

FUNDING STREAM
100% Federal Funding

Region 2

WORK FORCE

West Virginia
USA

**Workforce Innovation &
Opportunity Act (WIOA)**

Information Pack & Application

A proud partner of the American  JobCenter[®] network

Beginning July 16, 2012, clients who enroll in outside training programs funded by the Workforce Innovation and Opportunity Act (WIOA) *(Individualized Training Accounts and On-The-Job Training provided by an eligible program / provider)* will be subject to a mandatory drug screening.

Please do not hesitate to ask any questions about this change.

Thank you for your cooperation.

Who will be screened?

All clients who receive outside training paid for by the Workforce Innovation & Opportunity Act will be screened. This policy includes individual training plans and on-the-job training. This policy does not apply to in-office One-Stop services such as career counseling, resume writing~ or outside training provided by Trade Adjustment Assistance (TAA) and Adult Basic Education {ABE}.

What is the process for drug screening?

Prior to enrollment in training, a One-Stop staff member will explain the drug screening policy to the client. The staff member will provide the client with a list of approved drug screening facilities and a Drug Screen Authorization Form. Clients have until close of the next business day to take the Drug Screen Authorization Form to one of the approved screening sites. Screening will be completed by urinalysis. The results of the drug screen will be processed and mailed to the client. All clients will receive a certificate that clearly indicates the results of the screen. To receive outside training, clients must bring the certificate, indicating a negative result to the One-Stop as soon as possible, but in any event, it will be valid for 90 days.

Are the results confidential?

The results are confidential. The drug screen provider will send the results directly to the client.

Where do clients go to take a drug screen?

One-Stop Career Centers will provide clients with a list of approved local drug screening locations.

How long do clients have to complete a drug screen?

All drug screens must be completed by the close of the next business day.

What do clients need to bring to the drug screening facility?

Clients must bring the signed Drug Authorization Form (provided by One-Stop Career Center) and a valid, government-issued photo.

What happens to clients taking legally-prescribed medications?

Clients taking legally prescribed prescriptions should be prepared to discuss any medications with the drug screen provider. Clients who screen positive may be contacted by the drug screen provider to determine if the positive result may have been caused by a legally-prescribed medication. Any discussions between the drug screening staff and the client will remain confidential. Clients should not discuss medications with One-Stop staff.

What kind of drug screen do One-Stop Centers use?

Drug screening is conducted through urinalysis. The screening tests for 10 panel substances:

- | | |
|------------------------|-------------------------|
| 1. Amphetamines | 6. Benzodiazepines |
| 2. Cannabinoids/THC | 7. Propoxyphene |
| 3. Cocaine | 8. Methadone |
| 4. Opiates | 9. Barbiturates |
| 5. Phencyclidine (PCP) | 10. Synthetic Narcotics |

How do clients get the results?

The drug screen provider will mail the results via the U.S. Postal Service

What are the drug screen results?

Negative - the client screened negative for controlled substances and will be processed for training as appropriate.

Positive – the client screened positive for controlled substances and will not be processed for training at this time.

Will clients who screen positive be referred to substance abuse counseling?

Yes, all clients will receive information on substance abuse counseling.

Can clients appeal the results of a drug screening'?

Yes, clients may appeal a positive drug screen. All appeals must be submitted in writing within 30 calendar days of receiving the results. Clients will receive information on the appeals process prior to the drug screen.

What happens to applicants who screen positive for drugs?

Clients who screen positive cannot enroll in a training program for 90 days. If that individual passes a drug screen after 90 days he/she will be able to enroll. A second positive screen will result in a one year exclusion from training.

What If a client refuses to take the drug screen?

Clients who refuse to take a drug screen will not be processed for training.

Will clients already enrolled in training be screened?

No, this policy only affects new enrollments to training programs.

Who pays for the drug screen?

Workforce Innovation & Opportunity Act funds.

Will this policy affect unemployment insurance benefits?

No, individuals who screen positive will not be denied unemployment insurance benefits. But they will not be eligible for outside training under the Workforce Innovation & Opportunity Act.

Will clients who submit to a drug screen for on-the-job training have to take the employer drug screen too?

It is up to the employer to decide whether the One-Stop drug screen is adequate or if another screen given by the employer is required. Workforce West Virginia (WFWV) may accept an employer's drug screen results if no more than 30 days old, are for the same 10 panel substances, and they meet the appropriate cutoff levels established by WFWV.

