



Albany | (518) 434-5723 | 175 Central Avenue, Albany, NY 12206  
 Rensselaer | (518) 270-2860 | 1600 Seventh Avenue, Troy, NY 12180  
 Schenectady | (518) 344-2749 | 797 Broadway, Schenectady, NY 12305



## WIOA Youth Programs Application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ NY \_\_\_\_\_  
Street Address & Floor/Apt. # City Zip Code

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other

Ethnicity: ☐ Black ☐ American Indian ☐ Asian  
 (Check all that apply) ☐ White ☐ Alaskan ☐ Pacific Islander  
☐ Hispanic ☐ Hawaiian ☐ Other: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Alien # INS form # Date of entry into the U.S.

Are you registered with the Selective Service System? (Required only for males, 18+)  
☐ Yes, receipt #: \_\_\_\_\_ ☐ No ☐ Not applicable

Education:  
☐ In Middle or High School Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
☐ In College/Post-Secondary Name of School: \_\_\_\_\_  
☐ In HSE/GED/TASC Name of School: \_\_\_\_\_  
☐ Out of School - High School Graduate or obtained HSE/GED/TASC  
☐ Out of School - Dropped Out or has not attended for the most recent 45-day calendar year quarter  
 Last grade completed: \_\_\_\_\_

Have you ever been in the County or City summer or after-school work programs? ☐ Yes ☐ No

### APPLICATION CHECKLIST

| IN-SCHOOL YOUTH  | OUT-OF-SCHOOL YOUTH   |
|--|---|
| <input type="checkbox"/> Completed Application (pgs. 1-7)<br><input type="checkbox"/> Copy of Social Security Card<br><input type="checkbox"/> Copy of Birth Certificate<br><input type="checkbox"/> Copy of Report Card/Photo ID<br><input type="checkbox"/> Award letter(s) or proof of income<br><input type="checkbox"/> Copy of CSE letter (if applicable)<br><input type="checkbox"/> Proof of eligibility (if applicable) | <input type="checkbox"/> Completed Application (pgs. 1-6)<br><input type="checkbox"/> Copy of Social Security Card<br><input type="checkbox"/> Copy of Birth Certificate<br><input type="checkbox"/> Copy of Photo ID<br><input type="checkbox"/> Award letter(s) or proof of income (if applicable)<br><input type="checkbox"/> Proof of eligibility (if applicable) |

Signature of Applicant: \_\_\_\_\_

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

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

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

Applicant: if you are 18 or older, and your own guardian, you may sign here



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## WIOA Youth Programs Application

### Emergency Information and Release of Records

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my child/I is/am applying to be part of the Workforce Innovation and Opportunity Act Program. I hereby authorize and give my consent to any area medical facility to examine and treat:

\_\_\_\_\_  
Print Applicant's Name

in the event that such employee requests or requires examination or treatment in an emergency.

**Worksite Supervisors are responsible for providing/obtaining emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.**

\_\_\_\_\_ Allergies or Reactions: \_\_\_\_\_

\_\_\_\_\_ Prone to Seizures

\_\_\_\_\_ Medication Required: \_\_\_\_\_  
*WIOA/Worksite is not responsible for securing or administering routine medication*

\_\_\_\_\_ Other Medical Concerns: \_\_\_\_\_

| Emergency Contact Name & Relationship | Cell Phone # | Home Phone # | Work Phone # | Address |
|---------------------------------------|--------------|--------------|--------------|---------|
| 1.<br>Parent/Guardian                 |              |              |              |         |
| 2.                                    |              |              |              |         |
| 3.                                    |              |              |              |         |

**Worker's Compensation Forms must be completed within 24 hours of any accident.  
 Please alert local Workforce Development Board staff of any emergency immediately.**

I understand that the information above will be used in the event of an emergency and will be shared with the youth applicant's Worksite Supervisor. I also consent to release confidential information regarding the youth applicant to support their participation in WIOA programming. I understand that this is a reciprocal release whereby the Workforce Development Board can release information/pictures/video or gather it from another agency as needed. I attest that the above information is complete and accurate.

