



Orange County Workforce Development Board

Workforce Innovation and Opportunity Act



**WIOA ADULT/ DISLOCATED WORKER/ YOUTH APPLICATION**

Application Date:

**CONTACT INFORMATION**

|                               |   |  |                                     |
|-------------------------------|---|--|-------------------------------------|
| First Name:                   | Middle Initial:                           | Last Name:                                 |                                     |
| Address:                      | City:                                     | State:                                     | Zip Code:                           |
| Mailing Address:              | City:                                     | State:                                     | Zip Code:                           |
| Primary Phone:                | Primary Phone Type:                       | <input type="checkbox"/> Cell/Mobile Phone | <input type="checkbox"/> Work Phone |
| <input type="checkbox"/> Home | <input type="checkbox"/> Relative's Phone | <input type="checkbox"/> Other             | Email:                              |

**DEMOGRAPHIC INFORMATION**

|  |   |                                 |   |
|--|---|---------------------------------|---|
| Date of Birth:   | Age:  | Social Security Number:         |   |
| Gender:  | <input type="checkbox"/> Male   | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to disclose  |
| Selective Service (males only):  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     | <input type="checkbox"/> Documented Exemption <input type="checkbox"/> Not Applicable |
| Authorized to Work in US:  | <input type="checkbox"/> Citizen of U.S. or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident   |                                 |   |
| <input type="checkbox"/> Alien/Refugee Lawfully Admitted to U.S. If yes to U.S. Permanent Resident or Alien/Refugee: |   |                                 |   |
| Alien/Visa Registration#:  | Expiration Date:  |                                 |   |
| Hispanic Heritage:   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |   |
| Race:  | <input type="checkbox"/> White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native  |                                 |   |
| <input type="checkbox"/> I do not wish to answer   |   |                                 |   |
| ASIAN:   | <input type="checkbox"/> Indian <input type="checkbox"/> Bhutanese <input type="checkbox"/> Laotian <input type="checkbox"/> Pakistani <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian       |                                 |   |
|  | <input type="checkbox"/> Bangladesh <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian |                                 |   |
|  | <input type="checkbox"/> Nepalese <input type="checkbox"/> Malaysian <input type="checkbox"/> Sikkimese <input type="checkbox"/> Thai <input type="checkbox"/> N/A  |                                 |   |
| HAWAIIAN/PACIFIC ISLANDER:   | <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian / part Hawaiian <input type="checkbox"/> Samoa  |                                 |   |
|  | <input type="checkbox"/> Micronesian <input type="checkbox"/> Palauan <input type="checkbox"/> Marshallese <input type="checkbox"/> Guamanian <input type="checkbox"/> Other Pacific Islander                     |                                 |   |
| Do you wish to Disclose a Disability:  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer   |                                 |   |
| If Yes, complete Additional WIOA Disability Form.  |   |                                 |   |

## EDUCATION INFORMATION

Highest School Grade Completed (1-12) (Youth):

Attending Any School (excluding Adult Education): ☐ Yes ☐ No

School Status: ☐ In-School, Secondary ☐ In-School, Alternative ☐ In-School, Postsecondary

☐ Not Attending, Dropout ☐ Not Attending, Graduate

Most Recent Date Attended Secondary School:

Within Compulsory Age and Did Not Attend the Most Recent School Calendar Quarter: ☐ Yes ☐ No

Received High School Diploma/Equivalent: ☐ Yes ☐ No

## EMPLOYMENT INFORMATION

Employment Status: ☐ Employed ☐ Employed with Notice of Termination / Military Separation

☐ Not Employed

If Employed, Under-Employed: ☐ Yes ☐ No

Registered Apprenticeship Prog: ☐ Yes ☐ No

Are you currently looking for work: ☐ Yes ☐ No

Unemployment Eligibility: ☐ Claimant ☐ Exhaustee ☐ Neither Claimant nor Exhaustee

Number of Weeks Unemployed:

Long-Term Unemployed (27 or more consecutive weeks): ☐ Yes ☐ No

Current or Most Recent Hourly Wage: Occupation Code of Most Recent Employer:

## DISLOCATED WORKER

Layoff Date: Attended a group orientation (Rapid Response): ☐ Yes ☐ No

Rapid Response Date: Dislocation Employer Name:

Employer Address:

Employer City: Employer State: Zip:

Dislocation Hourly Wage:

## FARM WORKER INFORMATION

Farmworker Status: ☐ Farmworker ☐ Migrant ☐ Migrant Farmworker ☐ No

Migrant/Seasonal/Dependent Farmworker Status: ☐ Seasonal Farmworker ☐ Migrant and Seasonal Farmworker ☐ A Dependent of a Seasonal, or Migrant and Seasonal Farmworker

