

## **WIOA Youth Packet: Checklist for hard copy file/OSOS requirements.**

*Eligible, interested, and engaged participant, 16-24 years old out-of-school youth (OSY) priority is for 17 years old and older youth with identified barrier(s) ready for Workforce Innovation and Opportunity Act (WIOA) Youth Enrollment. Priority 17 years old and older. Individual must be a US citizen or a non-US citizen authorized to work in the USA with documentation verifying eligibility.*

### **DOCUMENTS DEMONSTRATING WIOA YOUTH ELIGIBILITY (*Hard copy in participant file*):**

- Application (pp.3-5): Check all applicable obstacles for youth. Total household/family size and total household/family gross income: (for income eligibility, if required). Youth and Navigator signatures required, under 18, require parent/guardian signature.
  - If applicable – Attestation of Homeless Status: (16-17) on p.10 or (18+) on p.11 (acceptable proof of income documentation)
  - Birth gender male, 18 yrs. or older at/during enrollment: Selective Service registration verification
- Date of Birth (Proof of Age): Acceptable verification sources: *Birth Certificate, Baptismal Record, government (Federal, state, or local) identification like a NYS ID, Driver's Permit, or Driver's license, public assistance/social service like a DHS letter, school records like an IEP, or, a 504 Plan.*
- Income verification (if applicable, p.7): acceptable documentation per income guidelines.

### **WIOA ENROLLMENT DOCUMENTATION (*Required completion for participant enrollment*):**

- Certification of WIOA Youth Funded Services Enrollment (p.8): Signature and date as certified by the Administrator ***determines official WIOA enrollment date which must match enrollment date on OSOS.*** Certification of WIOA Youth-Funded Services Enrollment must occur ***PRIOR*** to receiving intensive (individualized) services.

### **WIOA MEASURABLE OBJECTIVES DOCUMENTATION (*Hard copy in participant file*):**

- Pre-TABE Tests in Reading and Mathematics or other approved NYSED basic skills assessment \_\_\_\_\_.
- CareerZone (CZ) Portfolio completion: Helps to narrow focus on potential careers areas of interest with educational and/or employment goals identified with Navigator assistance.
- Individualized Service Strategy (ISS)/Objectives and Services History: ***ISS completion within 60 days of enrollment and once a quarter, a dually signed (youth and Navigator) OSOS Objective and Services History required as continuation of ISS.***

### **OTHER DOCUMENTS (*Utilize, if applicable*)**

- Job Readiness Assessment Tool (pp.12-13): Measures youth's eligibility for Youth Employment Program (YEP). Two copies required. One completed by youth and other by staff.
- Worksite Consent Form: (16-17) on p.14 or (18+) on p.15
- Career-Center/Navigator-Agency Youth Referral Form (p.22)
- ITA Document Prep Checklist: Complete prior to scheduling ITA Review (p.23)

**IMPORTANT AT TIME OF ENROLLMENT:** Provide and Review with Applicant and place comment (SENSE Model) on OSOS once completed:

- If applicable, *Certification of Homeless Youth Policy (p.9)* *Reference Material – Review w/Applicant*
- Selective Service – Who Must Register (p.17)* *Reference Material – Review w/Applicant*
- WIOA Youth Overview (p.18)* *Reference Material – Review w/Applicant*
- Equal Opportunity is the Law (p.19)* *Reference Material – Review w/Applicant*
- RochesterWorks! Grievance Procedure (p.20)* *Reference Material – Review w/Applicant*

**Obstacles Documentation Check List (16-24 OSY, Priority: 17 years old and older youth)** *Reference Material – Review w/Applicant*

*Supporting OSOS comments (SENSE Model) are required: Date viewed, document title, issuing authority, document #.*

**Basic Skills Deficient:**

- Documentation: *Standardized test score below 9<sup>th</sup> grade (or EFL below Low Adult Secondary Education) in computing or solving problems, reading, writing or speaking in English such as TABE or Best Plus NYSED approved assessments.*

**Disability:**

- Documentation: *Letter/statement from a doctor or counselor, or IEP/504 plan or self-identified.*

**English Language Learner:**

- Documentation: *Standardized test score below 9<sup>th</sup> grade (or EFL below Low Adult Secondary Education) in computing or solving problems, reading, writing or speaking in English such as TABE or Best Plus NYSED approved assessments.*
- Documentation: *Resident alien card or INS Authorization to work in USA.*

**Foster Child Status:**

- Documentation: *Proof of foster child status on agency letterhead or PA Record*

**Homeless or Runaway Status:** In new regulation separated homeless from foster care.

- Documentation required in participant file: *Attestation of Homeless Status (16-17) or (18+) or status on agency letterhead.*

**Offender:**

- Documentation: *Letter/statement from parole or probation officer or disposition from court or self-identified.*

**Pregnant/Parenting Teen Status:**

- Documentation: *Letter/statement from health care professional or child(ren) birth or birth certificates of child(ren).*

**School Dropout:**

- Documentation: *Drop letter from school or application.*

**16-24) Out of School Youth (OSY): WIOA Youth Services Application**

*Priority service: 17 years old and older youth. (Complete 3-page application in full and sign/date on Page 5)  
Any areas that are not applicable, mark "N/A", do not leave any blank areas.*

Application Date: \_\_\_\_\_ Age: \_\_\_\_\_ OSOS NY# \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Media account: Instagram: \_\_\_\_\_

Social Media account: Facebook \_\_\_\_\_

Social Media account (Other): \_\_\_\_\_

Alternate Contact Phone (Relative/Friend): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relative/Friend Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Preferred Contact(s) Check all that apply:**

