

Customer Pre-Registration Information

Contact Information			
Today's Date:	First Name:	Middle Name or Initial	Last Name:
Primary Phone Number:		Alternative Phone Number:	
E-mail Address:			
Mailing Address:			County:
Residence Address:			County:
Contacts:			
First and Last Name:		Phone:	Relationship:
First and Last Name:		Phone:	Relationship:
First and Last Name:		Phone:	Relationship:
Demographic:			
Birth Date: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did Not Self-Identify		U.S. Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to US <input type="checkbox"/> None of the above INS Expiration Date: _____	
Selective Services: <input type="checkbox"/> Yes <input type="checkbox"/> No - Under 18 <input type="checkbox"/> Documented exemption from registration <input type="checkbox"/> Not Applicable Registration No. _____ Registration Date. _ _____		Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/ Pacific <input type="checkbox"/> I do not wish to answer	
Barriers:			
English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer Ex-Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Disclose Foster Care Status: <input type="checkbox"/> Yes, Currently In <input type="checkbox"/> Yes, Aged out <input type="checkbox"/> No Pregnant/Parenting Youth (age 16-24): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer Out of Home Placement (16-24 years of age): <input type="checkbox"/> Yes <input type="checkbox"/> No Not attended school last 3 months + 18 or less + no HS diploma or equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer		Cultural Barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer Exhausting TANF Within Two Years: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No Basic Skills Deficient: <input type="checkbox"/> Yes <input type="checkbox"/> No Runaway Youth (16-24 years of age): <input type="checkbox"/> Yes <input type="checkbox"/> No Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible migrant and seasonal farmwork: <input type="checkbox"/> Yes <input type="checkbox"/> No Within 2 years of exhausting TANF lifetime eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No Singl Parent (including single pregnant women): <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education:Highest School Grade Completed (0 to 12th):

Last grade completed in HS: _____

HS Diploma/Equivalency:

- High School Diploma
 High School Equivalency
 No

Highest Education Level Completed:

- Certificate of attendance completion resulting from completing school IEP (youth only)
 Completed one or more years of post-secondary education
 Attained a post-secondary technical or vocational certificate
 Attained an associate degree
 Attained a bachelor's degree
 Attained a master's degree
 Attained a doctorate degree
 No Postsecondary Degree or certificate achieved

School Status:

- In-school, Secondary school or less
 In school, Alternative school
 In-school, post-secondary school or registered for post-secondary
 Not attending school or secondary school dropout
 Not attending school, secondary school graduate or has recognized equivalent

Veteran/Military: (If "Yes" Attach WIT Military Details/Veterans Screen or DD214)Are you the spouse of a member of the Armed Forces who is on active duty? Yes NoAre you a spouse or family caregiver to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? Yes No

Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence?

OR

A spouse of a service member on active duty who has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days? Yes No

Are you currently in the U.S. Military or a Veteran?

-
- Yes
-
- No

Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?

-
- Yes
-
- No

Transitioning Type:

- Within 24 months of Retirement
 Within 12 months of Discharge
 Not Applicable

Projected Discharge Date: ____

Enrolled in Homeless Veterans' Reintegration Program Yes No

Veteran Status

- No
 Yes <= 180 days
 Yes, Eligible Veteran
 Yes, Other Eligible Person

Do you have prior service dates? Yes No Active-Duty Begin Date: ____ Active-Duty End Date: ____**Employment**

Employment Status:

- Employed
 Employed, but received notice of termination of employ or Military separation
 Not Employed
 Not in labor force
 Never worked

UC Eligibility Status:

- Neither Claimant nor Exhaustee
 Claimant
 Not Employed

Long Term unemployed (27 or more consecutive weeks): Yes NoNot in the labor force): Yes NoNever Worked and actively looking for work): Yes NoIf employed, individual is under-employed: Yes No**If additional space is needed, please add employment information.****Current Employer:**

Address, City, State:

Job Title

Start Date

End Date

Hours Per Week:

Salary: _____

- Hour Year
 Day Quarter
 Week Bi-Weekly
 Month Semi-month

Employment Status:

- Information Not Provided
 Part Time ((Less than 30 Hours)
 Full Time (30 Hours or More)

