



"Equal Opportunity Employer/Program"
"Auxiliary Aids and Services Are Available Upon Request To Individuals With Disabilities"

Workforce Investment Act (WIA) Eligibility Certification

Eligibility Services are offered on a daily basis during Regular One-Stop Facility Hours

Huntington (304) 528-5525 ~ Logan (304) 792-7010 ~ Williamson (304) 235-6012

Testing is offered on a daily basis and provided through appointment and/or first come basis.
Should you have any questions, you may call 1-866-262-5348.

- Please be prepared to stay approximately 3-4 hours for eligibility determination and testing.
Please arrange for off-site child care services when participating in Testing Services
Please be advised that Testing is limited to Ten (10) persons per testing session

Region 2 consists of the following counties: Boone, Cabell, Lincoln, Logan, Mingo, Putnam, or Wayne. You either have to be a resident or have been dislocated from one of our counties. If your county is not listed, please call 1-866-262-5348 to be referred to the most convenient One Stop location that services your Region.

ONE ITEM of documentation from each eligibility requirement is required:

Table with 3 columns: Eligibility Requirements, Acceptable Documentation, and Provided. Rows include Citizenship/Alien Status, Residence, Social Security Number, and Photo ID.

DATA VALIDATION: (IF APPLICABLE)

Table with 2 columns: Eligibility status and corresponding documentation requirements for public assistance, disability, dislocation, and veteran status.

REGION 2 WIA INTAKE APPLICATION

CONTACT INFORMATION

Social Security Number: (Last 4 Digits) _____		Date of Birth: ____/____/____			
Name: _____					
Last Name		First Name		Middle Initial	
Address: _____					
Street/PO Box		City	State	Zip	County
Primary Phone (____) _____ - _____		Alternate Phone (____) _____ - _____			
E-Mail Address (optional): _____					

CHARACTERISTICS

Do You Have A Disability? YES NO

If YES, does your disability result in a substantial barrier to employment YES NO

If you answered YES to any question above, please briefly explain disability: _____

Have you ever been convicted of a felony? YES NO

If YES, Please Explain:

Do You Have Limited English? YES NO

Have You Received WIA Funds within the Past Five Years? YES NO

CITIZENSHIP

Are You A United States Citizen? YES NO

If No, Are You Authorized To Work In The United States? YES NO Card # _____

If Male, Are You Registered With Selective Service? YES NO Card # _____

EMPLOYMENT INFORMATION/SELF-SUFFICIENCY

Are You Currently Employed? YES NO

If YES Employer _____

Start Date	Job Title	Hourly Wage	Avg Hrs/Wk
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If Not currently employed; please list name of most recent employer; OR employed less than 2 years, please list last five (5) years of employment.

Employer _____
_____/_____/_____ to ____/____/_____
Dates Employed Job Title
Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____
_____/_____/_____ to ____/____/_____
Dates Employed Job Title
Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____
_____/_____/_____ to ____/____/_____
Dates Employed Job Title
Reason For Leaving: Lay-Off Termination Quit Other _____

Employer _____
_____/_____/_____ to ____/____/_____
Dates Employed Job Title
Reason For Leaving: Lay-Off Termination Quit Other _____

EDUCATION

Highest Grade Completed: High School Diploma GED HS Dropout College ___ Yrs/Sem
 College, Type of Degree _____
Vocational Training/Certificate/License (s) _____

Are You Currently Attending School/Training? YES NO

If YES, Program: _____

Are You Receiving Financial Assistance for Education? YES NO

Of YES, Type _____

FAMILY – Number In Family (including yourself) _____

OTHER INCOME INFORMATION:

- Food Stamp Recipient YES NO
- TANF Recipient YES NO
- SSI/SSD Recipient YES NO
- Pension YES NO
- Other YES NO

MILITARY HISTORY:

Are You A Military Veteran? YES NO

If YES, Please Provide DD214

If Veteran, Start Date Of Active Military Duty _____

Did You Serve More Than 180 Days On Active Duty In The Military? *Do Not Include National Guard Or Reserve Training Time!* YES NO

Did You Serve In Active Duty In The U.S. Armed Forces During A War Or In A Campaign Or Expedition For Which A Campaign Badge Had Been Authorized YES NO

Where You Discharged Or Released From Active Duty Because Of A Service-Connected Disability YES NO