- Cell Phone  Secondary Contact Phone  Alternate (family/friend): Contact Phone/Address  
 Text  Messaging  Email  Social Media

Birth Gender:  Female  Male If born male, 18 or older, are you registered with Selective Service?  Yes  No  
Selective Service # \_\_\_\_\_

Are you a United States citizen:  Yes  No If no, please indicate status? \_\_\_\_\_

Do you have a HS or HSE diploma?  Yes  No Last Grade Completed: \_\_\_\_\_

Name of School/HSE Program attending: \_\_\_\_\_

Are you pregnant, or expecting father?  Yes  No Do you support any kids?  Yes  No How many? \_\_\_\_\_

Do you have an age appropriate Work Permit?  Yes  No  N/A Are you currently employed?  Yes  No

**Work History:**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Country (if not USA) \_\_\_\_\_ Start Date (Mo./Yr.) \_\_\_\_\_ End Date (Mo./Yr.) \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Wage \$ \_\_\_\_\_ per hr/day/wk/mo/yr/other Reason for Leaving \_\_\_\_\_

Job Duties: \_\_\_\_\_

Monroe County/ Rochester WIOA Year-Round Youth Services  
*Revised August 5, 2020*

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Country (if not USA) \_\_\_\_\_ Start Date (Mo./Yr.) \_\_\_\_\_ End Date (Mo./Yr.) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Wage \$ \_\_\_\_\_ per hr/day/wk/mo/yr/other Reason for Leaving \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Country (if not USA) \_\_\_\_\_ Start Date (Mo./Yr.) \_\_\_\_\_ End Date (Mo./Yr.) \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Wage \$ \_\_\_\_\_ per hr/day/wk/mo/yr/other Reason for Leaving \_\_\_\_\_  
Job Duties: \_\_\_\_\_

**Navigator: Check ALL potential and applicable obstacles for youth educational and/or employment goals.**  
**An Out of School youth is an individual who is:**  
(i) Not attending any school (as defined under State law);  
(ii) Not younger than age 16 or older than age 24 (Local priority is to serve youth ages 17 and older); and

**Check ALL applicable obstacles for youth: (Subject to Low-Income requirements: Selections highlighted in blue.)**  
\_\_\_\_\_ 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.

**A low-income individual who is a recipient of a secondary school diploma or its recognized equivalent and is (Pg. 7: Income Eligibility Guidelines):**  
\_\_\_\_\_ Basic skills deficient; *or*  
\_\_\_\_\_ An English language learner.  
\_\_\_\_\_ An individual who is subject to the juvenile or adult justice system.  
\_\_\_\_\_ A homeless individual  
\_\_\_\_\_ Foster care/aged out of foster care/attained 16 years of age and left foster care for kinship guardianship or adoption/in an out of home placement/a child eligible for assistance under the Social Security Act  
\_\_\_\_\_ Pregnant or parenting (including non-custodial parent, i.e. father)  
\_\_\_\_\_ A youth who is an individual with a disability.

**Income Section:**  
**A low-income individual is defined as an individual who:**

1. receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program (SNAP, or **Food Stamps**) (TANF **Cash Assistance**) program under part A of title IV of the Social Security Act, or the supplemental security income (SSI, but not SSDI), or State or local income-based public assistance (e.g. **Safety Net**);
2. is a **homeless** individual;
3. is a **foster child** on behalf of whom State or local government payments are made;
4. is a youth living in a **high-poverty area**;

**Application continues on next page.**

5. is in a family with total family income that does not exceed the higher of—
- the **poverty line**; *or*
  - 70 percent of the lower living standard income level (**Income: 70% LLSIL**); *or*
  - is an individual with a **disability** whose own income meets the income requirement of clause (5), but who is a member of a family whose income does not meet this requirement. (**Pg. 7: Income Eligibility Guidelines**)

**Complete income section below if utilized ANY low-income obstacles. Otherwise, mark as not applicable (N/A) Only allowable self-attestation is Attestation of Homeless Status.**

**NOTE: Total Household = Total family size where the applicant lives [include applicant, and, if applicable, spouse, children, parents, brother(s), sister(s)]. (Check with Navigator, if a household of one (1) may be determined for youth with status of homeless, foster child or with disability.)**

<b>Total Household /Family Size where applicant lives:</b>	<b>Total Household/Family Gross Income:</b>
	\$

**For Income categories check received:**  Weekly  Bi-weekly  Monthly  Bi-Monthly  Other:

**Income Sources: Utilize DEV Help Sheet (pg. 6): Required support documentation in participant hard file.**

Wages  \*Unemployment insurance (UI) benefits  \*Child Support  Other: \$ \_\_\_\_\_

**\*UI and Child Support Question (if applicable):**

How much of total household/family gross annual income is from unemployment insurance (UI) benefits and child support? \$ \_\_\_\_\_ UI \$ \_\_\_\_\_ Child Support

**Or,**

**Check one (1) of the low-income identifiers below: Required support documentation in participant hard file.**

Disability  Food Stamp  Foster child  High-poverty area  Homeless (Requires: Attestation)  
 Public Assistance  SNAP  SSI > Case #: \_\_\_\_\_  TANF Cash Assistance