How do I know that this policy doesn't break any laws or violate my rights?

The Workforce Innovation & Opportunity Act (WIOA) provides states with the authority to screen participants of Workforce Innovation & Opportunity Act funded activities for controlled substances and deny those who screen positive of services.

Do other states require clients enrolled in WIOA training programs to take a drug screen?

Yes, Indiana requires a drug screen be given to all clients who enter training programs.

PLEASE READ EVERYTHING CAREFULLY AND SIGN ALL DOCUMENTS!

WIOA Fact Sheet

- You are here today to determine WIOA eligibility. Please wait until you speak to a WIOA Career Planner for specific information.
- WIOA eligibility does not guarantee funding for training costs.
- The WIOA Career Planner will set up an initial appointment. Your appointment will be scheduled after completing your WORKKEYS assessments.
- You must meet with a WIOA Career Planner to review your WORKKEYS Assessment scores and to review your work history and current skills. At that time, you will be able to ask questions and discuss options.
- You must meet certain requirements for training that will be explained in detail once you meet with a Career Planner. Remember that the WIOA process takes time and requires the customer to follow the policies and procedures outlined by the Region 2 Workforce Investment Board.

Eligibility is conducted in Huntington on Thursdays at 8:15 a.m. and in Logan on Tuesdays at 9:00 a.m. Allow 4 hours on the day of eligibility for assessments. ***NO FOOD, NO DRINKS AND NO CELL PHONES ARE ALLOWED IN THE ROOM WHEN TAKING THE WORKKEYS ASSESSMENT!***

For additional information call 1-866-262-5348.

ATTENTION:

If you are receiving Unemployment Compensation, or have Exhausted Compensation without returning to work, the only documentation for WIOA eligibility is as follows: This documentation is required for the Dislocated Worker ONLY.

- Proof of citizenship (see next page for acceptable documentation)
- Photo Identification
- Proof of residence (see next page for acceptable documentation)
- Social Security Number verification
- Proof of Unemployment Compensation or layoff letter from employer
- If male age 18 and above, Selective Service Registration verification
- DD-214 for Veteran Status-if applicable

Adults seeking WIOA eligibility determination must provide ALL documentation on the following page including family size and income.

Workforce Innovation and Opportunity Act (WIOA) 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) MUST HAVE ONE DOCUMENT FROM EACH ITEM WHERE APPLICABLE

1. Citizenship / Alien Status

Document Provided: _____

Birth certificate, public assistance records, any government document with birthplace; foreign passport stamped eligible to work, naturalization certificate, US passport, DD214 report of transfer or discharge from military if place of birth is shown, alien registration card indicating right to work (INS forms 1-151, 1-551, 1-94, I-68SA, I-197, 1-179), if place of birth is shown: hospital record of birth, marriage certificate, baptismal certificate, Native American tribal records

2. Date of Birth

Document Provided: _____

Birth certificate, hospital record, 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

3. Social Security Number (must show #)

Document Provided: _____

Social security card, DD214, employment records, agency printout, unemployment records, W-2, IRS 1722

4. Income

Document Provided: _____

Pay stubs for the past two (2) months, Notarized letter of financial support, social security benefits, public assistance records, housing authority verification, compensation award letter employer statements, alimony agreement, bank statements, UI documents and/or printouts, court award letter, veterans administration award, pension statements

5. Family Size

Document Provided: _____

birth certificates, most recent tax return, social security cards of all family members, public assistance records, landlord statement, divorce decree, medical card

6. Photo ID

Document Provided: _____

State Issued Document, military ID, school ID

7. Residence (must show current physical address)

Driver's license, utility bill, rent receipt with address, food stamp record, property tax records

8. Public Assistance Recipient (if applicable)

Document Provided: _____

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

9. Selective Service

Document Provided: _____

(All males born 1960 or after; 18 years of age & over)

Selective service registration card, internet verification (can be printed at www.sss.gov/records.html)

10. Veteran Status (Must have DD214) (if applicable)

Document Provided: _____

11. Dislocated Worker (if applicable)

Document Provided: _____

Verification from employer, notice of layoff; UI records,

12. Disability Status (if applicable)

Document Provided: _____

Voc-rehab letter, Veterans Administration letter or records, Worker's Compensation records, physician statement

13. Registered with WorkForce West Virginia

Document Provided: _____

The WorkKeys assessment you are required to complete is part of the WIOA eligibility process. The levels you attain will be discussed with our Career Planner, who will explain your scores as compared to your entry levels needed to meet to qualify for classroom training or employment.