Has The Department Of Veterans Affairs Awarded You A Service-Connected Disability Since Your Release From Active Duty? YES NO

What Is Your Service-Connected Disability Rating ? _____%

If Less Than 30%, Has The Department Of Veterans Affairs Determined That Your Service-Connected Disability Results In A Serious Employment Handicap? YES NO

Are You A Recently Separated Veteran? (*Up To 36 Months From Date Of Separation*) YES NO

DISLOCATION INFORMATION

Are you a union Member? YES NO Name of Union _____

Have You Been Laid Off Or Terminated From Your Most Recent Job YES NO

What Was The Dislocation A Result Of: (*Please Provide Documentation*)

- Actual Layoff
- Notice of Closure
- Termination
- Notice of Layoff
- Actual Closure
- Self-Employed
- Quit
- Receiving U.I.

Name of Employer/Business _____

Months with Employer of Dislocation _____

Are You Are Displaced Homemaker?

Individual Who Has Been Providing Unpaid Services To Family Members In The Home And Who:

- ✓ Has Been Dependent On The Income Of Another Family Member But Is NO Longer Supported By That Income: **AND**
- ✓ Is Unemployed Or Underemployed And Is Expecting Difficulty In Obtaining Or Upgrading Employment. YES NO

I Attest The Information Supplied On This Application Is True And Accurate To The Best Of My Knowledge.

Applicant Signature _____ **Date** ____/____/____

CIVIL RIGHTS STATEMENT

**EQUAL OPPORTUNITY IS THE LAW APPLICANT'S/CLAIMANT'S RIGHTS UNDER THE STATE
EMPLOYMENT SECURITY AGENCY.**

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

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 funded under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of citizenship/lawful residency/work status or participation in any WIA 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 WIA Title I-funded 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.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under the Employment Service/Unemployment Insurance programs or activities, you may file a complaint within 180 days of the alleged violation with either the recipient;

Alice McVey, Equal Opportunity Officer
West Virginia Bureau of Employment Programs
One Player's Club Drive
Charleston, WV 25311
(304) 558-1600
(304) 558-1549 (TDD)

The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Teresa Dailey
Region 2 Equal Opportunity Officer
Region 2 Workforce Investment Board
2600 Park Avenue, Suite 210
(304) 429-5900

OR

The Director, Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210
(202) 693-6500
(202) 693-6515/16 (TTY)

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 the 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 filed 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.

I have read the above statement and agree, indicating so below with my signature. In the event I disagree, I will not sign, and notify the individual with whom I am conducting my business.

Applicant Signature _____
Date _____ / _____ / _____

**Southwestern West Virginia Region 2
Workforce Investment Board**

**EMPLOYMENT AND WAGE VERIFICATION FOR
TRAINING PROVIDERS**

The following permission statement grants your authorization to contact current or future employers for information required by Section 136 of the Workforce Investment Act of 1998. The requirement for follow-up information concerning employment is a condition of my receiving federal funds.

Region 2 Workforce WV Scholarship Policy Letter #03
For Training Ten (10) Weeks or Less.

The training provider will submit a payment invoice on each participant, to the Region 2 Workforce Investment Board on the following basis: Quarterly (for Clock Hour Programs); Quarterly or Semester (for credit Hour Programs); Ten (10) weeks or less by Performance Contract; and Applicable PELL allocation shall be shown on statement.

The Bench Marks for 10 weeks or less training shall be:

- 50%, awarded to participant and payable to Training Provider at the time of enrollment.
- 25% at completion of training and
- 25% after proof of 30 days of employment, providing employment is within 90-days of completion. If the participant receives Pell Grant or other financial assistance, Region 2 will pay 50% of the remaining balance and then follow the Bench Mark Schedule.

Completed Employment and Wage Verification must accompany Provider Invoice
OR
Forwarded directly to Region 2 Workforce Investment Board
for 25% Final Payment to Training Provider

I, _____, give my permission to the South Western West Virginia Region 2 Workforce Investment Board and its contractors to contact my current or future employer to release employment and wage information.