All information is kept confidential and nothing on this application should be viewed as expressing directly or indirectly any discrimination as to age, race, religion, color, national origin, sex, disability, marital status, or criminal record. The applicant has been informed regarding WIOA Youth Services, Equal Opportunity, the RochesterWorks! Grievance Procedure, and notified of Follow-Up Policy at time of enrollment. The applicant gives RochesterWorks Inc., and designated representatives of appropriate Federal, State, local and/or other government agencies permission to verify Selective Service Registration and to view data relevant to eligibility and involvement in WIOA funded youth services. Additionally, I, the participant (*or* parent/guardian) agree to allow for the participant's recorded image or voice to be used for promotional materials without compensation; to provide multiple contact information and to receive follow up status services for 12 months after exit unless decline receiving them and notify Navigator. I attest that the information provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may disqualify me for future WIOA benefits. All information is subject to verification and other documentation may be required.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applicant Signature Date (if under 18) Parent/Guardian Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Navigator Signature Date Print Navigator Name

[Navigator: **REQUIRED: Hard copy documentation in participant file:**  Income  DOB][Navigator Verification:  Social Security Number OSOS Recorded  Selective Service Number OSOS Recorded (Registration: Born male- if 18+)]

**Data Element Validation (DEV) Help Sheet:  
 Use for OSOS DEV comment (SENSE Model)  
 Demographic Information**

Applicant Name:

*Based on applicant input*

<p><b>Is applicant Hispanic or Latino?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No                  Cultural Barriers to employment?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed</p>	<p><b>Ethnic group most identified with:</b> <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian  <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Alaskan or American Indian</p>
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*Examine original document(s) and record relevant information in OSOS.*

<p><input type="checkbox"/> <b>Income Verification</b> (<i>pay stub, PA, SSI...refer to <u>Income Guidelines w/Acceptable Documentation (page 7)</u></i>)  <i>(REQUIRED: Hard copy in participant file.)</i></p> <p>Document title:                  Issuing Authority:                  Document #:                  Recipient Name on document:                  Income Amount:  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly  <input type="checkbox"/> Other:</p> <p>Document title:                  Issuing Authority:                  Document #:                  Recipient Name on document:                  Income Amount:  <input type="checkbox"/> Weekly <input type="checkbox"/> B-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly  <input type="checkbox"/> Other:</p> <p>Document title:                  Issuing Authority:                  Document #:                  Recipient Name on document:                  Income Amount:  <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly  <input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> <b>Date of Birth</b> (<i>birth cert., work permit, passport, driver's license/permit, state/local ID card, PA, school records/ID, hospital record of birth, baptismal record</i>) <i>(REQUIRED: Hard copy in participant file.)</i></p> <p>Document title:                  Issuing Authority:                  Document #:                  Expiration date (if applicable):</p> <hr/> <p><input type="checkbox"/> <b>Social Security Number (SSN) Verification:</b>  <i>View SSN card and Record Number in OSOS, no hard copy required.</i>  <i>*DO NOT put Social Security Number (SSN) into any OSOS comment NOR maintain a copy of SSN in WIOA youth file.*</i></p> <hr/> <p><input type="checkbox"/> <b>Selective Service (SS) Registration Verification: Must Record Number in OSOS, no hard copy required.</b></p> <p>Registered Male 18 years and older, at or any time during enrollment:</p>
<p><input type="checkbox"/> <b>Miscellaneous</b> (<i>such as Obstacles checked on application</i>):</p>	

**Income Eligibility Guidelines w/Acceptable Documentation**  
*Reference Material – Review w/Applicant*

- Determine your pre-tax household income for the 6-month period prior to your WIOA registration from *Income Guidelines Chart, 2019 - 70% of the Lower Living or Poverty Income*, and use the *Income Sources to Include (listed below)*. Household income is based on family size and earnings of all family members (spouse, children, parents, etc.) living in the same residence. **Individuals with approved disabilities may be determined as a family of one** for purposes of income eligibility. Indicate your family size and pre-tax household income on page 5. Hard copy for each source of income is required. Documentation (*ex: pay stub*) must include the Name of the family member.

**OR**

- Recipients of Cash Welfare, Food Stamps, and Supplemental Security Income are automatically considered low-income. On page 10, please indicate if you or any family member residing in your household receives public assistance benefits from the Department of Human Services or received public assistance benefits in the 6 months prior to application. Verification of benefit is required.

*Income Guidelines – based on earnings for 6 months prior to WIOA registration date*

Household Income* Must Not Exceed 70% of the Lower Living or Poverty Income Guidelines, 2019				
Family Size	Annual Income	or Monthly Income	or Bi-Weekly Income	or Weekly Income
1	12,760	1,063.33	490.77	245.38
2	18,801	1,566.75	723.12	361.56
3	25,804	2,150.33	992.46	496.23
4	31,854	2,654.50	1,225.15	612.58
5	37,594	3,132.83	1,445.92	722.96
6	43,961	3,663.42	1,690.81	845.40
7	50,328	4,194	1,935.69	967.85
8	56,695	4,724.58	2,180.58	1,090.29
9	63,062	5,255.17	2,425.46	1,212.73
10	69,429	5,785.75	2,670.35	1,335.17

*For family size greater than 10, refer to RW Staff*

\* Income amounts are determined before taxes and other deductions are taken. Income requirements are subject to update by the US Department of Labor (current guidelines effective May 7, 2020).

