

# WORK FORCE

West Virginia  
USA

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

## Workforce Investment Act (WIA) Eligibility Certification Documentation List

Region 2 consists of the following counties: Boone, Cabell, Lincoln, Logan, Mingo, Putnam, Wayne

You must be a resident of, or dislocated from, one of the above counties to be eligible in Region 2.

Should you have any questions, you may call 1-866-262-5348

### (Eligibility Requirement\Acceptable Documents (one item from each requirement is required))

- Citizenship/Alien Status** **Document Provided** \_\_\_\_\_  
birth certificate, hospital record of birth, voter's registration card, public assistance records, any government document with birthplace, foreign passport stamped eligible to work, naturalization certificate, US passport, school records, alien registration card indicating right to work (INS forms I-151, I-551, I-94, I-688A, I-197, I-179), *if place of birth is shown*: marriage certificate, child's birth certificate, baptismal certificate, DD214 report of transfer or discharge from military, Native American tribal records
- Date of Birth** **Document Provided** \_\_\_\_\_  
birth certificate, hospital record, voters registration, baptismal record, federal-state-local ID card, driver's license, public assistance/social service records, school records\ID, work permit, tribal records, Department of Vital Statistics records
- Family Size** **Document Provided** \_\_\_\_\_  
birth certificates, most recent tax return, social security cards, public assistance records
- Income/Public Assistance Recipient** **Document Provided** \_\_\_\_\_  
most recent pay stub, benefit payment verification, public assistance records, copy of public assistance check, medical card showing cash grant status, refugee assistance records, public assistance identification card, food stamp card w\current date, letter from food stamp disbursing agency, postmarked food stamp mailer with acceptable name and address, WIA-5 self certification
- Residence (must show current physical address)** **Document Provided** \_\_\_\_\_  
driver's license, utility bill, rent receipt with address, food stamp record, property tax records
- Social Security Number (must show #)** **Document Provided** \_\_\_\_\_  
soc sec card, DD214, employment records, agency printout, unemployment records, W-2, IRS 1722
- Selective Service (all males age 18\over)** **Document Provided** \_\_\_\_\_  
selective service registration card, internet verification (can be printed at [www.sss.gov/records.html](http://www.sss.gov/records.html))
- Veteran Status (must have DD214)** **Document Provided** \_\_\_\_\_
- Dislocated Worker** **Document Provided** \_\_\_\_\_  
verification from employer, rapid response list, notice of layoff, UI records, public announcement with UI cross match
- Photo I.D.** **Document Provided** \_\_\_\_\_  
driver's license, military ID, school ID
- Disability Status** **Document Provided** \_\_\_\_\_  
Voc-rehab letter, Veterans Administration letter or records, Worker's Compensation records, physician statement

# 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

Are you homeless?  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 (most recent pay stub)

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 (Please begin with the most recent.)**

Highest Grade Completed:  High School Diploma  GED  HS Dropout  College \_\_\_ Yrs/Sem

College, Type of Degree \_\_\_\_\_

Name of School \_\_\_\_\_

City/State

Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Are You Currently Attending School/Training?  YES  NO

If YES, Program: \_\_\_\_\_

Training Institution \_\_\_\_\_

City/State

Are You Receiving Financial Assistance for Education?  YES  NO

If YES, Type \_\_\_\_\_

**ADDITIONAL EDUCATION**

Type of Training (i.e., Vocational) \_\_\_\_\_

Name of School \_\_\_\_\_

City/State

Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**CERTIFICATION** (Please provide the information for all the certifications you have completed)

Certification Title: \_\_\_\_\_

Awarding Institution: \_\_\_\_\_

City/State: \_\_\_\_\_

Expiration Date: (if applicable) \_\_\_\_\_

Description: \_\_\_\_\_

**LICENSES, SKILLS, QUALIFICATIONS AND ACHIEVEMENTS**

Please provide any additional information describing skills that can be related to employment. Examples: volunteer or leisure activities, ability to operate special equipment, membership in professional organizations, etc.