Funding from WIOA may or may not be available at this time, but other funding sources will be discussed. Part of the criteria for receiving funding from the WIOA program, is the person applying cannot have any loans in default and should be noted that funding may not be available for classroom training but may be for selection for on the job training contracts with employers.

In addition effective July 16, 2012 mandatory drug screening prior to enrolling in training programs is being added to the eligibility requirements funded under the Workforce Innovation & Opportunity Act.

Your interest in improving your skills demonstrates a commitment to your future and the future of West Virginia. This in turn helps to build a better and stronger workforce.

Claude J. Hunt



Executive Director

Workforce Innovation and Opportunity Act (WIOA) and the Eligibility Process

In order to participate in WIOA you must first be registered with the WORKFORCE West Virginia Center (Job Service). The WIOA program is a “work first” program, designed to assist those who have actively sought employment, yet have not successfully obtained employment due to jobs not being available in the field they are qualified for, or they lack skills required in a particular field of interest. The WIOA program offers a one-time training opportunity to those who are eligible. You must be determined eligible in either the Dislocated Worker or Adult funding stream in order to participate. Dislocated Worker funding is based on whether you have been / will be laid off, are receiving unemployment compensation, or are a displaced homemaker (definition provided in packet). Adult funding is determined according to your household income and family size (we have specific guidelines to follow). You will need to complete this packet and bring in one item from each of the categories listed in the application packet. Once the verification and application are complete, you will take the WorkKeys assessments. You will be scheduled to meet with one of the Career Planners to review the results of your assessments and determine what services/training program WIOA offers that best suits your needs.

Information about WorkKeys

ACT has a website that explains WorkKeys and provides sample problems. The web address is: <http://www.act.org/workkeys/>. On the left of the page, click on the word “assessments”, and then choose the assessment you would like to practice. If you do not have internet access, you may use the Learning Center computer lab. Below, you will find a brief description of the three (3) assessments to be taken.

Applied Math

Measures your skill in using mathematical reasoning to solve work-related problems. You set up and solve problems like those that actually occur in a workplace. A calculator may be used and a formula sheet is provided. It contains 34 multiple-choice questions divided into five (5) levels. Level seven (7) being the most difficult, level three (3) being the least difficult.

Workplace Documents

Measures your skill in reading and how you use work-related information including instructions, policies, memos, bulletins, notices, letters, manuals, and governmental regulations. It contains 35 multiple-choice questions divided into five (5) levels. Level seven (7) being the most difficult, and level three (3) being the least difficult.

Graphic Literacy

Measures your skills with workplace graphics, flowcharts, gauges, and maps. There are five levels of difficulty. Level 3 is the least complex and Level 7 is the most complex. You will compare, summarize, and analyze information found in related graphics. There are 38 questions.

Disability Accommodations

Examinees documenting (no more than five 5 years old) physical or learning disabilities who cannot complete the Work Keys assessments in the standard time limits using standard materials, and under standard conditions, may be tested under special conditions. Proper documentation must be provided in order to determine eligibility for accommodations such as large print test, Braille test format, extra time or other requested accommodations. **You may request the Application for Disability-Based Accommodation for the WorkKeys Assessment from the eligibility staff. Documentation may not be more than 5 years old.**

Region 2 WIOA 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 WIOA 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 Please list last 10 years of employment history

Are You Currently Employed? YES NO

If YES Employer: _____

_____ / _____ / _____	_____	_____	_____
Start Date	Job Title	Hourly Wage	Avg Hrs/Wk

Continued list last ten (10) years of employment history:

Employer: _____

Job Title: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Reason for Leaving: Lay-Off Termination Quit Other

Employer: _____

Job Title: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Reason for Leaving: Lay-Off Termination Quit Other

Employer: _____

Job Title: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Reason for Leaving: Lay-Off Termination Quit Other

Employer: _____

Job Title: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Reason for Leaving: Lay-Off Termination Quit Other