*Income Sources to Include or Exclude: Acceptable Documentation*

Include For Determination	Do Not Include
• Wages, Salaries ( <i>gross</i> ), including Tips	• Public Assistance ( <i>welfare: TANF, SSI, General Assistance</i> )
• Net earnings from self-employment	• Non cash benefits (Food Stamps, Housing, Medicaid)
• Interest & Dividends from savings & investments	• Lump-sum ( <i>one-time</i> ) Worker’s Comp
• Pension Income ( <i>all types</i> )	• Lump-sum ( <i>one-time</i> ) Insurance Awards
• Rental Income ( <i>net</i> )	• Lump-sum Inheritance
• Alimony	• Proceeds from sale of property
• Lifetime Annuities/awards	• Tax Refunds
• Disability Benefits ( <i>except one-time lump-sum</i> )	• Loans
• Worker’s Compensation ( <i>except one-time lump-sum</i> )	• Gifts
• College/university grants, aid fellowship	• Pell Grants or Federal Work Study
• Military Family Allotments	• Active Duty Pay for Veterans
• Unemployment Insurance Benefits*	
• Child Support*	

## Certification of WIOA Youth Funded Services Enrollment

*Certification must occur prior to receipt of individualized WIOA funded services. Enrollment date on this form must match OSOS enrollment date. – Recertification is not required if there are no breaks in service/ WIOA exit - For youth between the ages of 16 and 24 when the pool of eligible candidates includes veterans and eligible spouses of veterans, the guidelines require that veterans and their spouses be given the highest priority in the selection process.*

### Out-of-School Youth (OSY)

*Please PRINT information.*

Applicant Name: \_\_\_\_\_

Navigator Name: \_\_\_\_\_

*This signed form certifies that the applicant named above is eligible to receive individualized WIOA youth services based on the information supplied with their application. The applicant has met the established criteria set by RochesterWorks! and/or it's agent.*

\_\_\_\_\_  
Administrator Name certifying records

\_\_\_\_\_  
Administrator Signature certifying records

\_\_\_\_\_  
Date of Enrollment



## Certification of Homeless Youth Policy

### **Background:**

Homeless youth have difficulty proving eligibility for WIOA programs. They often do not have the paperwork (birth certificate, social security card etc.) required. They cannot get income statements from the family where they may be residing on a temporary basis. Some shelters do provide letters. Expectation is that Navigator will assist youth in collecting required paperwork including picture identification.

Program providers should review each homeless youth case on a case-by-case basis.

**Definition of homeless youth:** Youth who are under 16-24 staying in a non-stable residence or sleeping on the street. Non-stable residence means that they are temporarily (2-3 days/weeks/months) staying with someone other than their legal guardian or living in a shelter.

### **Procedure:**

*If the youth is 18 years of age or older, complete ATTESTATION OF HOMELESS STATUS for WIOA Year-Round Youth Services Eighteen Years of Age or Older. The form claims lack of permanent residence and that the youth is a household of one. Youth will be asked to document any income.*

*If the youth is under 18 years of age, a willing adult in his/her temporary residence must complete and sign an ATTESTATION OF HOMELESS STATUS for WIOA Year-Round Youth Services Under Eighteen Years of Age claiming that shelter is being provided but no financial support. The form states that the signer is not legally responsible for the youth.*

*A letter from a shelter or a residential care facility that the youth has recently left (with 2-3 months) will suffice to prove insufficient income/homelessness.*

Youth must still possess date of birth documentation (birth certificate, and work permit (where applicable.) Picture identification is recommended and any documents from probation, school, or jobs.

The cases of homeless youth should continue to be reviewed on a case-by-case basis.

**ATTESTATION OF HOMELESS STATUS**  
**Applicants under Eighteen Years of Age (16-17)**

I (print full name of applicant) \_\_\_\_\_

do hereby attest that I am without a permanent residence and act as a household of one.

My current residence is (street address, city or town, zip code): \_\_\_\_\_

I have been at this address for (specify weeks or months): \_\_\_\_\_

I receive no financial support from the people at this residence.\*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lodging is being provided to the person named in this document, but no financial support.

I am not financially responsible for the person named in this document.

Name (please print): \_\_\_\_\_

Address (street, city or town, zip code): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Any financial support must be listed.*

*Note to Navigator: Attach any information regarding income for this person. His/her income level must be at or below 70% of poverty level (at or below 70% of lower living standard income level {70% LLSIL}). Documents verifying youth's Date of Birth are required.*

**ATTESTATION OF HOMELESS STATUS**  
**Applicants Eighteen Years of Age or Older (18+)**

I (print full name of applicant) \_\_\_\_\_

do hereby attest that I am without a permanent residence and act as a household of one.

My current residence is (street address, city or town, zip code): \_\_\_\_\_

I have been at this address for (specify weeks or months): \_\_\_\_\_

I receive no financial support from the people at this residence. \*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Any financial support must be listed.*

*Note to Navigator: Attach any information regarding income for this person. His/her income level must be at 70% of poverty level (70% of lower living standard income level {70% LLSIL}).*

*Documents verifying youth's Date of Birth are required.*

**JOB READINESS ASSESSMENT TOOL**  
**Two Copies Required (Hard File): Circle: Youth /Navigator Copy**

**Youth interested in participating in the Youth Employment Program (YEP).**

**First, youth rate themselves and then Navigator rates youth.** Compare and discuss two ratings on areas of strength and/or areas requiring improvement and for setting employment goals. Components are strong indicators of job readiness. **Reminder: Total and score each copy.**

Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_

Navigator Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

**Directions:** Indicate whether youth demonstrates behavior by checking **Yes** or **No**.

***“On an interview/meeting/appointment, based on employment worksite/ job duties requirements, I...”***

<b>FIRST IMPRESSION AND APPEARANCE</b>	<b>YES</b>	<b>NO</b>
1. arrive on time.		
2. call or email interviewer ahead of time if unable to make it.		
3. am appropriately dressed.		
4. am appropriately groomed (neat appearance, appropriate hygiene).		
5. have a positive attitude and know how it affects body language.		
6. know how to properly, firmly and strongly, shake hands with interviewer.		
7. maintain good posture (standing up straight with shoulders pulled back, looking forward and/or sitting up)		
<b>COMMUNICATION</b>		
8. know how to appropriately greet the interviewer.		
9. maintain good eye contact.		
10. know appropriate parting to say at the end of the meeting.		
11. do not use electronic/mobile device during the meeting.		
12. can express self clearly.		
13. am aware on appropriate questions to ask at the end of the meeting.		
14. can clearly communicate and provide examples of my skills and strengths.		
15. am persuasive		
16. know how to complete online job application.		
17. am prepared to answer work related and professional questions.		
18. am reachable by phone or email with a professional email and voicemail greeting.		
<b>PORTFOLIO</b>		
19. can provide relevant documents (resume, writing sample, portfolio)		
20. know something about the program and available jobs		
Suggested score is 75%: 15 questions “yes” answers on staff tool.	<b>TOTAL:</b>	
<i>(Less than 75% indicates need for assistance to secure and hold employment.)</i>		

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First, youth rate themselves and then Navigator rates youth. Compare and discuss two ratings on areas of strength and/or areas requiring improvement and for setting employment goals. Components are strong indicators of job readiness. **Reminder: Total and score each copy.**

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Navigator Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

**Directions:** Indicate whether youth demonstrates behavior by checking **Yes** or **No**.

***“On an interview/meeting/appointment, based on employment worksite/ job duties requirements, I...”***

<b>FIRST IMPRESSION AND APPEARANCE</b>	<b>YES</b>	<b>NO</b>
1. arrive on time.		
2. call or email interviewer ahead of time if unable to make it.		
3. am appropriately dressed.		
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5. have a positive attitude and know how it affects body language.		
6. know how to properly, firmly and strongly, shake hands with interviewer.		
7. maintain good posture (standing up straight with shoulders pulled back, looking forward and/or sitting up)		
<b>COMMUNICATION</b>		
8. know how to appropriately greet the interviewer.		
9. maintain good eye contact.		
10. know appropriate parting to say at the end of the meeting.		
11. do not use electronic/mobile device during the meeting.		
12. can express self clearly.		
13. am aware on appropriate questions to ask at the end of the meeting.		
14. can clearly communicate and provide examples of my skills and strengths.		
15. am persuasive		
16. know how to complete online job application.		
17. am prepared to answer work related and professional questions.		
18. am reachable by phone or email with a professional email and voicemail greeting.		
<b>PORTFOLIO</b>		
19. can provide relevant documents (resume, writing sample, portfolio)		
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Suggested score is 75%: 15 questions “yes” answers on staff tool.	<b>TOTAL:</b>	
<b><i>(Less than 75% indicates need for assistance to secure and hold employment.)</i></b>		

**WORKSITE CONSENT FORM FOR PARENTS/GUARDIAN OF  
YOUTH SEVENTEEN AND YOUNGER (16-17)**  
*(Do not complete until actual placement to worksite is confirmed)*

Please review the information below and provide relevant emergency, medical, and contact information. If you have any questions or concerns, please contact the staff person assisting you.

\_\_\_\_\_, will be placed at/with  
Youth Name

\_\_\_\_\_  
Worksite w/Address  
for the length of \_\_\_\_\_ hours/days/weeks. He/She will receive a wage/stipend of \$ \_\_\_\_\_ per  
(circle one) (circle one)  
hour/day/week/total and based on actual attendance. The supervisor's name is \_\_\_\_\_  
(circle one)  
\_\_\_\_\_. He/She can be reached at \_\_\_\_\_.

Concerning important, urgent or emergency matters involving the above-named youth:

\_\_\_\_\_  
Emergency Contact # Name

\_\_\_\_\_  
Medical Insurance – Name of Company Contract or Medicaid #

Special Information *(allergies, restrictions, other)*:  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the above information, approve and give permission for the above-named youth to participate in this work experience. Further I understand he/she may be used to promote RochesterWorks! funded services and give my approval.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent/Guardian of youth Date

\_\_\_\_\_  
Signature of Program Staff Date

**WORKSITE CONSENT FORM**  
**YOUTH EIGHTEEN AND OLDER (18+)**  
*(Do not complete until actual placement to worksite is confirmed)*

Please review the information below and provide relevant emergency, medical, and contact information. If you have any questions or concerns, please contact the staff person assisting you.

\_\_\_\_\_, will be placed at/with  
Youth Name

\_\_\_\_\_  
Worksite w/Address  
for the length of \_\_\_\_\_ hours/days/weeks. He/She will receive a wage/stipend of \$\_\_\_\_\_ per  
(Circle one) (Circle one)  
hour/day/week/total and based on actual attendance. The supervisor's name is \_\_\_\_\_  
(circle one)  
\_\_\_\_\_. He/She can be reached at \_\_\_\_\_.

Concerning important, urgent or emergency matters involving the above-named youth:

_____ Emergency Contact #	_____ Name
_____ Medical Insurance – Name of Company	_____ Contract or Medicaid #

Special Information *(allergies, restrictions, other):*

I have reviewed and understand the above information. Further I understand I may be used to promote RochesterWorks! funded services and give my approval.

_____ Signature of Participant	_____ Date
_____ Signature of Program Staff	_____ Date

**This File Has NOT Been WIOA Certified**

**Applicant Name:** \_\_\_\_\_

**Upon review this file has not been certified due to the following circumstances:**

**Missing Items for WIOA Certification**

*check all that apply:*

<input type="checkbox"/> Signed Application	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Barrier Identification	<input type="checkbox"/> Selective Service	<input type="checkbox"/>
Other _____				

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Missing items will be provided for review no later than: \_\_\_\_\_

*OR*

**Applicant is Ineligible for WIOA**

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Navigator Name

\_\_\_\_\_  
Navigator Signature and Date



**Selective Service- Who Must Register?**  
*Reference Material – Review w/Applicant*

**Selective Service – Who Must Register?**

**NOTE:** With only a few exceptions, the registration requirement applies to all male U.S. citizens and male immigrants residing in the United States who are 18 through 25 years of age.

Category	Yes	NO
All male U.S. citizens born after Dec. 31, 1959, who are 18 but not yet 26 years old, except as noted below:	X	
<b>Military Related</b>		
Members of the Armed Forces on active duty (active duty for training does not constitute “active duty” for registration purposes)		X*
Cadets and Midshipmen at Service Academies or Coast Guard Academy		X*
Cadets at the Merchant Marine Academy	X	
Students in Officer Procurement Programs at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Institute and State University		X*
ROTC Students	X	
National Guardsmen and Reservists not on active duty / Civil Air Patrol members	X	
Delayed Entry Program enlistees	X	
Separates from Active Military Service, separated for any reason before age 26	X*	
Men rejected for enlistment for any reason before age 26	X	
<b>Immigrants**</b>		
Lawful non-immigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired Form I-94, or Border Crossing Document DSP-150)		X
Permanent resident immigrants (USCIS Form I-551) / Undocumented immigrants	X	
Special agricultural workers	X	
Seasonal agricultural workers (H-2A Visa)		X*
Refugee, parolee, and asylee immigrants	X	
Dual national U.S. citizens	X	
<b>Confined</b>		
Incarcerated, or hospitalized, or institutionalized for medical reasons		X
<b>Handicapped Physically or mentally</b>		
Able to function in public with or without assistance	X	
Continually confined to a residence, hospital, or institution		X
<b>Sex Gender Change / Transsexual</b>		
U.S. citizens or immigrants who are born male and have a sex change	X	
Individuals who are born female and have a sex change		X

\*Must register within 30 days of release unless already age 26.

**NOTE:** To be fully exempt you must have been on active duty or confined continuously from age 18 to 26.

\*\*Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States or reside in the U.S. for at least one year. Habitual residence is presumed and registration is required whenever a national or a citizen of the Republic of the Marshall Islands, the Federated States of Micronesia, or Palau, resides in the United States for more than one year in any status, except as a student who entered the U.S. for the purpose of full time studies as long as such person maintains that status or employee of the government of his homeland.

**NOTE:** Immigrants who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after they were 26 years old, were never required to register. Also, immigrants born before 1960, who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after March 29, 1975, were never required to register.

## **WIOA Youth Overview**

### *Reference Material – Review w/Applicant*

The information below is intended to assist youth in applying for WIOA services.

#### **What is “WIOA” Youth Program?**

The **Workforce Innovation & Opportunity Act (WIOA)** funds local areas to provide year-round services to help increase the basic skills of youth (academic and employment related), provide structured employment opportunities, job retention and increased earnings leading to a successful post-secondary experience. During the new WIOA three-year contract period (2020-2022), RochesterWorks is utilizing a 100% Out-of-School Youth (OSY) System.

#### **Who is eligible?**

Currently 16-24 years old OSY, US citizens or non-US citizens authorized to work in the U.S. can be considered for WIOA Youth enrollment. Priority is given to 17 years old and older youth. WIOA Youth Elements/Services help to minimize barriers and to increase awareness of available services to assist youth to attain their educational and/or employment goals. Eligible OSY are required to meet specific standards such as being committed to achieving their educational and/or employment goals, acceptable attendance, proper dress, and respectful behavior prior to being considered for WIOA Youth enrollment. Some barriers require youth to meet specific income guidelines. Services are limited. ***Important:*** *Guidelines require that veterans and eligible spouses be given the highest priority in the selection process, when they are included in the pool of eligible youth candidates. between the ages of 18 and 24. ***Important:*** At time of enrollment, an applicant is notified of Follow-up Policy conveniently located in [https://rochesterworks.org/images/Follow Up\\_Policy rev 5-18-20.pdf](https://rochesterworks.org/images/Follow_Up_Policy_rev_5-18-20.pdf)*

#### **How do I apply?**

Information on local WIOA Youth enrollment funded services is available at RochesterWorks! Career Centers and posted on the RochesterWorks website (100 College Ave, Suite 200, 276 Waring Rd., and [www.rochesterworks.org](http://www.rochesterworks.org)). Staff are responsible for identifying and enrolling appropriate youth.

All applicants are required to submit a signed complete application and produce all required documents (*see Income Eligibility Guidelines w/Acceptable Documentation, p.7*). Enrollment takes place when the Certification of WIOA Youth Funded Services Enrollment has been authorized, signed, and dated by Administrator in conjunction with Navigator staff after careful review of the application packet and checking youth engagement including good fit with the program. Completion of an application does not guarantee WIOA youth enrollment and participation as additional information may be requested and/or required. If enrolled, each participant with Navigator assistance will complete the following required assessments: Academic level, Basic Skills Level, Occupational Skill Level, Prior work experience, Employability, Interests, Aptitudes, Supportive Service and Developmental needs and who will provide them. Each youth with Navigator assistance will complete an Individual Service Strategy (ISS) notating primarily educational and/or employment goals as well as any other needs. The quarterly dually signed (youth and Navigator) OSOS Objectives and Services History continues the ISS and reflects any WIOA educational and/or employment goal updates, reflected in the participant’s file.