Signature - Participant

Date

Signature - Training Provider

Date

EMPLOYMENT AND WAGE VERIFICATION

The following employee information is required by Section 136 - Workforce Investment Act of 1998. Information is being submitted at 30-days Employment within 90-days completion of training

Participant/Employee _____
Social Security Number

Date Training Completed _____

Employer _____

Employer FEIN # _____

Participant Hire Date _____
30 Day Employment Date

Job Title _____

Wage Rate _____

Employer Representative/Name _____
Signature

Title _____ Date _____

***Copy of pay stub attached OR copy this letter to employer company letterhead**

Please return completed form and pay verification to:

Angel Plante, Administrative Assistant * aplante@wvregion2.org
Region 2 Workforce Investment Board * www.wvregion2.org.
2699 Park Avenue, Suite 210 * Huntington, West Virginia 25704

RELEASE OF INFORMATION

PLEASE READ THE INSTRUCTIONS THOROUGHLY BEFORE MAKING YOUR CHOICE

Sharing Your Information

By participating in the WORKFORCE West Virginia system, you agree that Region 2 Workforce Investment Board and its mandated Partners may access and use all of the information contained within your application in order to best assist you in obtaining employment and in determining your eligibility for training and other services. These services may include testing, assessment, placement services, career counseling, and we may share test scores and job eligibility data with our partners to best serve you. Personal information such as race, ethnicity, sex and disability status is being requested for federal record keeping and reporting requirements and is kept confidential; however, it may be shared with the Partners to determine your eligibility for specific programs.

All WORKFORCE West Virginia employees sign a Confidentiality Agreement.

PLEASE CHECK THE BOXES BELOW, INDICATING HOW YOU WISH TO SHARE YOUR INFORMATION WITH WORKFORCE WEST VIRGINIA AND ITS PARTNERS.

- Work Keys Test Scores
- Assessments
- Eligibility Information
- Placement Services
- Career Counseling
- Veteran Status
- Job Eligibility

- I agree to the release of the information checked above to:
 - Job Service
 - Other Partner Agencies
 - Workforce Investment Act (WIA)
 - Trade Adjustment Act

I have read and understand this release and I have checked all of the boxes that apply.

Signature of WIA Participant

Date

I DO NOT wish my personal information listed above to be released.

Signature of WIA Participant

Date

WIA Staff Signature

Date

WIA Participant Contact Update Form

Please list two contact names, address and phone numbers below. If you have any questions, call 1-866-2MAKE-IT (1-866-262-5348).

PARTICIPANT NAME _____

ADDRESS _____

PHONE NUMBER _____

Contact 1

Name _____

Address _____

Phone # _____

Relationship _____

Contact 2

Name _____

Address _____

Phone # _____

Relationship _____

I _____ (signature) have been provided information by the case manager about the Supportive Services Program and follow-up procedure on _____ (date).

Case Manager _____ **Date** _____

Region 2 Workforce Investment Board Policy Letter 01

Subject: Grievance and Complaint Policy

Effective Date: November 1, 2000

Revised: September 8, 2003

1. **Purpose:** Establish and publish a procedure by which individuals are able to file a grievance or complaint related to activities available through Title I of the Workforce Investment Act of 1998.
2. **References:** Section 181(c) Workforce Investment Act of 1998; 20 CFR Part 667 Subpart F.
3. **Background:** The Workforce Investment Act of 1998 requires that each local Workforce Investment Area have a grievance or complaint procedure. This procedure must allow the opportunity for a hearing to be held within 60 days after filing.
4. **Policy:** It is the policy of the Region 2 Workforce Investment Board that all grievances or complaints will be resolved in a timely manner and, when possible, to the satisfaction of all parties. The procedure to be used is attached. This procedure does not cover allegations of discrimination based on race, color, religion, sex, national origin, age disability, or political affiliation or belief. Complaints of this nature are covered under 29 Code of Federal Regulations Part 37.
5. **Action:** Every entity which receives Title I funds through Region 2 Workforce Investment Board must provide the grievance process to applicants, participants, employees, and other interested parties. A complaint log is to be maintained by each funded entity. Individual files shall be maintained for each grievance to track documentation, progress, and resolution.
6. **Expiration Date:** Effective until rescinded or modified by the Region 2 Workforce Investment Board.
7. **Approved:** Region 2 Workforce Investment Board meeting, October 26, 2000.
8. **Revised:** Local Elected Official meeting August 26, 2003

**REGION 2 WORKFORCE INVESTMENT BOARD
GRIEVANCE PROCEDURE**

***All Workforce Investment System participants have the right to file a grievance if they are adversely affected or prejudiced by an alleged violation of the Workforce Investment Act.**

Grievance: An actual or supposed circumstance regarded as just cause to protest or complaint.