Public Assistance (If TANF or SNAP - TIERS printout in file for verification)

TANF recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No SNAP recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No General Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplement Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Disability Insurance (SSDI): <input type="checkbox"/> Yes <input type="checkbox"/> No	Youth Currently living in High-Poverty Area <input type="checkbox"/> Yes <input type="checkbox"/> No Foster Child (state or local payment made to applicant) <input type="checkbox"/> Yes <input type="checkbox"/> No Youth currently receive, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving Services under SNAP Employment and Training Program <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving, or has been notified will receive, Pell Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No Ticket-to-Work Holder issued by Social Security Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Family Status

<input type="checkbox"/> Parent in a One Parent Family <input type="checkbox"/> Parent in a Two Parent Family <input type="checkbox"/> Other Family Member (example applicant is child or spouse in family) <input type="checkbox"/> Not a Family Member (example applicant single & has no dependents)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Dependents Under 18: _____ Number in Family: _____ <input type="checkbox"/> Head of Household-applicant with dependents <input type="checkbox"/> Non-Custodial Parent
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Income Family Members: Beginning Date: _____ Ending Date: _____ (Do not include application date)

(DATES TO BE COMPLETED BY STAFF)

First and Last Name(s) of Family Members including Self	Relationship to Applicant (Such as spouse, son, sister etc.)	Date of Birth	Identify source of document	Total Income or Assistance (during last 26 weeks)	
				Included Income such as Wages, UI, child support, etc.	Excluded Income such as SNAP, TANF, public assistance, etc.

If additional space is needed, please add family members income on back.

Included Total X 2 =

Dislocated Worker (All question must be answered regardless of Fund source documented)

- Planned Closure/Public Notice
- Terminated/Laid Off/Received Notice of layoff
- Unlikely to Return
- Permanent Closure/Substantial
- General Announcement

- Natural Disaster
- Worker Profiled RESEA
- Previous Self Employment
- Displaced Homemaker
- Military Spouse

- Local Economic Conditions
- NAFTA
- TAA - Trade Adjustment Assistance

Job of Dislocation: (Only enter date if applicant is a Dislocated Worker)

Start Date: _____ End Date: _____ Job of Dislocation Hourly Wage: _____

Disability/Medical Do you believe that you have a physical (motion, vision, hearing) or mental (learning or developmental) impairment which substantially limits one or more of your major life activities, have a record of such impairment, or are regarded as having such impairment? If so, please answer the following questions:

Disabled:

- Yes
- No
- Refused to Answer

Category of Disability If Answer Yes to Disabled:

- Physical/Chronic Health Condition
- Physical/Mobility Impairment
- Mental or Psychiatric Disability
- Vision-related Disability
- Hearing-related Disability
- Learning Disability
- Cognitive/Intellectual Disability
- Participant did not disclose type of disability

Customer Acknowledgement:

This information is current and true, to the best of my knowledge. I will notify Workforce Solutions Staff if and/or when there are any changes to the above information

Name (Signature of Customer)

Date

Name (Signature of Parent or Legal Guardian)

Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS
AUTHORIZATION TO WORK**

For individuals to receive individualized career or training services under Workforce Innovation and Opportunity Act programs, they must be authorized to work in the United States. Please complete the following form, choosing one item from **List A**, or one item from **List B** and one item from **List C**.

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Print Name: Last First MI Birth/Maiden Name

Date of Birth (month/day/year) _____

Social Security Number (if voluntarily provided) _____

All documents must be unexpired

LIST A	LIST B	LIST C
Documents That Establish Both Identity and Employment Eligibility	Documents That Establish Identity	Documents That Establish Employment Eligibility
OR		
AND		
<input type="checkbox"/> US Passport or US Passport Card <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) <input type="checkbox"/> Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa <input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766) <input type="checkbox"/> For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<input type="checkbox"/> Driver's License or ID Card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> ID Card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address <input type="checkbox"/> School ID Card with a photograph <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> US Military Card or Draft Record <input type="checkbox"/> Military Dependent's ID Card <input type="checkbox"/> US Coast Guard Merchant Mariner Card <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Driver's License issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <input type="checkbox"/> School record or report card <input type="checkbox"/> Clinic, doctor, or hospital record <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States <input type="checkbox"/> Certification of Report of Birth issued by the Department of Homeland Security (Form DS-1350, FS-545 or FS-240) <input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority, or territory of the United States bearing an official seal <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> US Citizen ID Card (INS Form I-197) <input type="checkbox"/> Identification Card for use of Resident Citizen in the United States (Form I-179) <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security (except I-766, which is a List A document) <input type="checkbox"/> Screenprint of UI screen Current Claim Status <input type="checkbox"/> UI award letter <input type="checkbox"/> Expedited Eligibility through TAA <input type="checkbox"/> Expedited Eligibility through RESEA