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

Applicant: if you are 18 or older, and your own guardian, you may sign here



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## WIOA Youth Programs Application

### Confidential Income Statement

The following information is to be completed by the **PARENT/GUARDIAN** unless the applicant is age 18+. All information is subject to verification. Please answer every question, provide details as requested, and print clearly.

Name of Youth Applicant: \_\_\_\_\_ # household members: \_\_\_\_\_

1. Is the applicant currently enrolled in school? ☐ Yes ☐ No
2. Does the applicant have their high school diploma/equivalency and are they at or below an 8<sup>th</sup> grade level and/or unable to read/write/compute? ☐ Yes ☐ No
3. Does the applicant have their high school diploma/equivalency and are they an English language learner? ☐ Yes ☐ No

**\*\*\* If ALL answers to questions 1-3 are "NO" – you can skip to page 4\*\*\***

**Youth applicant is an individual or member of a family who currently receives or has received within the past 6 months assistance through:**

4. SNAP (Supplemental Nutrition Assistance Program/food stamps) F#: \_\_\_\_\_ ☐ Yes ☐ No
5. TANF (Temporary Assistance/Safety Net/Public Assistance) P#: \_\_\_\_\_ ☐ Yes ☐ No
6. SSI (Supplemental Security Income) ☐ Yes ☐ No

**Youth applicant:**

7. Has a disability and whose individual income is \$23,606 or less ☐ Yes ☐ No
8. Is experiencing homelessness ☐ Yes ☐ No
9. Is in foster care and on behalf of whom State/local funds are provided ☐ Yes ☐ No

Find census tract based on address: <https://geocoding.geo.census.gov/geocoder/geographies/address?form>

Does census tract have a poverty level of 25% or more? <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/>

10. Lives in a high poverty area (25+%) according to the guidelines above? ☐ Yes ☐ No

**\*\*\* If ANY answers to questions 4-10 are "YES" – you can skip to page 4\*\*\***

Please complete the following chart regarding **ALL HOUSEHOLD INCOME**

| Name | Income Source | Dates Employed | Amount Earned | Received (Check One) |         |          |
|------|---------------|----------------|---------------|----------------------|---------|----------|
|      |               |                |               | Weekly               | Monthly | Annually |
|      |               |                |               |                      |         |          |
|      |               |                |               |                      |         |          |
|      |               |                |               |                      |         |          |
|      |               |                |               |                      |         |          |
|      |               |                |               |                      |         |          |

List all sources of gross income, including wages, social security benefits, public assistance benefits, alimony, etc. received and any other recurring income of a family member. WIOA Youth Programs must include payments for unemployment compensation, child support payments, and old-age survivors' insurance benefits as income. Proof of income may include recent paystubs with year-to-date wage information or a signed statement from the employer stating the worker's gross wages for the last 6 months are required. See page 4 for additional income guidelines and the list of acceptable documentation for proof of income. If you need more space to list all household income, please attach to this application using the chart above as a guide for information required.



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## WIOA Youth Programs Application

### Confidential Income Statement

| Richard B. Russell 2020-2021<br>National School Lunch Act for Eligibility                        |               |
|--|---------------|
| Family Size  | Annual Income |
| 1  | \$23,606      |
| 2  | \$31,894      |
| 3  | \$40,182      |
| 4  | \$48,470      |
| 5  | \$56,758      |
| 6  | \$65,046      |
| 7  | \$73,334      |
| 8  | \$81,622      |
| For family units with 8+ family members, add \$8,288 annually for each additional family member. |               |

| Examples of Acceptable<br>Proof of Income |                            |
|---|----------------------------|
| Income                                    | Proof                      |
| Wages/Salary                              | Six most recent paystubs   |
| TA/SNAP                                   | Award Letter/Budget        |
| SSI/SSD                                   | Award Letter               |
| Alimony                                   | Check stubs or court order |
| Child Support                             | Check stubs or court order |
| Rent (as a landlord)                      | Rent receipts              |
| DSS Childcare Provider                    | Authorization with rates   |
| Self-Employment                           | Tax return                 |

### Additional information about the YOUTH APPLICANT to determine program eligibility:

- Pregnant or parenting; (including non-custodial parents)? ☐ Yes ☐ No  
*If yes, due date/child(ren)'s ages:* \_\_\_\_\_
- Has a disability? ☐ Yes ☐ No  
*If yes, please describe:* \_\_\_\_\_
- Involved in any stage of the justice system (as an offender)? ☐ Yes ☐ No  
*If yes, name of P.O.:* \_\_\_\_\_
- Experiencing homelessness or a runaway? ☐ Yes ☐ No
- Involved in any stage of (including exited) the foster care system? ☐ Yes ☐ No  
*If yes, name of caseworker:* \_\_\_\_\_
- Basic skills deficient (at or below 8<sup>th</sup> grade level/unable to read/write/compute)? ☐ Yes ☐ No
- English language learner? ☐ Yes ☐ No

I hereby swear that all of the information provided is true to the best of my knowledge and that there is no intent to defraud. I attest that the above address that I completed is my current legal address. All information is subject to verification and I understand that my participation may be subject to termination after enrollment if found ineligible. In addition, I hereby authorize the County Department of Social Services to release information regarding my public assistance, SNAP, and/or foster care case and probation/parole to release information regarding my case to the Capital Region Workforce Development Board or WIOA subcontractors for eligibility purposes.

**Signature of Parent/Guardian**

Applicant: if you are 18 or older, and your own guardian, you may sign here

**Date**

**Relationship to Applicant**

Note: Nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, gender, sexuality, disability, marital status, criminal record, or political affiliation.



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## WIOA Youth Programs Application

### Service Delivery Area (SDA) Complaint Guidelines

Anyone may use these guidelines to complain about any WIOA-related activity. The guidelines cover violations of the Workforce Innovation and Opportunity Act and related Federal and State laws, Regulations and Orders. This system does not prevent the use of other available legal avenues. All discrimination complaints must be filed directly with the U.S. Department of Labor, Counsel for Civil Rights, 200 Constitution Avenue, Washington, D.C. 20210.

A grievance officer is available to assist you at all stages. And, while not usually necessary, you may bring an attorney or someone else to hearings. You are entitled to: An impartial hearing officer, Confidential treatment of information in your case, Have copies of relevant records and documents available to you, Bring your own witness, Question witness, Revise a complaint, Cancel a hearing request or seek hearing reschedule under certain circumstances

The Capital District Service Delivery Area (SDA) is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries lies only, citizenship or participation in programs funded under the Workforce Investment Act (WIA) in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program, activity, or any activity of the SDA. In addition, Sexual Harassment is prohibited. Sexual Harassment is an unlawful discriminatory practice, appropriate disciplinary action will be taken against individuals and against supervisors and managers who knowingly allow such behavior to continue.

**CRIMINAL COMPLAINTS:** Report alleged fraud, abuse or other criminal action IMMEDIATELY to: 1) the U.S. Secretary of Labor, Washington, D.C. 20210 and 2) to NYS Department of Labor, Job Service and Training, State Office Building #12, State Campus, Albany, New York 12240.

**NON-CRIMINAL COMPLAINTS:** Must be made within one year of discovery as outlined below: SEND ONLY CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED. Your notices will be sent the same way.

1. **INFORMAL LEVEL:** Try to solve problems first by talking with those involved and your immediate Supervisors, Instructors or Counselors. This is the step where most disputes are settled.

IN ALBANY: Commissioner, 175 Central Avenue, Albany, NY 12206.

