE YOU START

To create an OHID, you will need:

- An active email address to which you have access (know your username, password, and how to access your account).
- A mobile phone number
- Your date of birth

NEED AN EMAIL ADDRESS?

Companies such as Google, Microsoft, AOL, and Yahoo offer free email accounts.

NEED HELP?

We offer an OhioMeansJobs.com workshop on the 2nd and 4th Wednesday of the month at 10am. You can register here: <https://OMJCinHam.as.me/Workshops>

Name:

Customer ID:

Use OhioMeansJobs.com to explore your career options.
Complete this form for the career you are most interested.

Industry: _____

Occupation: _____

What are three **Work Activities** in this occupation?

What are three required **skills**?

What are three things you need to know? (Select **Knowledge**)

What are three **personality** traits important for this occupation?

How many **job openings** are available in Ohio?

Does this job meet your needs and lifestyle? Will you earn enough to be self-sufficient? **Use the Target Salary Calculator on OhioMeansJobs.com to find out! Don't forget to print your results to turn in with this packet!**

What is the monthly entry wage? _____

What are your monthly expenses? _____

Does this occupation's pay meet or exceed your monthly expenses? Yes No Unsure

INSTRUCTIONS

1. Go to <https://ohiomeansjobs.com>
2. Click For Job Seekers

To learn about an occupation:

1. Under Practice Your Skills, click Career Skills
2. Click Occupation Search.
3. Under Industry Search, select your interested industry and click Go.
4. Select "Click here for Industry Occupations"
5. Scroll the occupations until you find the one that interests you most. Click on the Occupation.
6. Use this page to complete the worksheet. As you complete the worksheet, think about your current knowledge, skills, and abilities. To be successful in this occupation:
 - a. What do you need to learn?
 - b. what skills and abilities do you need to develop?

To complete the budget:

1. Under Practice Your Skills, click Career Skills.
2. Click Target Salary Calculator.
3. Click LAUNCH.
4. Choose Budget Calculator
5. Fill out all questions
6. Print your results!

Name: _____

Customer ID: _____

A key factor of success in any career is education and training.

**My current
education:**

Education Required:

Research at least TWO eligible training providers:

Training Provider 1:

Program Cost:

Training Provider 2:

Program Cost:

If the program(s) cost more than \$7,000 (max assistance for training), how will you pay the remaining balance?

Explain why you are interested in this occupation / career field. Be detailed in your response.

What steps do you need to take to achieve your career goal? Be detailed in your response.

Name:

Customer ID:

* Required Field

Today's Date: _____

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:*			Emergency Contact Phone:*		
Please check all that apply					
Race: *		<input type="checkbox"/> American Indian		<input type="checkbox"/> Black/African -American	
		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
		<input type="checkbox"/> Did not declare		<input type="checkbox"/> White	
				<input type="checkbox"/> Other	
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"/> Registered Alien		<input type="checkbox"/> Refugee	
Do you have a disability?		Primary Language:			
<input type="checkbox"/> YES <input type="checkbox"/> No					
Do you have a criminal record?		Criminal Record Dates:			
<input type="checkbox"/> YES <input type="checkbox"/> No					

Prior Education & Training

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's 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

Name:

Customer ID:

Veteran Status

Veteran Details:		No	Yes	Branch & Dates:
	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"/>	
	Do you have a service connected disability rated by the VA?*	<input type="checkbox"/>	<input type="checkbox"/>	If yes, _____%
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

Household Members

List all people who live in your household.

Household Member Name	Relationship to Applicant	Age

Name:

Customer ID:

Current Income

What is your current employment status?	<input type="checkbox"/> Not employed – looking for work <input type="checkbox"/> Not employed – not looking for work <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed – Employer: _____						
Hourly Wage: * (if employed)			Weekly Hours: *		Start Date:		
Type	No	Yes	Amount	Type	No	Yes	Amount
Refugee Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$	SNAP	<input type="checkbox"/>	<input type="checkbox"/>	\$
SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$	TANF/OWF	<input type="checkbox"/>	<input type="checkbox"/>	\$
SSDI	<input type="checkbox"/>	<input type="checkbox"/>	\$	Subsidized Housing	<input type="checkbox"/>	<input type="checkbox"/>	\$
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						
Unemployment Insurance Status: *	<input type="checkbox"/> Currently receiving Unemployment What State? _____ <input type="checkbox"/> Exhausted UI Benefits <input type="checkbox"/> Not Receiving UI Benefits						
If you are unemployed with no income, how are you currently meeting your monthly expenses?							

Name:

Customer ID:

Work History (starting with most recent job)

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

What was your longest employment?	# Years _____ # Months _____
How long have you been unemployed?	# Years _____ # Months _____
How many jobs have you applied for in the last month?	
How many interviews have you had?	
Have you received any job offers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any denial letters for employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Note: customer will need to provide proof of applying for jobs).

What job skills, experience, or transferable skills do you have?

Name:

Customer ID:



Why are you seeking career and/or training services?

What supportive services do you need to obtain and retain employment? Check all that apply.