CERTIFICATION

I certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

Individual Signature

Print Name

Date

Workforce Solutions Office Staff Signature

Print Name

Date

Manager/Reviewer Signature

Print Name

Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
SELF-ATTESTATION OF FAMILY STATUS**

IDENTIFYING INFORMATION	
Job Seeker Name: _____	
WorkInTexas.com State ID: <input style="width: 150px; height: 20px;" type="text"/>	Application Date: <input style="width: 150px; height: 20px;" type="text"/>

To be completed by WIOA job seeker with Workforce Solutions Office Staff assistance:

For use in completing this form, the following definition applies:

FAMILY is defined as two or more individuals 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 married couple and dependents
- A single individual, parent, or guardian, and dependents
- A married couple

Note: In a situation in which a job seeker is claiming, for the purpose of defining his or her family, to be in a common-law marriage, written attestation must be obtained from both parties affirming the fact.

Please provide information regarding the job seeker's family as requested below (see instructions):

FAMILY MEMBERS' NAMES	RELATIONSHIP TO JOB SEEKER

Please complete the following information for family members not currently residing in the job seeker's residence (see instructions).

NAME	LOCATION	REASON

I attest that to the best of my knowledge the information above is true and correct.

Signature of Job Seeker

Date



Release of Information Authorization

I, _____ hereby consent to the release of information to Workforce Solutions staff pertaining obtain information concerning my status as needed from the following individuals and/or organizations – current, previous or post employers, Social Security Administration, Vocational Rehabilitation Services, Office of the Attorney General, dependent school districts, post-secondary institutions, medical facilities or agencies, criminal background checks or criminal justice agencies or other agencies and organizations directly linked to my eligibility and/or employment plan.

I further authorize Workforce Solutions Rural Capital Area to share information with the organizations listed above to facilitate my participation in education activities, job search or support services. I understand all information provided will be held in the strictest of confidence. The purpose of exchanging information is to maximize access to community resources and reduce duplication of services.

Services from other Workforce Development Boards

I certify that I am neither presently enrolled nor planning to enroll with any other program in a different workforce development area.

This authorization of release of information is valid for 3 years from the date shown below.

Customer's Signature Date

Parent/Guardian Signature for Customer under 18 Date

Workforce Solutions Staff Date

The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions. Workforce Solutions Rural Capital Area is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to individuals with disabilities. Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD)



ORIENTATION TO COMPLAINT PROCEDURE

A proud partner of the AmericanJobCenter® network

This workforce center offers many federal programs funded by multiple agencies through the Texas Workforce Commission. The Workforce Solutions Rural Capital Area (**WSRCA**) has procedures to resolve any complaint about services delivered in any of our centers by our Contractors and partners. If you have a complaint concerning the WIOA or other program, you may submit your **written** complaint to the designated workforce center staff within 180 days of the date of occurrence. The designated workforce center staff is trained to help you write a complaint if assistance is needed. It is your right to file a complaint under these procedures and you cannot be penalized in any way for filing a complaint. While complaint processes for customer service problems, appeals, program grievance, and Equal Opportunity violations have slightly different procedures, we will make sure you know the correct process once you report to us, your desire to file a written complaint. Of course, you always have the opportunity to express your grievance informally with a workforce center staff before a written complaint is filed. We encourage you to try to resolve your issues informally first.