IN RENSSELAER: Deputy Commissioner, Employment and Training, Rensselaer County Office Bldg., 1600 7<sup>th</sup> Ave., Troy, NY 12180.

IN SCHENECTADY: Director of Workforce Development, Schenectady Job Training Agency, 797 Broadway, Schenectady, NY 12305.

2. **COUNTY LEVEL:** An unsatisfactory Step #1 decision is appealed by sending a certified letter return receipt requested within 5 working days to the appropriate County grievance officer as follows: You will be advised when a hearing is scheduled, how it will be conducted and the issue to be decided. A decision is due 5 working days after the hearing.
3. **SDA ADMINISTRATIVE ENTITY LEVEL:** An unsatisfactory Step #2 decision is appealed by requesting a hearing at this level. Send a certified return receipt requested letter within 5 working days to Commissioner, Rensselaer County Department of Employment & Training, 1600 Seventh Avenue, Troy, New York 12180.

Within 15 working days after the Administrative entity receives your appeal, it will notify you of the hearing schedule, how it will be set up and the issues to be decided. An Administrative entity decision is due no later than 60 days after the formal complaint is filed. A summary of findings, remedies to be applied and reasoning should be included in the decision notice.

4. **STATE LEVEL:** If a Step #3 decision takes more than 60 days, or is unsatisfactory, you may seek State review of the case. Send certified letter return receipt requested within 10 days to: NYS Department of Labor, Job Service & Training, State Office Building Campus, Albany, New York 12240. The State review and final decision should follow within 30 days.
5. **FEDERAL LEVEL:** If Step #4 decision takes more than 30 days, you may seek federal review of the case within 10 days of the Step #4 decision due dates. Send a certified letter return receipt requested to: U.S. Secretary of Labor, Washington, D.C. 20210.

**I have received a copy of the WIOA Complaint Guidelines.**

**Signature of Applicant:** \_\_\_\_\_

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



## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

|                                  |                             |                         |              |                |                           |          |
|----------------------------------|-----------------------------|-------------------------|--------------|----------------|---------------------------|----------|
| Last Name (Family Name)          |                             | First Name (Given Name) |              | Middle Initial | Other Names Used (if any) |          |
| Address (Street Number and Name) |                             | Apt. Number             | City or Town |                | State                     | Zip Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number | E-mail Address          |              |                | Telephone Number          |          |
|                                  |                             |                         |              |                |                           |          |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

|                        |                    |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|                                      |  |                         |          |
|--------------------------------------|--|-------------------------|----------|
| Signature of Preparer or Translator: |  | Date (mm/dd/yyyy):      |          |
| Last Name (Family Name)              |  | First Name (Given Name) |          |
| Address (Street Number and Name)     |  | City or Town            | State    |
|                                      |  |                         | Zip Code |



Employer Completes Next Page





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## WIOA Youth Programs Application

### IN-SCHOOL YOUTH ONLY – School Form

Federal regulations require the Capital Region Workforce Development Board to obtain information from the School Districts for each youth who applies to the WIOA youth program. I authorize the release of information from the School District to the agencies of the Capital Region Workforce Development Board to be used for the sole purpose of determining program eligibility.

**Signature of Parent/Guardian**

Applicant: if you are 18 or older, and your own guardian, you may sign here

**Date**

#### ↓ ↓ ↓ TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL ONLY ↓ ↓ ↓

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

- Is the student identified by the district's Committee on Special Education as having a disability?  
☐ Yes (Please attach CSE letter identifying disability)  
☐ No
- Is the student's reading level below 8<sup>th</sup> grade?  
☐ Yes  
☐ No
- Is the student enrolled in classes as an English language learner (ESL classes)?  
☐ Yes  
☐ No
- Is the student attending an Alternative Education Program during school hours?  
☐ Yes  
☐ No
- Is the student enrolled in a school or agency sponsored after-school program?  
☐ Yes, program name: \_\_\_\_\_  
☐ No

Additional Comments: \_\_\_\_\_