#### **What if services are not immediately available?**

Contact a RochesterWorks! Career Center for information on youth employment readiness and job search assistance services offered through the RochesterWorks Career Centers [www.rochesterworks.org](http://www.rochesterworks.org) (100 College Ave, Suite 200, call 585-258-3500, or 276 Waring Rd, call 585-266-7760, or 691 St. Paul Street, call 585-753-5656). WIOA Youth available funds are limited and restricted. If services are not readily available, interested and eligible youth can be added to a waiting list to fill openings as they occur and/or to be referred to another community service provider for consideration.

***Equal Opportunity is the Law***  
*Reference Material – Review w/Applicant*

It is against the law for a 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 Title I of the Workforce Innovation & Opportunity Act of 1998 (WIOA), 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 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 program or activity; or making employment decisions in the administration of, or in connection with such a program 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:

Lee Koslow	Director	Director
RochesterWorks, Inc.	Division of Equal Opportunity Development New York State Department of Labor	Civil Rights Center (CRC) U.S. Department of Labor
100 College Ave, Suite 200	State Office Campus, Building 12, Room 540	200 Constitution Avenue, NW Room N-4123
Rochester, New York 14607	Albany, New York 12240	Washington, D.C. 20210
(585) 258-3500 extension 3516	(518) 457-1984 (TDD)1-800-662-1220, (VOICE) 1-800-421-1220	
<a href="mailto:lkoslow@rochesterworks.org">lkoslow@rochesterworks.org</a>		

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 on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

State of New York  
**Andrew M. Cuomo, Governor**

**NYS Department of Labor**  
**Roberta Reardon, Commissioner**

***RochesterWorks! Grievance Procedure***  
*Reference Material – Review w/Applicant*

RochesterWorks! anticipates that your experience receiving WIOA funded services will be a positive and successful one. Consistent with our policy to ensure fair treatment, including equal opportunity to all participants accessing services, the following steps should be taken if you experience difficulty:

**What to Do If You Have A Formal Complaint**

1. You should first discuss the issue with the staff person/service provider with whom you have been working within five (5) working days of its occurrence.
2. If you are not satisfied with the results in Step 1, you must submit a written complaint to the service provider's Manager unless your complaint involves the Manager in which case you should submit your written complaint to Antwan Williams, Director of Youth System Services, and a copy to the Grievance Coordinator, Lee Koslow, Technical Assistance and Training Manager at RochesterWorks, Inc. (100 College Ave, Suite 200,, Rochester, New York 14607).
3. A copy of your complaint should also be sent to Antwan Williams, Director of Youth System Services at RochesterWorks, Inc. (100 College Ave, Suite 200, Rochester, New York 14607).  
**Written grievances must be made within one year of the alleged occurrence.**
4. Your written grievance should include:
  - a. Your full name, address, phone number, and should be signed and dated
  - b. The staff person and service location involved in the grievance
  - c. Reason(s) for grievance and facts related to the grievance (i.e., date of first occurrence and events or conditions which constitute the grievance)
  - d. Statement of redress or resolution sought
  - e. Result of conversation with staff person (Step 1 above)
5. The Manager will have 14 days from the time of receiving your complaint to work with you to resolve the issue and provide a written report outlining the resolution. If the complaint is resolved to your satisfaction, the grievance process will end here.
6. If no resolution is reached, you have the right to a hearing within 30 days of the filed complaint. A request for a hearing should be made to Lee Koslow, Technical Assistance and Training Manager at (585) 258-3500 extension 3516 (100 College Ave, Suite 200, New York 14607). You will receive written notice of the date, time and place of the hearing, seven (7) days prior to the hearing date.
7. The Hearing Officer will prepare a written decision based on the record, which will be mailed to you within five (5) working days of the hearing.

## Definitions

*Reference Material – Review w/Applicant*

### School

Secondary or Post-secondary schools (2 or 4-year college as defined by NYS Law)  
High School Equivalency programs funded by the public K-12 school system that are classified by the school system as school enrollment.

### Not considered School

YouthBuild Programs/Job Corp Programs  
Adult Education WIOA Title II Programs\*  
High School Equivalency (HSE) Programs\* (unless funded by public K-12 system)  
Drop Out Re-Engagement Programs

### Offender

An adult or juvenile who:

- Is or has been subject to any stage of the criminal justice process.
- Requires assistance in overcoming barriers to employment resulting from a record of arrest/conviction.

### Basic Skills Deficient

Youth who have English reading, writing, or computing skills at or below 9<sup>th</sup> grade on a generally accepted standardized test.

Youth or adult who is:

- Unable to compute or solve problems, OR
- Read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.

### English Language Learner (ELL)

An Adult or Youth who:

- Has limited ability in speaking, reading, writing, or understanding English.
- Whose native language is a language other than English
- Who lives in a family or community environment where a language other than English is the dominant language.
  - Key point to remember: Case by case determination: Someone who can converse English may not be fully fluent and may mask ability to read, write, and/or understand English.