If your complaint is not resolved informally, a written complaint will be necessary. After your complaint has been received, workforce center staff will notify you in writing of the next step in the complaint procedure. As long as you wish to pursue your complaint, staff will follow the steps described in the Complaint Procedure. Remember that at any stage of the Complaint Procedure, it is our job to assist you with any problem you may have in pursuing your complaint. **If you have questions about the operation of the Complaint Procedure at the workforce center level and you feel that the designated staff is not providing you with enough help, you may contact the WSRCA or the Texas Workforce Commission directly at the address below:**

Workforce Solutions Rural Capital Area
Attention: Complaints
701 E. Whitestone Blvd., Suite 200
Cedar Park, Texas 78613
Complaint Coordinator
(512) 244-7966

Texas Workforce Commission
Administration Division
Equal Opportunity Department
101 East 15th Street, Room 504
Austin, Texas 78778-0001
(512) 463-2400
Voice and TDD/TDY Relay: 711

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, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Workforce Innovation and Opportunity Act, 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 WIOA financially assisted program or activity.

An orientation to complaint procedures for the above types of equal opportunity violations will also be provided. You will be asked to sign the acknowledgement and a copy will be provided to you. If you have any questions, please ask center staff for assistance. You will also receive a copy of *How To File A Complaint?*

Workforce Center Customer

This is to certify that I have read the "Orientation to Complaint Procedure" and that I have been given the opportunity to ask questions about its contents.

Signature

Printed Name

Date

The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas 1-800-735-2989 (TDD) and 1-800-736-2988 (Voice)

05. COM 5-135 FORM - Integrated Orientation to Complaint Form (04132023)
(1)04132023)



**RURAL CAPITAL WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES
FORM (29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA) • Temporary Assistance for Needy Families (TANF) / CHOICES •
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T) • Child Care Services (CC)
Trade Adjustment Assistance (TAA) • Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:
**Rural Capital Workforce Development Board
701 E. Whitestone Blvd., Suite 200
Cedar Park, Texas 78613**

**Equal Opportunity (EO) Officer: Diane Tackett
Telephone Number: (512) 244-7966
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The (Rural Capital) Workforce Development Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001**

**Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)**

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. 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.

PROCEDURES ON HOW TO FILE A COMPLAINT

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Applicant Signature

Printed Name

Date

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)

EO Integrated Orientation to Discrimination Complaint Form (04132023)

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
SELF-ATTESTATION**

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF WIOA-FUNDED SERVICES AND/OR PENALTIES AS SPECIFIED BY LAW.

JOB SEEKER'S SIGNATURE and DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN (as needed)

JOB SEEKER'S ADDRESS

JOB SEEKER'S PHONE #

The above self-attestation documents the following eligibility criteria:

CERTIFICATION		
I certify that the information recorded on this form was provided by the individuals whose signatures appear above.		
_____ Texas Workforce Solutions Staff Signature	_____ Print Name	_____ Date
_____ Manager/Reviewer Signature	_____ Print Name	_____ Date



Initial Date of Assessment:

Name:	State ID:
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Dates form updated (if applicable): 1) _____ 2) _____ 3) _____ 4) _____

Monthly Budget

If you currently receive or have recently applied for the PELL grant, scholarships, student Loans, Veteran training benefits or sponsorship from another agency for training list the, annual sponsorship amount for training materials and tuition.

Monthly Income:

Cash received from family/friends during current month:	
Child Support (Monthly amount received from Non-Custodial Parent)	
Child Care Services CCS - Monthly benefit received form childcare services	
SNAP (monthly food stamp benefits)	
Social Security or Disability (monthly benefit)	
TANF (monthly benefits)	
Unemployment Insurance (monthly amount)	
Wages (Current monthly wages/paycheck, odd jobs, etc.)	
Other:	
Current Monthly Income:	\$0.00

Monthly Expenses:

Cable/Internet	
Car Insurance	
Car Payment (s) - All vehicles payments in family	
Child Care - (Monthly CCS assistance amount +/- or out of pocket expense)	
Child Support (monthly amount paid to other parent/guardian)	
Clothing (Clothes, Shoes, Accessories)	
Food (Groceries, Snacks, Dining Out - include monthly SNAP amount, if	
Gas for Car	
Housing Rent/Mortgage	
Legal, Probation or monthly court fees	
Loans/credit card payments - (other than mortgage or car)	
Medical Bills/Prescriptions - out of pocket expense	
Medical Insurance	
Electricity (Utility)	
Gas or Propane (Utility)	
Water (Utility)	
Cell Phone	
Other:	
Total Monthly Expenses:	\$0.00
Income vs. expenses	\$0.00

Customer Signature

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A proud partner of the American Job Center network

Verification of Employment

Date: ____/____/____

_____ is participating in Workforce Solutions services. We need to obtain the following information from you to verify employment. If you have any questions about the information requested, please feel free to call our office. Our office hours are Monday through Friday, 8:00 until 5:00.