## VETERAN INFORMATION

|  |  |                          |  |
|--|--|--------------------------|--|
| Veteran Status: <input type="checkbox"/> Yes, <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No |  |                          |  |
| Military Service Entrance Date:  |  | Military Discharge Date: |  |
| Transitioning Service Member: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                          |  |
| Type of Transitioning Service Member: <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge                                     |  |                          |  |
| Estimated Discharge Date:  |  |                          |  |
| Attended Transition Assistance Program (TAP) Workshop Within Last 3 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |  |
| Disabled Veteran: <input type="checkbox"/> Yes, Disabled <input type="checkbox"/> Yes, Special Disabled ( $\geq 30\%$ ) <input type="checkbox"/> No                                      |  |                          |  |
| Homeless Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                          |  |
| Received Veteran Services from Veterans Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |  |
| Recently Separated Veteran (within the last 48 months): <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                          |  |

## PUBLIC ASSISTANCE

|   |  |  |  |
|---|--|--|--|
| Temporary Assistance for Needy Families (TANF): <input type="checkbox"/> Yes <input type="checkbox"/> No                          |  |  |  |
| TANF Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable |  |  |  |
| Supplemental Nutrition Assistance Program (SNAP): <input type="checkbox"/> Yes <input type="checkbox"/> No                        |  |  |  |
| General Assistance (GA): <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| GA Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable   |  |  |  |
| Refugee Cash Assistance (RCA)   |  |  |  |
| RCA Recipient: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Not Applicable  |  |  |  |
| Foster Child (State or local payments are made for applicant) (Youth): <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| Supplemental Security Income (SSI): <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |  |  |  |
| Ticket to Work Holder (issued by the Social Security Administration): <input type="checkbox"/> Yes <input type="checkbox"/> No    |  |  |  |

## BARRIERS

|  |  |                          |
|--|--|--------------------------|
| English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If yes, primary language |
| High School Dropout: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |
| Basic Skills Deficient / Low Levels of Literacy: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |
| Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                          |
| Runaway (Youth): <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |
| Youth in, or aged out of, Foster Care (Youth): <input type="checkbox"/> No <input type="checkbox"/> Yes, currently in <input type="checkbox"/> Yes, aged out |  |                          |

Ex – Offender (Individual has been arrested/convicted of a crime): ☐ Yes ☐ No

Pregnant / Parenting (Youth): ☐ Yes ☐ No

Requires Additional Assistance (Youth): ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Youth of Incarcerated Parent: ☐ Yes ☐ No

Substance Abuse: ☐ Yes ☐ No

Within 2 Years of Exhausting TANF Lifetime Eligibility: ☐ Yes ☐ No

Hawaiian Native: ☐ Yes ☐ No

Cultural Barriers: ☐ Yes ☐ No

Single Parent (including single pregnant women): ☐ Yes ☐ No

Eligible Migrant Season Farmworker (WIOA Sec 167(i)): ☐ Yes ☐ No

Meets Governor's Special Barriers to Employment: ☐ Yes ☐ No

#### INCOME

Due to the Individual's Disability, Qualify as a Family of 1: ☐ Yes ☐ No

Family Size: \_\_\_\_\_ Total Income Earned Within the Last 6 Months: \_\_\_\_\_

Applicant Certification Statement: I certify under penalty of perjury that the information I provided is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any items is grounds for termination from the Workforce Innovation and Opportunity Act program and may result in action to recover any moneys paid to me while participating.

|  |      |
|--|------|
| APPLICANT'S SIGNATURE  | DATE |
| PARENT SIGNATURE, GUARDIAN OR RESPONSIBLE ADULT (IF APPLICANT IS UNDER 18 YEARS OLD) | DATE |
| STAFF SIGNATURE  | DATE |

## EQUAL OPPORTUNITY IS THE LAW

The Orange County Development Board (OCDB) and Workforce Innovation and Opportunity Act (WIOA) Recipients are prohibited from discriminating against any individual in the United States, on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; political affiliation or belief; or against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the *Workforce Innovation and Opportunity Act* (WIOA), on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The OCDB and all its WIOA Recipients 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.

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

### WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either [Orange County Comprehensive One-Stop Center](#) OR with the OCDB's Equal Opportunity Officer OR the Director, Civil Rights Center (CRC), U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210; or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you elect to file your complaint with the [Orange County Comprehensive One-Stop Center](#) Equal Opportunity Officer [Gloria Gaitan, 714-241-4900, 7077 Orangewood Ave. #200, Garden Grove, CA 92841](#) you must wait until the [Orange County Comprehensive One-Stop Center](#) issues a written Notice of Final Action, or until 45 days have passed, whichever is sooner, before filing with the OCDB's Equal Opportunity Officer, Nakia Thierry, (714) 480-6460, California Relay Service (CRS) (800) 735-2922 or TTY users 711; OCDB/Orange County Community Services-Community Investment Division, 1300 South Grand Avenue, Building B, 3<sup>rd</sup> fl., Santa Ana, CA 92705.

