

WIOA Out of School Youth Program

Thank you for your interest in the One Stop Career Center WIOA Youth Program. The One Stop Career Center is located on the Rowan College of South Jersey Campus. Carefully read the instructions below for processing your application.

REQUIREMENT

Must be a Gloucester County Resident between the ages of 16 and 24.

Pre-vocational, Vocational, and Career-Oriented classes

Hours: Monday - Thursday from 9:00 am – 2:30 pm

Minimum attendance of 15 hours per week

Steps for enrolling:

1. Fill out the enclosed application and records release form.
Email to: wioa.training@dol.nj.gov
or drop off at: One Stop Career Center
1480 Tanyard Rd, Suite A
Sewell, NJ 08080
2. Enclose your Certificate of Non-Enrollment from the last school you attended or the school district in which you live.
3. Enclose copies of all required paperwork for the WIOA (Workforce Innovation and Opportunity ACT) (see enclosed memo for a complete list.)
4. Upon successful completion of your Youth Application, you will schedule a date and time to complete your CASAS test (a basic skills test). This test takes approximately 3 hours to complete.
5. Once the CASAS is completed and scores are reviewed, you will receive determination of eligibility.

Please make sure that all the required paperwork is submitted in a timely fashion. If any items are missing, your application will not be reviewed until all required documentation is received. Thank you for your interest in the One Stop Career Center WIOA Youth Program.

WIOA Eligibility Documents Required with Application

Students are WIOA eligible if they meet one or more of the items listed:

- An Out-of-School youth (OSY) is an individual who is:
 - Not attending any school (as defined under State law);
 - Program is for one year duration for HSE and one year duration for follow-up ONLY.
- One or more of the following:
 - A school dropout;
 - A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. School year calendar quarters are based on how a local school defines it's school year quarters;
 - A recipient of a secondary school diploma or it's recognized equivalent who is a low income individual and is either basic skills deficient or an English language learner;
 - An individual who is subject to the juvenile or adult justice system;
 - A homeless individual (as defined in sec. 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), a homeless child or youth (as defined in sec. 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677), or in an out-of-home placement;
 - An individual who is pregnant or parenting;
 - An individual with a disability;
 - A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. (WIOA Sec. 3(46) and Sec. 129 (a)(1)(B)) (20 CFR 681.210)

Documents needed with application:

1. Birth Certificate (copy accepted)
2. Social Security Card (copy accepted) – Must have copy of actual card
3. Proof of Residency (post office stamped mail with student's name and current address on it)
4. Students who are classified in school (eligible for special education services) must turn in IEP with the application.
5. Selective Service for males 18 years or older

WIOA Youth - Out of School Literacy Program

Return to:

One Stop Career Center
1480 Tanyard Road, Suite A
Sewell, NJ 08080
Email: wioa.training@dol.nj.gov

Date:

Last Name

First Name

M.I.

Social Security Number

Date of Birth

Gender

Age

Street Address

City

State

Zip Code

Email

Telephone Number

Marital Status

Name of Parent/Guardian/Emergency Contact

Relationship

Telephone Number

Pregnant?

Parenting youth?

If yes, how many children?

Have you ever been involved with DYFS and/or Foster Care?

Are you currently on probation?

Are you currently on parole?

How did you find out about the One Stop Career Center Youth Program?

Education Background:

Last School Attended

Grade Level & Date Last Attended

Involved with Child Study team/Special Education?

If so, what is your classification?

Did you ever take GED Prep Classes?

If yes, where/when:

Did you ever take GED test?

If yes, where/when:

Scores:

I acknowledge that the information provided on this application is true and correct to the best of my knowledge. I understand and agree that falsification of information on this application could lead to dismissal from the WIOA Youth Program.

Signature of Participant

Date:

Signature of Parent/Guardian*
*(if participant is under 18 years of age)

Date:



Certification of Non-enrollment in School for 16 to 21 Year Olds

Agency: _____

This form must be completed and presented at the time of registration in an adult education program.