Please return the form to following Workforce Solution Staff:
Return form to following address or e-mail:



Employer: _____ Phone # (____) ____

Address: _____

Job Title: _____ Job Duties: _____

Date Started: ____/____/____ Hours worked per week: ____ Hourly Pay Rate \$ ____

Date of first check: _____ Frequency of Pay: _____

Is this a green job? Yes No Is this employer a federal contractor? Yes No

Currently Employed? Yes No

Supervisor's Name: _____

Does the employee receive or is eligible for
Job Covered by Unemployment Compensation? Yes No Receives Health Benefits? Yes No
Fringe Benefits? Yes No

Signature of Person Providing Information Job Title Date

Print Name

The Texas Workforce Commission in partnership with 28 local workforce development boards forms Texas Workforce Solutions. Workforce Solutions Rural Capital Area is an Equal Opportunity Employer/Program. Auxiliary Aids and Services are available upon request to Individuals with Disabilities. Relay TX: 711 or 1-800-735-2988 (voice) o 1-800-735-2989 (TDD)

Participation Agreement

Participants should read and discuss the contents of this agreement with the Workforce Solutions Staff



All Participants:

Participant understands and agrees to:

- Take responsibility for following the Individual Employment Plan developed with the Workforce Solutions Staff (WFS)
- Maintain contact with WFS staff on a weekly basis and inform them of any circumstance which may prevent my participation in the program;
- Provide attendance information and progress reports as directed;
- Upon completion of activities, provide documentation (diploma, job search worksheets, certificate of completion) to Workforce Solutions Staff;
- When a job offer is received, report employment information to the Workforce Solutions Staff;
- Failure to comply with this Individual Employment Plan will be considered deliberate noncompliance resulting in termination of benefits and any support services. If you received support services (work-related expenses, childcare, transportation assistance, etc.) through Workforce Solutions and you report fraudulent participation hours or false documentation while receiving such services, criminal charges may be filed against you by the district or county attorney, and you will have to repay the amount owed.

Choices & SNAP Participants:

- I have been informed that if work requirements are not met; the Personal Responsibility Agreement (PRA) signed with Health and Human Service Commission (HHSC) is violated. Such violation will result in a sanction and the loss of family's entire TANF and/or SNAP benefits and the adult portion of the Medicaid.
- If the violation results in a sanction, I have been informed that an appeal of the decision can be made by contacting the representative of HHSC with reference on the Right of Appeal form that has been provided.
- If a sanction is imposed, I understand that in order to reinstate TANF benefits and the adult portion of the Medicaid, I must first fully participate with the Choices program

Non-Duplication of Services

I certify I have informed the Workforce Solution Staff of all services, funds, benefits, and support services which I am receiving or will be receiving from any and all other sources (i.e. Vocational Rehabilitation Services, Texas Workforce Commission, Texas Department of Human Services, MHMR Services, Veteran's Administration, scholarships, public/private charities, loans, and other programs).

Reasons for Termination from Program

I understand that participants may be terminated from the program for the following reasons:

- Falsifying information on applications, intake forms, or time sheets
- Failing to report income or other support services such as welfare or unemployment compensation benefits
- Disruptive behavior at the work or training site
- Attending work or training under the influence of alcohol or illegal drugs
- Refusal to continue at an assigned work or training site
- Removal from work or training site at the recommendation of the supervisor or instructor due to inappropriate behavior

Participation in Follow – Up

I agree to participate in the follow-up process. This includes providing information regarding my training and employment status to Workforce Solutions Staff. I further agree to report changes in my residence, phone, and employment status in a timely manner.

Participant Signature _____ Date _____

Participant Printed Name _____

Workforce Solutions Staff Signature _____ Date _____

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