<input type="checkbox"/> TTY	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> HS Proficiency Test
<input type="checkbox"/> Child Care	<input type="checkbox"/> GED Prep/Test	<input type="checkbox"/> Job Search Skills	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Transportation	<input type="checkbox"/> English Language (ESL)	<input type="checkbox"/> Job Training	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Career Exploration	<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Language Interpreter	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Resume Assistance	<input type="checkbox"/> Work uniforms / clothing	<input type="checkbox"/> Work tools / boots	<input type="checkbox"/> Interviewing Skills

Service Population Check all that apply.

This information helps us understand your circumstances, determine eligibility and priority of service, and ensure you are connected with the best possible service provider at OhioMeansJobs.

<input type="checkbox"/> Veteran	<input type="checkbox"/> Individual with a disability	<input type="checkbox"/> Food Assistance Recipient
<input type="checkbox"/> Spouse of a Veteran	<input type="checkbox"/> Public Assistance Recipient	<input type="checkbox"/> Unemployment Claimant
<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Low-Income	<input type="checkbox"/> Ex-offender / Returning Citizen
<input type="checkbox"/> Youth (under age 25)	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Homeless

Name:

Customer ID:

WIOA Statement of Understanding

The WIOA Program is a federally funded employment program and the main focus of this program is to assist me with becoming job ready and obtaining employment that will lead to self-sufficiency. The WIOA Program offers services designed to assist me in identifying a career goal, becoming job ready, and finding employment opportunities.

I am responsible to complete certain activities as identified, in collaboration with my assigned Career Coach, that will assist me in becoming job ready and identifying employment opportunities that match my qualifications.

Not every customer will need services at every level to find employment leading to self-sufficiency and I will work with my Career Coach to identify the WIOA path appropriate for me.

I am required to actively seek employment and document my job search while participating in the WIOA Program and the job search process will be ongoing until I have found employment and/or it has been determined that I am unable to find employment leading to a self-sufficient wage with the skills and qualifications I currently possess.

It is my responsibility to submit updated job search logs upon request.

I am required to provide documentation of employment obtained at any time after beginning the WIOA process. I will submit an employment verification or pay stub as soon as one is available.

I am responsible for attending each scheduled appointment or contacting my Career Coach in a timely manner to reschedule if I am unable to attend a scheduled appointment.

My active participation in the WIOA Program does affect my suitability for certain services. WIOA Training services are NOT an entitlement and are, under no circumstances, a guarantee that I will be approved for WIOA Scholarship funds.

It is my responsibility, to be considered for WIOA training services, to complete all required steps in the WIOA process.

I understand that I am not, under any circumstances, to start a training program under the assumption that I will receive WIOA funding. I further understand that if I begin a training program prior to receiving notification of approval that I assume all financial responsibility. I understand that WIOA Scholarship funds cannot be applied retroactively or as reimbursement for any reason.

I understand that, if I intend to apply for WIOA Scholarship funds, it is my responsibility to check on the status of any existing student loans and that if I have a loan in default, I am responsible for contacting my loan holder and applying for deferment or scheduling an acceptable payment arrangement and providing documentation of my loan status. I understand that if I intend to apply for WIOA Scholarship funds, it is my responsibility to complete the Free Application for Federal Student Aid (FAFSA) and document the status of my financial aid eligibility.

I understand that I may only apply for WIOA Scholarship funding in approved occupations identified as high growth industries and at WIOA approved training providers.

Signature _____ Date _____

Name:

Customer ID:

Statement of Relationship Form

Hamilton Count 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 Last Name	Client First Name	Client MI
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To be completed by the Client/Customer
Section 1: Client/Customer Statement

I, _____ am am not
a relative* of, a friend of, or have/had any relationship with the Career Coach, WIOA Administrator, Elected Officials, **OhioMeansJobs** Employees, Workforce Development Board members, Youth Council, or State employee.

** 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

To be completed by the Career Coach
Section 2: Career Coach 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

To be completed by the Administrator
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 identified above with:

State Relationship

Signature

Date

Name:

Customer ID:



**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.

Cori Bresse (513) 946-4710
Equal Opportunity Officer Phone

Jacqueline Farrier-Hogan (513) 946-1117
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.

Name:

Customer ID:



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)	

Name:

Customer ID:

Authorization to Release Information

I, _____ hereby authorize HCJFS, ODJFS, Workforce Council of Southwest Ohio, 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 / Employment Information
- Other (please designate) _____

The information will be shared with OhioMeansJobs partners only for the purpose of providing you with 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.

The 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

Name:

Customer ID:

Dislocated Worker Pre-Screening Checklist

Client Name:	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 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 recently discharged veteran or the spouse of a recently discharged 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. Previously job / career is associated with an O*NET code in a field with a net job loss over the last 10 years.

In all cases, we want the job seeker to make a good faith effort to provide supporting documentation of prior employment history. Examples include: pay stubs, tax records, layoff notice, and unemployment notices and communication.

If a customer makes a good faith effort and is unable to provide documentation, we can accept self-attestation (on JFS 13186) to document: (1) Date of dislocation, (2) Proof of employment, (3) Proof of layoff, and (4) Unlikely to return.

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

Name:

Customer ID: