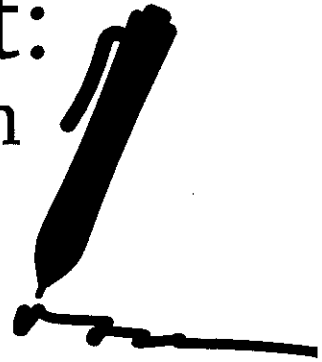


Youth Intake Assessment Form

What's in this packet?

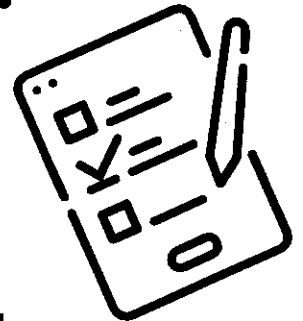
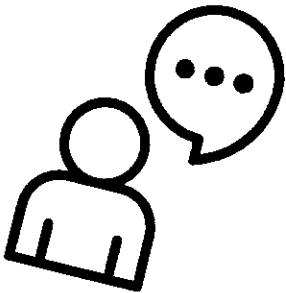
You'll have to fill out:

- Basic/Contact Information
- Demographics
- Work History



You'll have to sign:

- Receipt of Rights
- Information Releases
- Follow-Up Agreement



You'll have to provide:

- Emergency Contacts
- Job Preferences



And you'll have to read:

- Our Policies

ChautauquaWorks
and-ship Workforce Services

YOUTH INTAKE AND INITIAL ASSESSMENT FORM

Name: _____ Soc. Sec. # _____
Last, First Middle Initial

Address: _____ School District: _____

No., Street, Apt. #, P.O. Box City/Town Zip Code County

Number of Years at that Address: _____
Telephone #: () _____ - _____ Message #: () _____ - _____

Gender: Male Female Age _____ Date of Birth ____/____/____
Month Day Year

EMAIL ADDRESS: _____

Are you a U.S. Citizen? Yes No Eligible Alien? Yes No Alien Registration No. _____

Are you legal to work in the U.S.? Yes No Expiration Date: ____/____/____

Ethnic Group: White African American Hispanic Native American Indian Asian Other

Veteran Yes NO Recently Separated Yes No Disabled Veteran Yes No

Selective Service Number _____

Limited English Language Proficiency? Yes No

Foster Child? Yes No

Offender? (any stage of the criminal justice process, record of arrest or conviction, parole) Yes No

*Do you have a Disability? Yes No

*This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping, affirmative action requirements, and to determine program eligibility.

Education: Highest Grade Completed _____

Current High School Student? Yes No if in school, what grade? _____

Check all that apply:

<input type="radio"/> Never Attended	<input type="radio"/> Out-of-School, Dropout	<input type="radio"/> Student, attending High School or less
<input type="radio"/> Attending Post High School	<input type="radio"/> Some Post-High School	<input type="radio"/> Have GED/HSE <input type="radio"/> IEP (Individual Educational Plan)
<input type="radio"/> High School Graduate	<input type="radio"/> Special Education	<input type="radio"/> Alternate School
<input type="radio"/> Vocational / Technical Training		

Last School Attended? _____

TRANSPORTATION

Do you have a valid Driver's license? YES NO Class & State _____

Do you have access to a car? YES NO Can you arrange reliable transportation? _____

Do you need help with transportation in order to participate in program or work? _____

Insurance: Do you have Health Care Coverage (Insurance)? Yes No

Household Composition:
Who do you live with (parents, mother, mother and stepfather, group home, other family, etc)

Marital Status: Married Single Legally Separated Divorced Widowed

Have you been dependent (supported) on the income of another family member, but are no longer supported by that income, (are you a displaced homemaker)? Yes No

HOUSEHOLD COMPOSITION AND INCOME

Name	Relationship	Source	Income 6months X2 Total

Total Number in Family _____ Total Household Income _____ Do you own? rent? other?

To be Determined by Staff:
Lower Living Standard (100% poverty, TANF, SNAP)? Yes No
70% poverty? Yes No
High Poverty Area? Yes No

Employment in the last 12 months:
Are you presently employed? Yes No If No, last date of employment? _____

List Most Recent Employer: _____

Address (No., City, State, Zip): _____

Job Title: _____ Dates Employed: From ___/___/___ To: ___/___/___

Hourly Wage: \$ _____ # of hours per week: _____ Duties / Skills: _____

Reason for Leaving: _____

Previous Employer: _____

Address (No., City, State, Zip): _____

Job Title: _____ Dates Employed: From ___/___/___ To: ___/___/___

Hourly Wage: \$ _____ # of hours per week: _____ Duties / Skills: _____

Reason for Leaving: _____

WORK HISTORY – OLDER YOUTH
(additional employment in last 12 months)

Previous Employer: _____

Address (No., City, State, Zip): _____

Job Title: _____ Dates Employed: From ___/___/___ To: ___/___/___

Hourly Wage: \$ _____ # of hours per week: _____ Duties / Skills: _____

Reason for Leaving: _____

Previous Employer: _____

Address (No., City, State, Zip): _____

Job Title: _____ Dates Employed: From ___/___/___ To: ___/___/___

Hourly Wage: \$ _____ # of hours per week: _____ Duties / Skills: _____

Reason for Leaving: _____

ADDITIONAL INFORMATION

List any other agencies you are currently working with:

OR check any that apply:

- Probation
- DSS
- ACCES-VR
- LDA
- Chautauqua Opportunities program name: _____
- Mental Health
- Other

Do you receive or are you a member of a family / household which receives public assistance?* Yes No

If so, check all that apply:

- TANF Refugee Cash Assistance SNAP (or been determined eligible within the last 6 mos)
- General Assistance Supplemental Security Income (SSI-SSA) Medicaid

* You may be required to produce documentation to verify your receipt of public assistance benefits.

WE ARE YOUR DOL



Career Services Eligibility Survey

Please answer the questions below. Your answers will help us determine what level of career services you are eligible to receive. The information is confidential and will only be used to determine eligibility and comply with federal reporting requirements.

EDUCATION

1. What is the highest level of education you have completed?

- K-12: none 1 2 3 4 5 6 7 8 9 10 11 12/HS graduate
 12/no diploma HS Equivalency (TASC, GED)

Post-secondary (after high school):

- | | | |
|---|---|--|
| <input type="checkbox"/> HS+1 year/no degree | <input type="checkbox"/> HS+2 years/no degree | <input type="checkbox"/> HS+3 years/no degree |
| <input type="checkbox"/> HS+1 year vocational cert | <input type="checkbox"/> HS+2 year vocational cert | <input type="checkbox"/> HS+3 year vocational cert |
| <input type="checkbox"/> HS+1 year Associate's degree | <input type="checkbox"/> HS+2 year Associate's degree | <input type="checkbox"/> HS+3 year Assoc. degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Master's degree | <input type="checkbox"/> Doctorate degree |

2. Are you currently attending school? Choose option that best describes your situation.

Choose an "attending school" option if you are in between school terms and plan to return to school.

- (AGES 14-24 ONLY) Attending school, up to and including 12th grade or equivalent;
- (AGES 14-24 ONLY) Attending school, alternative high school, or alternative course of study;
- Attending post-secondary school (such as trade school after high school, college, or university, etc.);
- Not currently attending school and did not graduate from high school (*Select this option if attending YouthBuild, Job Corps or Adult Education*);
- Not attending school and earned high school diploma or equivalent; or
- (AGES 14-24 ONLY) Not attending school and within compulsory age range (*14-16 years old for most districts; 14-17 for some*).

3. (A) Do you have some difficulty speaking, reading, writing, or understanding the English language? Yes No

(B) Is your first language a language other than English, or do you live in a family or community where a language other than English is mostly spoken? Yes No

4. Do you believe (or have others mentioned) that you need to learn basic computer, math, reading, or writing skills to do well in your job search or future employment?

- Yes No

WORK EXPERIENCE

5. Are you currently employed?

- Employed Employed but received notice of termination
 Not employed – last date worked: ____/____/____ Not in labor force

6. Have you ever been without a job for 27 weeks or more in a row (without any breaks)?

- Yes No Never worked

DISABILITY

7. **Do you have a disability?** Yes No Prefer not to answer

A disability means having a condition that makes it difficult for you to do important things in life, either physically or mentally.

(If yes): How would you describe your disability?