Employer: _____

Job Title: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

Reason for Leaving: Lay-Off Termination Quit Other

Employer: _____

Job Title: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____

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): _____ / _____ / _____

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
- Mining
- Construction/Renovation
- Professional Services
- Driver's License/CDL
- Real Estate
- General
- Safety
- Healthcare
- Other: _____

Title: _____

Additional Details/ Description: _____

Expiration Date (if applicable): _____ / _____ / _____

Experience: _____

FAMILY

Number In Family (including yourself): _____

Definition of Family according to the Workforce Innovation and Opportunity Act – The term “family” means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- (A) A husband, wife, and dependent children.
- (B) A parent or guardian and dependent children.
- (C) A husband and wife.

ANNUAL FAMILY INCOME (GrossAmount)

\$ _____ **MUST PROVIDE DOCUMENTATION**

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, Must Provide DDI14** 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 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)

- 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

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 Innovation & Opportunity 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
P.O. Box 9009
Huntington, West Virginia 25774**

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 WIOA Compliance Officer Workforce WV
1900 Kanawha Blvd. East. Bldg 3 3rd Floor Ste 3113
Charleston, WV 25305**

The decision of the State WIOA Compliance Officer is final except where there is reasonable cause to believe the Workforce Innovation & Opportunity 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 Equal Opportunity Is the Law Regional EO Officer information, the State of West Virginia Equal Opportunity Policy Statement, the Civil Rights Statement and the Region 2 Grievance Procedures.

Signature _____

Date _____

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:
 - o Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, child birth and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief; and
 - o Against any beneficiary of programs under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the beneficiary's citizenship, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in the following areas:

- Deciding who will be admitted, or have access, to any WIOA 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 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:

Equal Opportunity Officer Workforce West
Virginia (Recipient) 1900 Kanawha Blvd. East
Bldg 3, 3rd Floor, Ste 3113
Charleston, WV 25305
Phone: 304.558.1600
TTD: WV Relay 7-1-1

Director, Civil Rights Center (CRC)
US Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, DC 20210
Phone: 202-693-6502
TTY: 202-693-6515

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 Civil Rights Center. If the recipient does not give you a written Notice of Final Action within 90 days from 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. I acknowledge I have read this notice

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> WorkKeys Test Scores | <input type="checkbox"/> Assessments | <input type="checkbox"/> Eligibility Information |
| <input type="checkbox"/> Placement Services | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Job Eligibility | | |

I agree to the release of the information indicated above to:

- | | |
|---|---|
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Workforce Innovation & Opportunity Act |
| <input type="checkbox"/> Other Partner Agencies | <input type="checkbox"/> Trade Adjustment Act |

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

SIGNATURE OF WIOA PARTICIPANT _____ **DATE** _____

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

SIGNATURE OF WIOA PARTICIPANT _____ **DATE** _____

WITNESS _____ **DATE** _____

**South Western West Virginia Region 2 Workforce Investment Board
WIOA DISCLAIMER**

ATTENTION CUSTOMERS

You have applied for eligibility determination regarding possible funding for training under the Workforce Innovation & Opportunity Act (WIOA) program in order to gain employment.

Please note that eligibility determination cannot be made until you have provided all the required documentation. Eligibility determination is just the first step of the required process you must complete. Once eligibility determination has been completed, you must then be assessed by a Career Planner.

Until your assessment has been completed and you have been given notification by your Career Planner of acceptance for participation in the program, ***you must not assume that the cost of your training will be funded by WIOA***. You must be notified and referred by your Career Planner with an Individual Training Account (ITA) to the training provider of your choice, prior to enrollment, before payment for such training will be considered.

The staff of the WORKFORCE West Virginia Career Center and the Region 2 Learning Centers will assist you in any way possible to enroll in and complete the training agreed upon. However, the Career Planners are only responsible for completing a portion of your Individual Training Account (ITA). The remainder of your ITA must be completed by the approved training facility.

Please note that WIOA is funding for community college and vocational technical type training only, and the facility you wish to attend must be a facility approved by the Region 2 Workforce Investment Board.

There are specific policies that you must agree to follow in order to enroll in training. Those policies will be covered in the Memorandum of Understand that you will be asked to read and sign when you meet with your Career Planner.