If the [Orange County Comprehensive One-Stop Center](#) does not provide you with a written Notice of Final Action within 45 days of the day on which you filed your complaint, you do not have to wait for the [Orange County Comprehensive One-Stop Center](#) to issue that Notice before filing a complaint with the OCDB. You must file your complaint with the OCDB within 15 days of the 45-day deadline (in other words, within 60 days after the day on which you filed your complaint with the [Orange County Comprehensive One-Stop Center](#)).

If the [Orange County Comprehensive One-Stop Center](#) 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 OCDB. You must file your OCDB complaint within 10 days of the date on which you received the Notice of Final Action.

If you elect to file your complaint directly with OCDB, you must wait until you receive a Notice of Final Action from OCDB or until 90 days have passed, whichever is sooner, before you file with CRC. If OCDB does not provide you with 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 OCDB to issue that Notice before filing with CRC. You must file your CRC complaint within 30 days of the 90 day deadline (in other words, within 120 days after the day on which you filed your complaint with the agency you filed against). If you received a Notice of Final Action but you are dissatisfied with OCDB's decision, you may file a complaint with CRC within 30 days of the date on which you received the Notice of Final Action.

Staff has explained these procedures to me and I understand that a full copy is available to me upon request.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SUMMARY OF RIGHTS AND PROGRAM GRIEVANCE AND COMPLAINT PROCEDURES

If you believe that [Orange County Comprehensive One-Stop Center](#) has violated any provision of the Workforce Innovation and Opportunity Act (WIOA) Title I concerning the administration of employment and job training programs, services, policies and procedures, grants, or regulations and other agreements under WIOA, you have certain rights that you should know about:

### RIGHTS

**You have the right** to file a grievance/complaint if you feel you have a grievance/complaint relating to your employment and/or training program or service. Your grievance/complaint must contain sufficient information for us to determine if it should be heard by the [Orange County Comprehensive One-Stop Center](#) or, more appropriately, be referred to another agency. You will not be punished in any way for filing a grievance/complaint.

### FILING A GRIEVANCE/COMPLAINT

**You must file a written** grievance/complaint **within one (1) year** of the incident. The [Orange County Comprehensive One-Stop Center](#) will provide you with the necessary information and assistance to put your grievance/complaint **in writing**, if you request assistance. Your written grievance/complaint must include, at a minimum, the following:

- (1) Your full name and address;
- (2) The full name and address of the agency or party you are complaining against;
- (3) A clear statement of the facts, including dates;
- (4) Your written grievance/complaint must be mailed to: [Orange County Comprehensive One-Stop Center, 7077 Orangewood Ave. #200, Garden Grove, CA 92841; Attention: Gloria Gaitan](#)

Within **one (1) week** of filing the grievance/complaint, an informal conference may be held to resolve the matter. If you feel that your complaint/grievance is not resolved during the informal conference, you may request a hearing. A hearing with an impartial hearing officer will be provided within **fifteen (15) days** of filing your grievance/complaint. You will be notified, in writing, **ten (10) days** before the date of the hearing.

### DECISION

If you do not receive a written decision from the [Orange County Comprehensive One-Stop Center](#) **within thirty days (30 days)** after filing your grievance/complaint, you may proceed to file your grievance/complaint with the Orange County Development Board (OCDB), at the address listed below. You must file your written grievance/complaint with OCDB within **seven (7) days** of the 30-day deadline (in other words within **thirty seven (37) days** from the day on which your initial complaint was filed with the [Orange County Comprehensive One-Stop Center](#)).

### OCDB LEVEL APPEAL

If you receive a written decision from the [Orange County Comprehensive One-Stop Center](#) but you are dissatisfied with their decision, you may file your appeal with OCDB, at the address listed below, within **five (5) days** of the date on which you received the [Insert Agency Name](#) written decision.

OCDB Address: Orange County Development Board/EO Officer, OC Community Services/Community Investment Division, 1300 S. Grand Avenue, Bldg B, 3<sup>rd</sup> Floor, Santa Ana, CA 92705.

**STATE LEVEL:** If you do not receive a decision from OCDB **within sixty (60 days)** after filing your grievance/complaint, you may proceed to file your grievance/complaint with the State Employment Development Department (EDD) within **fifteen (15) days** of the 60-day deadline [in other words, within **seventy-five (75) days** from the day on which your initial complaint was filed with the agency you filed against]. If you receive an adverse decision from OCDB, you may file an appeal with the State within **ten (10) days** of the date on which you received the OCDB's determination. Submit a written notice to: Chief, Compliance Review Division, MIC 22-M, Employment Development Department, PO Box 826880, Sacramento, CA 94280-0001.