- | | |
|---|---|
| <input type="checkbox"/> Physical or chronic health condition | <input type="checkbox"/> Physical or mobility impairment |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mental or psychiatric disability |
| <input type="checkbox"/> Cognitive or intellectual disability | <input type="checkbox"/> Hearing-related disability |
| <input type="checkbox"/> Vision-related disability | |

LIVING SITUATION

8. **(AGES 14-24 ONLY) Are you pregnant or already a parent?** Yes No

If you are female, you are considered a parent when you become pregnant. If you are male, you are considered a parent only after your child is born. You do not have to have custody of your child to be considered a parent.

9. **Are you a single parent?** Yes No

A single parent is a single, separated, divorced or widowed person with primary responsibility for one or more dependent children who are under 18 years old. This includes single pregnant women.

10. **Is your housing unsafe or unreliable?** Yes No

Choose yes if any of the following apply to you:

- *Lack a fixed, regular and adequate nighttime residence;*
- *Share housing with other people due to loss of housing, economic hardship or a similar reason;*
- *Live in a motel, hotel, trailer park or campground due to a lack of other suitable options;*
- *Live in an emergency or transitional shelter;*
- *Are abandoned in a hospital;*
- *Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, train station, airport or campground;*
- **(AGES 14-24 ONLY)** *Are awaiting foster care placement;*
- **(AGES 14-24 ONLY)** *Are a migratory child who was required to move from one school district to another in the last 36 months due to changes in parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or*
- **(AGES 14-24 ONLY)** *Are under 18 years of age and left home (or legal residence) without permission of family (i.e., runaway youth).*

11. **(AGES 14-24 ONLY) Are you (a) in foster care or (b) did you age out of foster care?**

Yes No

"Aged out of foster care" means you were in foster care but no longer are because you reached a certain age.

LEGAL

12. Have you been involved or are you currently involved in the adult criminal justice system or juvenile justice system for breaking a law as a minor or committing a delinquent act (for example, Person In Need of Supervision (PINS) petition or adjudication)? Yes No

A status offense refers to the violation of a law that applies specifically to minors (for example, truancy or underage drinking). Juvenile delinquency refers to the violation of a criminal law by a minor.

13. Do you need help in overcoming challenges in finding a job because you have been arrested or convicted in the past? Yes No

INCOME and PUBLIC ASSISTANCE

14. Does your family's income fall below or equal to (a) the poverty line or (b) 70% of the lower living standard income level? Yes No ***Staff will help you answer this question Staff: Income Charts

If you have a disability, only count your income, not the income of your family.

A family is defined as two or more people who are related by blood, marriage, or because of a court decree and live together in one home, and includes: (a) a married couple and dependent children; (b) a parent or guardian and dependent children; or (3) a married couple.

When calculating income, include payments received from Unemployment Insurance and child support.

15. Are you or anyone in your family currently receiving any Public Assistance? Yes No

Check all that apply: Staff: See DEV chart for acceptable documentation sources

- | | |
|---|-------------------------|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | Issue date: ___/___/___ |
| <input type="checkbox"/> Exhausting TANF within two years | Issue date: ___/___/___ |
| <input type="checkbox"/> TANF Exhaustee | Issue date: ___/___/___ |
| <input type="checkbox"/> SNAP (Food Stamps) | Issue date: ___/___/___ |
| <input type="checkbox"/> SSI (Supplemental Security Income) | Issue date: ___/___/___ |
| <input type="checkbox"/> SSDI (Social Security Disability Insurance) | Issue date: ___/___/___ |
| <input type="checkbox"/> TA (Temporary Assistance, formerly GA) | Issue date: ___/___/___ |
| <input type="checkbox"/> RCA (Refugee Cash Assistance) | Issue date: ___/___/___ |
| <input type="checkbox"/> Safety Net/Home Relief | Issue date: ___/___/___ |
| <input type="checkbox"/> State or local income-based public assistance (such as WIC, HEAP, Child Health Plus, Section 8, Child Care Assistance, etc.) | Issue date: ___/___/___ |

16. (AGES 14-24 ONLY) Are you eligible to receive free or reduced-price school lunches? Answer "No" if your school provides free lunches to all students, regardless of income. Yes No

SPECIAL CIRCUMSTANCES

17. Is your spouse a member of the US Armed Services who is currently serving, and did you lose your job because you had to move due to a permanent change in your spouse's duty station? Yes No
18. Are you a displaced homemaker? Yes No

A displaced homemaker is someone who (a) has been providing unpaid services to family members in the home; and (b) depended on the income of another family member but is no longer supported by

that income; or is the dependent spouse of a member of the US Armed Services on active duty and whose family income is significantly reduced to a deployment, a call or order to active duty, or the death or disability of the member; and (c) is unemployed or underemployed and is having trouble finding or keeping employment.

19. Are you a FARMWORKER, who migrates or works seasonally? Yes No

Check all that apply:

- Seasonal farmworker – *Someone who worked or is currently working in farm work of a seasonal or temporary nature in the past 12 months and they can return to their permanent place of residence on the same day. This does not include non-migrant individuals who are full-time students. Seasonal work refers to jobs done during specific seasons; a person can have multiple seasonal farm jobs so that they are employed for a major portion of the year and still be considered seasonal.*
- Migrant farmworker – *Someone who worked or is currently working in farm work of a seasonal or temporary nature in the past 12 months and they travel to find work and cannot return to their permanent place of residence on the same day. Full-time students who travel in organized groups instead of with their families are not included in this category.*
- Low income unemployed or underemployed agriculture or fish farming laborer – *Someone who (a) has a low income; and (b) primarily works in agriculture or fish farming labor characterized by chronic unemployment or underemployment; and (c) faces multiple obstacles to achieving economic self-sufficiency.*
- (AGES 14-24 ONLY)** Seasonal or migrant farmworker aged 14-24.
- (AGES 14-24 ONLY)** Adult program participant and a dependent of a farmworker who migrates or works seasonally.

20. Do you have cultural thoughts, beliefs, customs, or practices that may make it hard for you to find or keep a job? Yes No

21. Is there anything that makes it difficult for you to find or keep a job? For example, do you have challenges such as not having childcare while working, no health insurance, not having enough food to eat, having an order of protection against someone who threatens you, being involved in family court, or facing other circumstances that affect your safety? If yes, please write or share with staff so we can help you.

I confirm that the information provided on this document is true and accurate to the best of my knowledge.

Printed name: _____

Signature: _____ Date: _____

Chautauqua Works

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To: All WIOA applicants and enrollees

From: Executive Director

Re: Notice of Rights for Complaint-Grievance/Discrimination Complaint/Participant Reasonable Accommodations

You are protected by many rules and regulations, including the right to express problems, complaints, and/or grievances. As you meet with Chautauqua Works staff, talk with them about problems you may be having. Your Chautauqua Works counselor or staff representative's job is to assist you in obtaining the best possible outcomes and program experiences. This includes helping you solve problems or complaints you may have in relation to your participation in WIOA SERVICES. When problems are discussed with your WIOA representative, an assessment will be made and a recommendation for a solution offered. You will be kept informed of actions taken.

If you feel that your rights have been violated by any persons or entities operating within the Workforce Innovation and Opportunity Act (WIOA) (including employees, vendors, or other actors located within Chautauqua Works), or in connection with a WIOA Title I financially assisted program or activity, you may file a written grievance or discrimination complaint.

The two procedures are distinct and address different issues. A grievance is typically programmatic in nature. Examples of grievances include but are not limited to: complaints about the program; the provision of services; and a disagreement with a staff member or an employee(s). In comparison, a complaint involves discrimination against someone based on one of the federally protected classifications (e.g. race, color, sex, age, and national origin).

In both instances, you must file in a timely manner. You have one year to file a grievance and 180 days to file a discrimination complaint.

If you have any questions on how to file a grievance or discrimination complaint, you may contact the WIOA Equal Opportunity Officer or the WIOA Grievance Officer for further assistance.

WIOA PARTICIPANT RIGHTS AND ASSURANCES

You are a participant in an employment and/or training program sponsored under the Workforce Innovation and Opportunity Act. The activities, employment and/or services that you receive in this program are being subsidized by the Federal Government. This means you are subject to some State and Federal regulations. Please read and be certain you understand your rights, assurances and the grievance procedure.

1. Neither your employer, nor any other agency or person connected with your employment and/or training in the program can discriminate against you. No person shall on the grounds of race, creed, color, handicap, national origin, sex, age, or political affiliation be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or part under the act.
2. In work experience programs, you will be paid minimum wage with no fringe benefits, other than FICA.
3. No participant will be required or permitted to work, be trained or receive services in buildings or surroundings or under work conditions which are unsanitary, hazardous or dangerous to his/her health or safety. If a participant is employed in an inherently dangerous occupation (policeman, fireman, etc.) he/she will be assigned to work in accordance with reasonable safety practices.
4. Your participation in WIOA programming is, to the extent feasible, designed to maximize your potential for employment in the world of work and to help you move from this program into an unsubsidized full-time job. If you have any questions about anything you have read in the above, you can ask your WIOA staff representative to explain.
5. If you feel that you have been treated unfairly and would like to file a complaint, the formal grievance procedure should be utilized.

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WIOA Title I Complaint/Grievance Procedure

Local Workforce Development Area Name: Chautauqua

Designated Grievance Officer: Clara Swanson
Phone: (716) 487-5110
Email: cswanson@chautauquaworks.com

Designated Hearing Officer: Kathleen Geise
Phone: (716) 487-5116
Email: kgeise@chautauquaworks.com

1. The process starts when a complaint/grievance is filed with the Grievance Officer. The officer must log the complaint, and review it to seek a resolution.
 - a. Note, while not required, customers are encouraged to file complaints using the Customer Complaint Information Form (Attachment C). This same form can be utilized to file complaints under the Title III Wagner-Peyser program and/or for discrimination complaints filed under Section 188 of the Workforce Innovation and Opportunity. Appropriate procedure should be followed when filing a complaint in those cases.
2. A hearing will be scheduled at least thirty (30) calendar days, but no more than forty-five (45) calendar days, from the filing of the complaint/grievance to provide the person or entity (Complainant) with an opportunity to present witnesses and other evidence.
 - a. Notice of the grievance hearing shall be in writing and include: the date, the time, and place of hearing; a statement of the law and regulations under which the hearing is to be held, and a short and clear statement of the complaint/grievance.
 - b. Note that if the Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.
3. At the Local Area level, a written Decision must be issued to the Complainant by the Hearing Officer within sixty (60) calendar days of the filing of the complaint/grievance.
4. Complainants not in receipt of a written decision within sixty (60) calendar days of filing the complaint/grievance have the right to request a State Level review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision. The request for State Level Review must be filed with the State Level Grievance Officer. State level appeals must be submitted by certified mail, return receipt requested to:

State Level Grievance Officer
New York State Department of Labor
W. Averell Harriman State Office Building Campus
Building 12, Room 440
Albany, New York 12240-0001

5. The Complainant also has the right to request a State Level review of an adverse decision issued by the Local Level Hearing Officer. Such request must be filed with the State Level Grievance Officer within ten (10) calendar days of receipt of the adverse decision.

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6. State Level Review shall only proceed to the extent that a Local level hearing has been held, findings of fact made, and a decision rendered. If not, the State Level Grievance Officer shall return the complaint/grievance to the Local Level Grievance Officer with instructions on how to complete the review and hearing process.
7. To the extent that Local Level Hearing is complete, requests to review the Local Level Hearing decision shall be limited to any allegations of procedural errors or errors in interpreting or applying the law. Findings of Fact must occur at the Local Level. Any finding at the State Level indicating that errors were made at the Local Level in making Findings of Fact will be returned to the Local Level for further review.
8. If a State Level Review is requested, the State Level Grievance Officer shall investigate the complaint/grievance, seek resolution, and issue a written decision within sixty (60) calendar days of receipt of a request for a review by a Complainant.
9. A hearing will be scheduled at least thirty (30) calendar days, but no more than forty-five (45) calendar days, from the filing of the complaint/grievance.
 - a. Note that if the State Level Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.
10. Complainants either not given a hearing or who did not receive a hearing decision within sixty (60) calendar days of requesting State Level Review, and which were not remanded back to the Local Level, have the right to request a Federal Level Review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision.
11. Complainants in receipt of a written State Level hearing decision, have the right to request a Federal Level Review. Such a request must be filed within ten (10) calendar days from the date on which Complainant received the written hearing decision. Such requests must allege either procedural violations or errors in interpreting or applying the law at the lower level hearing. Federal Level Appeals must be submitted by certified mail, return receipt requested, to the Secretary, U.S. Department of Labor, Washington, DC 20210, Attention: ASET. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator (address below) and the opposing party.

U.S. Department of Labor
Employment and Training Administration
25 New Sudbury St
John F. Kennedy Federal Building, Room E-350
Boston, MA 02203

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FORMAL DISCRIMINATION COMPLAINT & MEDIATION PROCEDURE

Any person who is a participant in a WIOA Title I financially assisted program or activity, and is lawfully authorized to work in the United States may file a complaint. A person may file on their own behalf; on behalf of an individual (as an authorized representative); or on behalf of any specific class of individuals.

A complaint of discrimination must be based on race, color, religion, sex, national origin, age, disability, political affiliation, belief, or citizenship status.

Complaints must be filed within **180 days** of the alleged incident. Complaints must also be in **WRITING** and must contain the following information:

- The complainant's name and address or other means of contact.
- Respondent's identity or the entity responsible for the alleged discrimination.
- A description of the allegations with enough detail to establish:
 - 1) WIOA Title I jurisdiction over the complaint;
 - 2) Whether the complaint was filed within the required 180 day time period;
 - 3) Whether the complaint has apparent merit; and
 - 4) Whether the allegations would violate any of the nondiscrimination and equal opportunity provisions of WIOA.
- The complainant's or their authorized representative's signature.

Complainants who file with an EO Officer must wait until a written Notice of Final Action is received or until **90 days** have passed (whichever is sooner) before filing with the Civil Rights Center (CRC). The Director of CRC for good cause shown may extend the filing period beyond 180 days.

Complaints may be filed with the LWIOA (Local Workforce Innovation and Opportunity Act) EO Officer:

LWIOA Equal Opportunity Officer, Jody Cheney
4 E. 3rd Street, Suite 102
Jamestown, NY 14701

Or

New York State Department of Labor
Division of Equal Opportunity Development
State Campus Building 12, Room 540
Albany, NY 12240
Attn: WIOA EO Office

Complainants may also seek to file directly upon receipt of response or after 90 days with the:

United States Department of Labor
Civil Rights Center
200 Constitution Avenue, N.W. Room N-4123
Washington, D.C. 20210
Attn: Director

Additionally, all parties to the complaint are entitled to representation of their own choosing and at their own expense. Upon receipt by the EO Officer, Complaints are assigned a case number, recorded on the complaint log and forwarded to the appropriate Equal Opportunity Officer. All complaints are handled and maintained confidentially. Mediation is an efficient, informal, and confidential alternative to the discrimination complaint process. It involves a good faith agreement by the complainant and the respondent to meet with a neutral mediator to reach a mutually acceptable resolution of their issue(s). The mediation process can be explained to you by the EO Officer.

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Reasonable Accommodations Policy Statement

Pursuant to 29 CFR § 32, 29 CFR § 37 AND section 504 of the Rehabilitation Act; Chautauqua Works and any recipients of Title I WIOA funding, have a commitment to ensuring that qualified individuals with disabilities, who make requests for reasonable accommodations enjoy: services, employment, aid, benefits, or training programs¹, that are equally effective² and in the most integrated setting³.

A qualified individual with a disability is either:

- a. a person who can perform the essential functions of the job with or without a reasonable accommodation; or
- b. a person who meets the eligibility criteria for the receipt of or participation in: the program, services, or employment sought.⁴

A reasonable accommodation may consist of either adjustments or modifications to:

- a. the application/registration process;
- b. work environment;
- c. employment practices;
- d. equipment;
- e. structure/facility; or
- f. the manner in which programs/services are conducted.⁵

Qualified customers, employees, and applicants/registrants with disabilities, who seek an accommodation, are thereby encouraged to make their requests where applicable, to either the designated on-site staff person or the Disability Resource Coordinator.

¹ 29 CFR § 32.3(5)(III) AND united States Department of Labor, "Methods of Administration Under the Workforce Investment Act: Training for EO Officers and Implementation Staff Participant Guide", p.5-3, November 2002.

² 29 CFR § 32.4(b)(vii)(2)

³ 29 CFR § 32.4(7)(II)(d)

⁴ 29 CFR § 32.3(II)(a), (b) and (c)

⁵ 29 CFR § 32.3

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Acknowledgement of Receipt of Notice of Rights

I have read this form and understand that I have a right to file a grievance or a discrimination complaint if I feel that my rights were violated by Chautauqua Works or in connection with a WIOA Title I financially assisted program or activity.

I acknowledge receipt of the formal Grievance/Complaint/Reasonable Accommodations policies in addition to this Notice of Rights.