Grievance Procedure

Step 1...The person having the complaint shall discuss it with her/her immediate supervisor/instructor within two (2) working days of becoming aware of the alleged occurrence.

Supervisor/Instructor shall give a written response to grievant within three (3) working days.

Grievant accepts the decision or proceeds to:

Step 2...Grievant requests a review from the training provider/employer within two (2) working days

Training provider/employer gives a written response to grievant within five (5) working days and forwards a copy of the complaint and responses to Step 1 and Step 2 to the Region 2 Compliance Officer.

Grievant accepts the decision OR proceeds to:

Step 3...Grievant forwards grievance form within two (2) working days to:

COMPLIANCE OFFICER
Region 2 Workforce Investment Board
2699 Park Avenue, Suite 210
Huntington, West Virginia 25704

Workforce Investment Board staff reviews and/or investigates the complaint in an attempt to reach an informal resolution.

If an informal resolution cannot be reached, a formal hearing will be provided within 30 days of original filing date.

A written decision will be rendered to all parties within 30 days of hearing. An Individual alleging a labor standards violation may submit a grievance to a binding arbitration procedure if a collective bargaining agreement covering the parties to the grievance permits.

Step 4...If the grievant does not receive a written decision within sixty –days (60) of original filing date OR receives an unsatisfactory decision, the grievant has ten (10) days to request a review of the grievance by:

Virginia State WIA Compliance Officer **WORKFORCE West**
112 California
Building 4
Charleston, West Virginia 25305

The decision of the State WIA Compliance Officer is final except where there is reasonable cause to believe the Workforce Investment Act or regulations have been violated. If reasonable cause exists, either party may request a determination by the Secretary of Labor.

BY SIGNING THIS FORM YOU ARE ATTESTING THAT YOU HAVE RECEIVED
A COPY OF THE REGION 2 WORKFORCE INVESTMENT BOARD GRIEVANCE
PROCEDURES.

Signature _____ Date _____

FILING DATE: _____

REGION 2 WORKFORCE INVESTMENT BOARD
GRIEVANCE FORM

Name: _____ Social Security Number: _____

Address:

Street/ P.O. Box	City	State	Zip Code
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Telephone Number: (____) _____ Alternate Telephone Number: (____) _____

Training Provider/ Employer: _____

Instructor/ Supervisor: _____

Address: _____

Street / P.O. Box	City	State	Zip Code
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STEP 1

Nature of Complaint/ Grievance: ***All Workforce Investment System participants have the right to file a grievance if they are adversely affected or prejudiced by an alleged violation of the Workforce Investment Act.** (Specify section of Act or regulations grievant seeks compliance with)

Remedy Sought:

Customer's Signature: _____ Date: _____

Supervisor/ Instructor's Response/ Decision:

Supervisor's Signature: _____ Date: _____

Complainant's Answer to Decision: _____ _____ _____ _____
--

I am **satisfied** with the Decision.

I am **not satisfied** with the Decision and wish to proceed to **Step 2**.

STEP 2

Decision of Training Provider / Employer: _____

Signature of Training Provider/Employer: _____ Date _____

Customer's Answer to Step 2 Decision:

I am satisfied with the Decision

I am not satisfied with the Decision and request a review, investigation, or hearing, as appropriate.

Customer's Signature: _____ Date _____

STEP 3

FORWARD TO:

Compliance Officer
Region 2 Workforce Investment Board
2699 Park Avenue, Suite 210
Huntington, West Virginia 25704

TIME FRAME:

- Step 1: *Supervisor responds within three (3) working days of filing
 *Customer appeals/responds within two (2) working days of response.

- Step 2: *Training Provider/Employer responds in writing within five (5) working days of receipt of grievance.

- Step 3: *Customer forwards grievance within two (2) working days of decision.
 *Workforce Investment Board staff reviews information, resolves complaint during informal process or schedules hearing within 30 days of original filing date.

 *Written response confirming informal resolution or formal hearing decision provided to all parties within 60 days of original filing date.

 *This response will specify final course of action available to grievant if this response is not acceptable.