*Check all that apply*

Barber/Cosmetology

Construction/Renovation

Driver's License/CDL

General

Healthcare

Mining

Professional Services

Real Estate

Safety

Title: \_\_\_\_\_

Additional Details/ Description: \_\_\_\_\_

Expiration Date (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Experience: \_\_\_\_\_

**FAMILY** – Number In Family (including yourself) \_\_\_\_\_

**ANNUAL FAMILY INCOME**- (Gross Amount) \$ \_\_\_\_\_

**OTHER INCOME INFORMATION:**

Food Stamp Recipient  YES  NO Pension  YES  NO

SSI/SSD Recipient  YES  NO Other  YES  NO

TANF Recipient  YES  NO Specify \_\_\_\_\_

**MILITARY HISTORY:**

Are You A Military Veteran? **If YES, Please Provide DD214**  YES  NO

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

If Veteran, Start Date Of Active Military Duty \_\_\_\_\_ End Date \_\_\_\_\_

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

Were 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

### 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)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Actual Layoff    | <input type="checkbox"/> Notice of Closure | <input type="checkbox"/> Termination   |
| <input type="checkbox"/> Notice of Layoff | <input type="checkbox"/> Actual Closure    | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Quit             | <input type="checkbox"/> 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** \_\_\_\_/\_\_\_\_/\_\_\_\_

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CIVIL RIGHTS STATEMENT

**EQUAL OPPORTUNITY IS THE LAW**

As an APPLICANT/CLAIMANT, we welcome you to WORKFORCE West Virginia.

**--- 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 under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of citizenship/lawful residence/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 WIA Title I-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient: Alice McVey, Equal Opportunity Officer, WORKFORCE West Virginia, 112 California Avenue, Charleston, WV 25305, 304-558-1600; 304-558-1549 (TDD) or The Director, Civil Rights Center, (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, 202-693-6502; 202-693-6516/16 (TTY).

If you file a 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 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 Civil Rights Statement and understand it.

\_\_\_\_\_ I Agree \_\_\_\_\_ I Disagree

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
SSN - Last 4 Digits

\_\_\_\_\_  
Date

## Contact Update Form

Please list two contact names, address and phone numbers below

**PARTICIPANT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

### Contact 1

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number with Area Code** \_\_ (\_\_\_\_) \_\_\_\_\_

### Contact 2

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number with Area Code** \_\_ (\_\_\_\_) \_\_\_\_\_

**Case Manager** \_\_\_\_\_ **Date** \_\_\_\_\_

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

## 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 his/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 240, Room B-09  
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:

State WIA Compliance Officer  
WORKFORCE West Virginia  
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 \_\_\_\_\_

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## **WORKFORCE West Virginia Privacy/Disclaimer Statement**

By enrolling with WORKFORCE West Virginia you agree that the career partners can see and use the information contained within your application in order to better provide assistance to you in determining eligibility for assistance in obtaining employment, training for employment, or other services. Personal information such as social security number, race, ethnicity, sex and disability status is being requested for federal record keeping and reporting requirements only and is kept confidential. For your convenience, our Privacy Policy is provided below.

**I have read the above statement and agree, indicating so below with my signature, that the WORKFORCE West Virginia Partners can see and use the information in this application in order to provide assistance to me. In the event I disagree, I will not sign and notify the individual with whom I am conducting my business.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### **INFORMATION VALUES AND PRIVACY POLICY STATEMENT**

Our Consumer Information Values and Privacy Policy is provided to help you understand how we protect your personal information. This policy provides you with an opportunity to make informed choices about the management of personal information. Also, there are several convenient ways to obtain more information, including answers to commonly asked questions about privacy. You may call toll-free at 1-877-967-5498 with any further questions or concerns.

#### **VALUES**

##### **Information security is a priority**

One of our highest priorities is information security. We regularly review our security standards and practices to protect against unauthorized access to information.