I understand these procedures as explained by Staff. A full copy of these procedures is available to me upon request.

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Participant Signature                      Date

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Parent/Guardian Signature                      Date

**COVID-19****Supportive Service Request Form****Participant Information**

|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| Participant Name        |  | Date              |  |
| WIOA Application Number |  | One-Stop Location |  |

**Family Size**

Check the qualifying annual salary that does not exceed 400% of the Federal Poverty Level based on family size

<https://aspe.hhs.gov/2020-poverty-guidelines>:

| Household Annual Salary for 400% FPL                            | Name          | Documentation  | Relationship | Annual Wages |
|---|---------------|----------------|--------------|--------------|
| <input type="checkbox"/> Family of 1 not greater than \$51,040  | (Participant) | (in case file) | (self)       |              |
| <input type="checkbox"/> Family of 2 not greater than \$68,960  |               |                |              |              |
| <input type="checkbox"/> Family of 3 not greater than \$86,880  |               |                |              |              |
| <input type="checkbox"/> Family of 4 not greater than \$104,800 |               |                |              |              |
| <input type="checkbox"/> Family of 5 not greater than \$122,720 |               |                |              |              |
| <input type="checkbox"/> Family of 6 not greater than \$140,640 |               |                |              |              |
| <input type="checkbox"/> Family of 7 not greater than \$158,560 |               |                |              |              |
| <input type="checkbox"/> Family of 8 not greater than \$176,480 |               |                |              |              |

(For families/households with more than 8 persons, add \$17,920 for each additional person)

**Past and Current Wage Comparison (including Unemployment Insurance)**

| Past Annual Household Income | Current Annual Household Income (including UI) | Percentage Difference |
|------------------------------|--|-----------------------|
| \$                           | \$   | %                     |

**Support Service Amount**

|   | Amount      |
|---|-------------|
| <input type="checkbox"/> Individuals receiving at least 50% of their previous wages either from their employer directly or with Unemployment Insurance (UI) payments. | Up to \$400 |
| <input type="checkbox"/> Individuals who are not receiving at least 50% of their wages from their employer directly or with UI payments.                              | Up to \$800 |



### Need for Support (identify one of the following)

- ☐ Laid off due to COVID-19
- ☐ Experienced a reduction in hours and/or pay due to COVID-19
- ☐ Unable to work for any of the following COVID-19 related reasons:
- ☐ Subject to Quarantine
  - ☐ Caregiver for someone who is subject to quarantine
  - ☐ Need to care for children because of school closure or closure of other child care provider
  - ☐ At higher risk of getting seriously ill from COVID-19, or lives with someone at higher risk
  - ☐ Required to telework, but does not have the necessary equipment

### Additional Comments:

### Authorization

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM WIOA, REIMBURSEMENTS OF PAYMENTS MADE AND/OR PENALTIES AS SPECIFIED BY LAW. I SHALL PROVIDE REASONABLE DOCUMENTATION TO MY CASE MANAGER FOR PROOF OF PAYMENT FOR ALL PAYMENTS MADE USING THE SUPPORT I RECEIVED.

|                       |            |      |
|-----------------------|------------|------|
| Participant Signature | Print Name | Date |
| WIOA Staff Signature  | Print Name | Date |

| Office Use              |  |
|-------------------------|--|
| OCDB Approval Signature |  |
| Print Name of Approver  |  |
| Tracking #              |  |
| Received Date           |  |

### STATEMENTS BELOW TO BE SIGNED ONCE SUPPORT PAYMENT HAS BEEN RECEIVED BY PARTICIPANT

### Participant Verification of Support Paid

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT I OBTAINED SUPPORTIVE SERVICE PAYMENT PROVIDED BY THE ORANGE COUNTY WIOA PROGRAM.

|                       |            |      |
|-----------------------|------------|------|
| Participant Signature | Print Name | Date |
|-----------------------|------------|------|

### Case Manager Documentation of Support Services Paid

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, I HAVE REVIEWED, COLLECTED, AND FILED DOCUMENTATION ON THE PAYMENT MADE TO THE PARTICIPANT. THE SUPPORT SERVICES DOCUMENTATION ON FILE IS CONSISTANT AND ALLOWABLE PER THE REGULATION DEFINED BY WIOA.

|                      |            |      |
|----------------------|------------|------|
| WIOA Staff Signature | Print Name | Date |
|----------------------|------------|------|