In addition, until you are referred to a specific training site with an ITA, you must contact the WIOA staff in this office every 60 days to update your WIOA file, and remain active and eligible for training.

Eligibility does not constitute registration into the WIOA Program.

By signing this form, you are indicating that you understand the information contained above.

SIGNATURE OF WIOA PARTICIPANT _____ ***DATE*** _____

SIGNATURE OF WIOA Career Planner _____ ***DATE*** _____

Higher Wage Careers/Earnings & Social Security Benefits

Don't let gender stereotypes determine your career choice! Think "outside the box" for higher earnings now and in the future!

Non-Traditional Careers for Women & Mean (average) Hourly Wages

Automotive Technician - \$15.50	Tractor Trailer Truck Driver - \$17.06	Welder - \$21.27
Electrician - \$25.65	Computer Programmers - \$26.98	Cyber Security Analyst - \$32.63
Computer Network Support Specialist - \$20.62		

Non-Traditional Careers for Men & mean (average) Hourly Wages

Paralegal-\$19.96	Registered Nurse-\$25.56	Dental Hygienists-\$24.76
Medical Secretary -\$13.04	Legal Secretary -\$17.07	Dental Assistant-\$13.83
Licensed Practical Nurse \$16.47	Medical Records/Health Information Technician-\$16.14	

**All Non-Traditional Careers listed may not be eligible for training funds*

***Not all-inclusive of Non- Traditional employment-for more information go to http://www.dol.gov/wb/stats/stats_data.htm*

**** Statistical figures based on May 2013 State Occupational Employment and Wage Estimates for West Virginia*

Impact of Earnings on Social Security Benefits

Hourly Wage	Annual Earnings	Age 62	Age 67	Age 70
\$30	\$62,400	\$1,470	\$2,089	\$2,590
\$28	\$58,240	\$1,424	\$2,026	\$2,512
\$26	\$54,080	\$1,346	\$1,915	\$2,374
\$24	\$49,920	\$1,268	\$1,804	\$2,237
\$22	\$45,760	\$1,190	\$1,693	\$2,099
\$20	\$41,600	\$1,112	\$1,582	\$1,962
\$18	\$37,440	\$1,034	\$1,471	\$1,824
\$16	\$33,280	\$956	\$1,360	\$1,687
\$14	\$29,120	\$879	\$1,249	\$1,549
\$12	\$24,960	\$801	\$1,138	\$1,412
\$10	\$20,800	\$723	\$1,027	\$1,274

Disclaimer: All Social Security Benefit information is based solely on estimation of average lifetime earnings

SIGNATURE OF WIOA PARTICIPANT _____ DATE _____

SIGNATURE OF WIOA STAFF _____ DATE _____

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 under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of citizenship/lawful residence/work 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-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 a social program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA funded program or activity. you may file a complaint within 180 days from the date of the alleged violation with either the recipient:

Nicholas C. Allen, Acting Equal Opportunity Officer
WORKFORCE West Virginia
1900 Kanawha Blvd. East
Bldg. 3 3rd Floor. Ste 3113
Charleston, WV 25305
304-558-1600
(TDD): WV Relay 7-1-1

Naomi M. Barry-Perez, Director
Civil Rights Center, (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210
202-293-6502; 202-293-6515 (TTY)

If you file a complaint with the 1st 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.

Regional EO Officer Information

Region 1

Barbara Dawes, EO Officer
200 New River Town Center
Beckley, WV 25801
Telephone: (304) 253-3611

Region 2

Melissa Bias, EO Officer
PO Box 9009
Huntington, WV 25704
Telephone: (304) 429-5900

Region 3

Amy Farley, EO Officer
405 Capitol Street, Suite 506
Charleston, WV 25337
Telephone: (304) 344-5760

Region 4

Becky Edwards, EO Officer
531 Market Street
Parkersburg, WV 26101
Telephone: (304) 422-4993

Region 5

Erinn Kittle, EO Officer
1245 Warwood Avenue
Wheeling, WV 26003
Telephone: (304) 231-1170

Region 6

Amy Hall, EO Officer
17 Middletown Road
White Hall, WV 26554
Telephone: (304) 368-9530

Region 7

Stacy Swick, EO Officer
151 Robert C. Byrd Industrial Park Rd.
Suite 2
Moorefield, WV 26836
Telephone: (304) 530-5258