#### **POLICY**

##### **How we keep information secure.**

Information security is one of our highest priorities. This priority is emphasized by our internal employee Code of Conduct, this Privacy Policy, and the contracts and agreements that we sign with external suppliers and partners. Employees who violate our policies and procedures regarding privacy are subject to disciplinary action, and our partners and suppliers are bound to uphold our procedures regarding privacy under the terms our legal contracts with them. We safeguard information by regularly assessing security standards and procedures to protect against unauthorized access to personal information.

We limit access to personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your personal information.

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**WEST VIRGINIA BUREAU OF EMPLOYMENT PROGRAMS  
WORKFORCE INVESTMENT ACT  
DISCRIMINATION COMPLAINT PROCEDURES**

**TO ALL CLAIMANTS/APPLICANTS/PARTICIPANTS**

The Bureau of Employment Programs endorses and promotes equal opportunity in all its endeavors as a public service agency. Assurances have been given to the U.S. Department of Labor that all services and benefits will be provided without regard to race, color, sex, religion, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship, or participation in, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with any Workforce Investment Act Title I financially assisted program or activity.

As a recipient of federal funds the Bureau of Employment Programs has adopted procedures for processing allegations of discrimination prohibited by Title VI of the Civil Rights Act of 1964, Section S04 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, Title IX of the Education Act of 1972, Age Discrimination Act of 1975, Section 188 of the Workforce Investment Act and the U.S. Department of Labor implementing regulations at 29 CFR 37.

Complaints alleging discrimination may be filed with either the U.S. Department of Labor, Civil Rights Center or the Bureau of Employment Programs within 180 days of the alleged incident. The Civil Rights Center may, for good cause shown, extend the filing deadline. Complain forms may be obtained from the office manager or the Bureau's Equal Opportunity Officer.

For Information or to file a complaint contact:

Alice McVey, EO Officer  
WORKFORCE West Virginia  
112 California Avenue  
Charleston, WV 25305  
Telephone (304) 558-1600  
TDD (304) 558-1549

OR Annabelle Lockhart, Director  
Civil Rights Center  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Room N-4123  
Washington, DC 20210  
Telephone (202) 219-7026  
TDD (202) 219-7003

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## 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' 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

\_\_\_\_\_  
Learning Center Staff

\_\_\_\_\_  
Date

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



State of West Virginia  
 Joe Manchin III  
 Governor

Office of the Governor  
 State Capitol  
 1900 Kanawha Boulevard, E.  
 Charleston, WV 25305

Telephone: (304) 558-2000  
 Toll Free: 1-888-438-2731  
 FAX: (304) 342-7025  
 www.wv.gov

**EQUAL OPPORTUNITY POLICY STATEMENT**

It is the policy of the State of West Virginia to afford equal opportunity in all aspects of employment and training regardless of race, color, religion, national origin, political affiliation, disability, citizenship, sex or age; and to assure compliance with Section 188(a) of the Workforce Investment Act (WIA), as set forth below.

**NONDISCRIMINATION**

**Section 188(a)**

- (1) For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101, *et seq.*), on the basis of disability under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, *et seq.*), or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d, *et seq.*), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.
- (2) No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of, or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.
- (3) Participants shall not be employed under Title I of the WIA to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with respect to the maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship in which the organization operating the facility is part of a program or activity providing services to participants).
- (4) No person may discriminate against an individual who is a participant in a program or activity that receives funds under Title I of the WIA with respect to the terms and conditions affecting, or rights provided to the individual, solely because of the status of the individual as a participant.
- (5) Participants in programs and activities or receiving funds under Title I of the WIA shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the U.S. Attorney General to work in the United States.

If you believe you have been subjected to discrimination, you may file a written complaint within 180 days from the date of the alleged violation with either of the following:

Equal Opportunity Officer  
 WORKFORCE West Virginia  
 112 California Avenue  
 Charleston, West Virginia 25305  
 Telephone (304) 558-1600  
 TDD (304) 558-1549

Director, Civil Rights Center  
 U.S. Department of Labor  
 200 Constitution Avenue, NW, Room N-4123  
 Washington, DC 20210  
 Telephone (202) 693-6502  
 TDD (202) 693-6515



Joe Manchin III  
 Governor

## EQUAL OPPORTUNITY IS THE LAW

**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 financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on  
the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States,  
or his or her participation in any 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-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 program or activity.