If any information is misrepresented on this form, the State of New Jersey reserves the right to invalidate any program and deny further access to any adult program options.

PART A: To be completed by applicant *(for 16 and 17 years olds Only — Parent/Guardian must sign)*

First Name: _____ Last Name: _____ Social Security Number: _____

Number and Street: _____ County: _____ ZIP Code: _____

Telephone: _____ Birth Date: ____/____/____

Name of last New Jersey high school attended: _____

Address of last New Jersey high school attended: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(For 16 and 17-year olds)

PART B: To be completed by the Superintendent or High School Principal in the Public-School District of Residence.

I, the undersigned, do hereby certify that _____ is not on school rolls in this district.

Signature of Principal or Superintendent: _____ Date: _____

Title: _____ Telephone: _____

Place Raised School
Seal or Notary's
Signature Here

American Job Center
Universal Authorization Request
Consumer/Customer Medical and Information Release Form

Consumer/Customer Name: _____ DOB: _____

Address: _____

Social Security Number – last four digits: _____ ***SSN is used for data matching purposes only**

Agency Name: _____

I authorize the American Job Center and partner agencies (DVRs, Employment Service, WIOA Adult, Dislocated, Youth, WFNJ (public assistance), and WLL) to obtain and release copies of all program-generated records, which include my name, social security number, student ID, address, and date of birth. I understand the use of the records is limited to and in connection with information exchange, the audit and evaluation of federally supported education and training programs, or in connection with the enforcement of the federal legal requirements related to Title I, II, III, & IV of WIOA grant programs.

This information will remain in effect for three (3) years from the signature date unless limited herein which case it will expire on: _____.

If I wish to revoke this authorization before the date listed above, I must provide written notice to the American Job Center or issuing partner. The revocation will not have any effect on any actions the American Job Center's partners have already taken in reliance on the Authorization before receiving written revocations.

I may refuse to sign or may revoke at any time, this authorization for any reason and that refusal or revocation will not affect the commencement, continuation, or quality of my treatment at the American Job Center unless it is necessary to make an eligibility determination, develop a plan of service or to provide services.

I have read this authorization and have had the chance to ask questions about the use and disclosure of my information. By signing below, I voluntarily authorize the American Job Center and its partners to use my information in the manner described above.

Client or Guardian Signature: _____ Date: _____

If this form is signed by a parent or guardian, please complete the following:

Print name of client's parent or guardian: _____ Relationship: _____

YOUTH LITERACY: KNOW YOUR RIGHTS

CUSTOMER ACKNOWLEDGMENT FORM

✓ Yes, I received the publication

Know Your Rights: Equal Opportunity is the Law, which

- explains the equal opportunity law,
- informs me of my right to file a complaint, and
- describes the types of complaints and filing requirements.

One-Stop Career Center staff explained these rights to me, gave me the opportunity to ask questions, and included the name, address and telephone number for the One-Stop Career Center Complaint Specialist, the Workforce Development Board (WDB) Equal Opportunity Officer, and the State Equal Opportunity Officer.

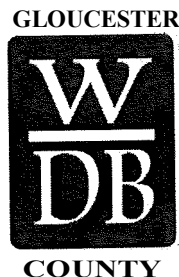
Customer Signature: _____

Customer Name (*please print*): _____

Date _____

NJ00# _____

Parent/Legal Guardian: _____



EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA 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 WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

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

What to Do If You Believe You Have Experienced Discrimination

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

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

the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc.