### Low Income

Living in High Poverty Area 25% +: *Last low income documentation option if unable to document another way with pay stubs or DHS.* See PY2020 High Poverty Zip Codes in Navigator Resources webpage [https://rochesterworks.org/images/2020\\_High\\_Poverty\\_Zip\\_Codes.pdf](https://rochesterworks.org/images/2020_High_Poverty_Zip_Codes.pdf) Eight high poverty zip codes include 14604, 14605, 14608, 14611, 14613, 14614, 14619, and 14621. **Review p. 7 of Income Eligibility Guidelines w/Acceptable Documentation.** based on participant's income level household size. **Update:** The American FactFinder now decommissioned and no longer available. Now go to <https://data.census.gov/cedsci/> Found three tables: **Poverty Status in the Past 12 Months Table: S1701**, **Poverty Status In The Past 12 Months of Families Table: S1702**, and **Selected Characteristics of People at Specified Levels of Poverty In The Past 12 Months Table: S1703** (Survey/Program: American Community Survey, Years: 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010).



## Youth Referral Form: Career Center / Navigator-Agency

**Youth Name:** (youth name)      **NY #:** (NY #)      **Youth Contact:** (phone number) / (email)  
**Age:** (age)      **School Status:** (select one)      **Referred to:** (choose an agency)

### Referral:

- WIOA Navigator Enrollment / Service Consideration
- Workshop / Activity
- To provide WIOA Youth Element per Memorandum of Agreement (MOA)
- Youth Training Grant: (Complete: ITA Document Prep Checklist on next page.)

#### •Criteria Checklist:

- Out of School Youth (OSY) Ages 18 – 24
- Enrolled in the WIOA Youth Program by Navigator.
- Attended the Training Grant Workshop or an individual ITA orientation and received Training Application Packet
- Training Grant Review Timeframe:
  - At least 5 -8 weeks prior to the training start date.

- Youth Employment Program (YEP): Question: Is youth prepared to start internship?

#### •Criteria Checklist:

- Enrolled in the WIOA Youth Program
- Completed Job readiness requirements:
  - CareerZone Portfolio completion
  - Resume and Interview Preparation
  - Onboard Documentation, Childcare (if applicable) and Transportation Assistance
- Demonstrated interest and commitment:
  - consistent attendance to meetings with Navigator and/or other
  - completion of all job-readiness training (JRT) activities included as benchmarks in their action plan with their Navigator.

- Prescreening, Job Referral, or Job Matching, Hot Job No. and/or Position:

- TABE testing

- Other:

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### Referred By:

**Agency Name:** (choose an agency)      **Staff / Navigator:** (staff person)  
**Phone:** (phone number)      **Email:** (email)      **Fax:** (fax number)  
**Signature & Date:** (staff signature)      (date)

**Comments:**

## **ITA Document Prep Checklist: Complete *prior* to scheduling ITA Review.**

ITA Review meeting with RWCC Youth Career Services Specialist: \_\_\_\_\_

- 1. Labor Market Information on the Job Title for Which Seeking Training
  - Print job title summary report from <http://www.onetonline.org> **OR**
  - Photocopy relevant pages on job title from the Occupational Outlook Handbook at RWCC.
- 2. Provide at least (3) Job Postings for job title for which seeking training (internet/newspaper)
- 3. Social Security Card
- 4. NYS Driver's License/Non-Driver ID -or- other acceptable photo ID with Date of Birth
- 5. Alien registration documentation (If applicable, for resident aliens legally able to work in U.S.)
- 6. Proof of Income (\*\*Attach applicable document(s) as listed below. \*\*)
  - Most recent pay stub or employer statement, if employed. **or**
  - Lay Off Letter Notification from Employer **or**
  - Unemployment Eligibility Letter **or**
  - TAA/TRA Eligibility information **or**
  - Budget Sheet from DHS (Dept. of Social Services) **or**
  - SSI/Disability Benefits Statement **or**
  - Plan for Financial Support while in Training, if f not working and/or none of the above apply.
- 7. Updated Resume
- 8. Job Search Records: If not working, complete blank job search record forms found at RWCC. If working, complete to demonstrate cannot find a job leading to self-sufficiency with current skills, education, and experience.
- 9. If currently receiving Unemployment benefits: If accepted or enrolled in a training program contact RWCC for 599 Training Application.
- 10. Training Questionnaire- Complete pages 5 and 6 from Training Application Packet.
- 11. Proof of completion of a Career Assessment in a workshop, with a counselor, at [www.jobzone.ny.gov](http://www.jobzone.ny.gov) or at O\*NET – My Next Move Interest Profiler- [www.mynextmove.org](http://www.mynextmove.org).
- 12. Training Program Registration Details needed before grant request can be approved:
  - Acceptance letter or registration letter stating can attend classes.
  - Itemized bill/statement with training costs, classes start and end dates, and number of program weekly hours.
  - Official course outline/description for program enrolling from the organization or school (brochure or manual).
  - Signed Plan/Program of Study for college programs: Semester-by-semester breakdown detailing exact classes needed to graduate signed by an advisor.
  - Printed proof applied for PELL and TAP grants (for LPN, certain BOCES 2, and Traditional College Programs only): Federal Pell Grant: [www.fafsa.ed.gov](http://www.fafsa.ed.gov) ; NYS TAP Grant: [www.hesc.ny.gov](http://www.hesc.ny.gov) .
  - If employed, provide a copy of employer's tuition assistance policy and confirmation of how much money you could receive per semester. **OR**
  - Provide an employer letter (on company letter head) stating do not have a tuition reimbursement program.
  - If this is not first semester, include a college transcript (unofficial transcript or online transcript printout).