Name (Print):

Signature:

Date:

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YOUTH SURVEY

Name: _____ Age: _____

Do you have a high school diploma? Yes No Year Graduated: _____

If no, do you have your HSE? Yes No Year Earned: _____

If no, are you attending HSE classes? Yes No Where? _____

What are your long term life goals (professionally, personally, academically)?

What can you do to achieve the above goals (short-term goals)?

Would you like to:

- Attend college? Yes: For what? _____ No
- Go into the military? Yes: What branch? _____ No
- Get a job? Yes: FT or PT? _____ No

List 2-3 jobs you would like to have:

- Go into Job Corp? Yes: What program? _____ No

Do you currently have a job? Yes: Where? _____ No

How many jobs have you had in the past? 0 1 2 3 4 5+

What obstacles do you think are keeping you from achieving your goals?

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Are there any vocational skills you would like to learn? Yes: Please check all that apply No

Carpentry Electrical Painting Plumbing Nursing Security

Other: _____

Please answer the following questions honestly, as the answers are confidential:

Do you have a primary doctor? Yes: Where? _____ No

On a scale of 1 to 5, with 1 being very unstable and 5 being very stable, how would you rate your mental/emotional health?

1 2 3 4 5

Would you benefit from any legal services? Yes No

Do you feel like you have a support network? Yes No

If yes, who is in your network? _____

Have you ever had issues with drugs or alcohol? Yes No

How many meals do you have on a daily basis? 0 1 2 3+

If parenting: Do you have dependable child care? Yes No

Would you like to learn parenting skills? Yes No

Are there any life skills you would like to learn? Yes: Check all that apply No

Leadership Finances Conflict resolution Cars Insurance Teamwork

Nutrition/Healthy lifestyle Other: _____

Name 2-3 strengths that you have: _____

Name 2-3 weaknesses that you have: _____

Rate your relationship with yourself from 1 to 5, with 1 being poor and 5 being excellent:

1 2 3 4 5

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

The purpose of the Authorization Form is to enable agencies identified as members of the Chautauqua Works Consortium to better serve you and/or your child(ren) through coordinated service planning and delivery. Representatives of these agencies may share information in order to arrange for appropriate and prompt delivery of services as planned.

Is there any Agency that you do not want us to share your information with?
 Yes _____ No _____

If Yes, please list the name(s) of the agency/agencies below:

The information that will be shared among participating *chautauqua WORKS* consortium will make it possible to coordinate the services you and/or your child(ren) receive. Check below the information you want to be shared.

- | | |
|--|---|
| <input type="checkbox"/> Customer Information
<input type="checkbox"/> Employment Background and Information
<input type="checkbox"/> Eligibility
<input type="checkbox"/> Previous Workforce Prep. Services
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Education/Training/Skills Background
<input type="checkbox"/> Support Service Information
<input type="checkbox"/> Educational/Vocational Assessment Information
<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Other: _____ |
|--|---|

I understand and have had explained to me that this release authorizes an exchange of information between Service Agency members in order to provide me and/or my child(ren) with the most complete and thorough services available. It does not allow the release of HIV-related information, drug and alcohol records, or mental health reports. It does not authorize release to any other person or agency except those agencies, which are partnership members' of Chautauqua Works. Unless revoked in writing, this release and exchange shall remain in force for a period of 24 months from the date of authorization. My signature below indicates that I have been informed of and understand the eligibility information provided within this form and certify that it is true and correct and subject to verification. I understand I will have to provide specific documentation as requested by my workforce development specialist to be eligible for any financial assistance and if I do not comply I shall be personally liable for all costs incurred. I understand that falsification is grounds for termination and may result in action to recover any monies paid to me while participating in the program.

Signature of Participant	Signature of Parent/Guardian
Date	Relationship to Participant
Print Name	Print Name
Eligibility Interviewer / Specialist	Date

Acknowledgement of Receipt of Notice of Rights and EEO

I have read this form and understand that I have a right to file a grievance or a discrimination complaint if I feel that my rights were violated by Chautauqua Works or in connection with a WIA Title I financially assisted program or activity.

I acknowledge receipt of the formal Grievance/Complaint/Reasonable Accommodations policies in addition to this Notice of Rights / Equal Opportunity in the Law.

Signature: _____

Date: _____

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.