**What to do if you believe you have experienced discrimination:**

If you think that you have been subjected to discrimination under WIA Title I-financially assisted program or activity, you may file a complaint with 180 days from the date of the alleged violation with either the recipient,

Alice McVey, Equal Opportunity Officer WORKFORCE West Virginia 112 California Avenue Charleston, West Virginia 25305 (304) 558-1600 TDD (304) 558-1549	or	Annabelle Lockhart, Director, Civil Rights Center (CRC) U.S. Department of Labor 200 Constitution Avenue, NW, Room N-4123 Washington, DC 20210 (202) 693-6502 TTY (202) 693-6515
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If you file your complaint with the recipient, you must wait until either the recipient issues a written Notice of Final Action or until 90 days have passed (whichever is sooner), before filing with the CRC (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 the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

### **Regional EO Officer Information:**

#### **Region 1**

Palma Stafford, EO Officer  
200 Value City Center, Suite 200  
Beckley, WV 25801  
Telephone: (304) 253-3611

#### **Region 4**

**Janelle Dotson, EO Officer**  
531 Market Street  
Parkersburg, WV 26101  
Telephone: (304) 422-4993

#### **Region 7**

Tammy Judy, EO Officer  
P.O. Box 849  
Petersburg, WV 26847  
Telephone: (304) 257-2448

#### **Region 2**

Teresa Dailey, EO Officer  
2699 Park Avenue, Suite 210  
Huntington, WV 25704  
Telephone: (304) 429-5900

#### **Region 5**

Kathy Klee, EO Officer  
109 Mt. wood Rd, Suite 2  
Wheeling, WV 26003  
Telephone: (304) 231-1170

#### **Region 3**

Charlotte Price, EO Officer  
P.O. Box 3726  
Charleston, WV 25337  
Telephone: (304) 344-5760

#### **Region 6**

Amy Hall, EO Officer  
107-109 Adams Street, Suite 140  
Fairmont, WV 26554  
Telephone: (304) 368-9530

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**Region 2 Workforce Investment Board  
YOUTH SERVICES ELIGIBILITY ADDENDUM**

**CUSTOMER'S CONTACT INFORMATION**

Age at Registration: \_\_\_\_\_ County: \_\_\_\_\_

**EDUCATION INFORMATION**

Basic reading and/or numerical skills deficient?  Yes  No

Initial Reading level \_\_\_\_\_ Initial math level \_\_\_\_\_

Are you behind a grade level?  Yes  No      Are you functionally illiterate?  Yes  No

**EDUCATION STATUS- Check One:**    In School, High School or less       In School, post High School

Not attending, High School- drop out       Not attending, High School graduate

If not High School graduate, do you have your GED  Yes  No    Date passed GED \_\_\_\_\_

Highest grade you completed in school \_\_\_\_\_      Are you in alternative school  Yes  No

**PUBLIC ASSISTANCE INFORMATION**

Family Status:

Are you a parent in a 1 parent family?  Yes  No      Are you a parent in a 2 parent family?  Yes  No

Are you a single parent?  Yes  No      Not a family member?  Yes  No

Number of family (including yourself) \_\_\_\_\_ Annual family income: \$ \_\_\_\_\_

**BARRIERS/EXCEPTIONS NOT PREVIOUSLY LISTED**

Are you a foster child or aging out of foster care?  Yes  No      Are you a homeless individual?  Yes  No

Are you a runaway youth?  Yes  No      Are you an offender?  Yes  No

Are you pregnant or a parenting youth?  Yes  No      Are you a youth who needs additional assistance?  Yes  No

Do you have a substance abuse problem?  Yes  No      Are you a child of an incarcerated parent?  Yes  No

Institutionalized?  Yes  No

**I attest the information supplied on this application is true and accurate to the best of my knowledge.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If the applicant is under age 18, the parent or legal guardian's signature authorized the applicant to participate (if the applicant is determined eligible and if funds are available)**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