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 may file a complaint with CRC before receiving that Notice. 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. (29 CFR Part 38.35)

For more information, contact: <https://www.nj.gov/labor/career-services/onestops/eocontacts.shtml>

| Type of Complaint | How to File A Written Complaint | What Happens Next | Appealing a Decision | Secondary Appeals |
|---|--|--|---|---|
| <u>Discrimination</u> Complaint alleging discrimination by the OSCC (Job Service/ Workforce Innovation and Opportunity Act (WIOA) Title I funded entity) because of race, color, religion, sex, national origin, age, disability, political affiliation, belief, or citizenship status as a lawfully admitted immigrant authorized to work in the US. | Within 180 days of the alleged act of discrimination, a complaint can be filed with the Local or State EOO or Complaint Specialist | The recipient of the complaint has 90 days to respond to the complainant with a Notice of Final Action | The complainant has 30 days after the Notice of Final Action to file an appeal with the USDOL - Civil Rights Center. If no Notice of Final Action is received, the complainant has 30 days from the end of the 90 days to file an appeal. | n/a |
| <u>Workforce Innovation and Opportunity Act (WIOA) Services</u> Complaint alleging violation of the WIOA and/or provisions of a related agreement | Complaints should be filed with the local One Stop Complaint Specialist. There is no time limit for filing a complaint. | Within 60 days of filing the complaint, the recipient of the complaint will conduct a hearing and offer a written decision | If complainant does not receive a decision within 60 days, or receives an adverse decision, complainant has 30 days to file an appeal to the LWD - Director, Workforce Field Services | When complainant has exhausted the local and State complaint process, complainant may appeal to the Secretary of the U.S. Department of Labor |
| <u>Job Service/Labor Exchange</u> Complaint about One-Stop Job Service actions or omissions | Within 1 year of the alleged occurrence, a complaint can be filed with the local One- Stop Complaint Specialist | Complaint specialist will attempt to resolve complaint within 15 working days (5 days for complaints by MSFWs) | If the local complaint specialist does not resolve the complaint, it is sent to the State Complaint Specialist who has 30 days (20 days for complaints by MSFWs) to respond | When complainant has exhausted the local and State complaint process, complainant may appeal to the Regional Administrator, USDOL ETA |
| <u>Employer/Labor Standards</u> Complaint from customer placed into an On-the-Job Training program alleging labor standards violations under 29 USC § 2931(b) | Complaints should be filed in writing with the local One-Stop Complaint Specialist | Within 60 days of filing the complaint, the recipient of the complaint will complete a hearing and offer a written decision | If complainant does not receive a decision within 60 days, or receives an adverse decision, complainant has 30 days to appeal to the LWD, Dir. Workforce Field Services | When complainant has exhausted the local and State complaint process, complainant may appeal to the Secretary of Labor |
| <u>Employer/Job Service Referral</u> Complaint against an employer about the specific job that an applicant was referred to by the Job Service at the One-Stop | Within 1 year of the alleged occurrence, a complaint can be filed w/ the local One- Stop Complaint Specialist | Complaint specialist will attempt to resolve complaint within 15 working days (5 days for complaints by MSFWs) | If the local complaint specialist does not resolve the complaint, it is sent to the State Complaint Specialist who has 30 days (20 days for complaints by MSFWs) to respond | When complainant has exhausted the local and State complaint process, complainant may appeal to the Regional Administrator - DOL ETA |
| <u>Trade Assistance Act</u> TAA/TGAAA of 2009 Petitions and determinations of eligibility to apply for worker adjustment assistance. Appeal for Redetermination of TRA benefits | A TAA Program Complaints should be filed in writing with the local One-Stop TAA Staff/Complaint Specialist in writing within 30 days. | Complaint Specialist will route Reconsideration request /complaints to the appropriate enforcement agency (USDOL) and also a Judicial Review | The certifying officer shall make and issue a determination granting or denying reconsideration within 15 days after the receipt of the application. | Workers who are denied certification may seek Judicial Review. Appeals must be filed with the case management supervisor of the US Court of International Trade in NY. Within 60 days |
| <u>Other Complaints</u> | Complaints should be filed in writing with the local One-Stop Complaint Specialist | Complaint Specialist will route complaints to the appropriate enforcement agency, another public agency, or other appropriate assistance | Complaints will be handled according to each agency's established complaint resolution process | Complaints will be handled according to each agency's established complaint resolution process |
| New Jersey LWD is an Equal Opportunity Employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities. | | | | |