



TOT INTAKE PACKAGE

Please Print Legibly. No Pencils Please.

Date _____ Location _____ Staff _____

TRAINEE INFORMATION

Name _____	NY# _____
Email _____	Phone _____

TRAINING PROVIDER INFORMATION

School _____
Address _____
Phone _() _____ - _____ Extension _____ Fax _() _____ - _____
Class _____ Training Dates _____ to _____
Training (Provider & Class) listed on the ETPL? <input type="checkbox"/> Yes <input type="checkbox"/> No

CSS WFNY Participant Manual/Grievance & Discrimination: Did you receive a copy of the Grievance & Discrimination Policies & Procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Use ONLY Below:

Program: ITA

Funding Request: WIOA TAA DSS/TANF NEG

Staff Notes: _____

O'Net _____

Trainee Initials



INDIVIDUAL EMPLOYMENT PLAN

Occupational Goal: _____

O*Net#: _____ Labor Market Outlook: _____

Statement of present situation (including current occupational and transferrable skills and training):

Brief description in interest in this training plan:

What are the skill gaps that currently prevent success in this occupational goal:

Detail supports needed and resources available to assist in the training plans' success

Training Justification:

Action Plan:

Training Program:	Training Provider	Credential Pursued
Dates of Training:	_____ to _____	
Supportive Services:		

APPLICANT DECLARATION

I declare that the information I have provided in completing ALL forms are true to the best of my knowledge. I understand the information I have provided may be subject to verification. I do hereby attest to the accuracy and validity of, and assume full responsibility for, the content of the application and all materials and information used by me in support of the application, and all use thereof by third parties. I further authorize CSS Workforce NY to provide a copy of this Form and Release to those entities contacted in connection with this application.

Application Signature	Date

Please E-Mail To: christopherk@csswfnyc.com.

Please allow a minimum of 2 weeks for processing



Additional Information & Program Eligibility

Name _____

NYID# _____

Answering the questions below will assist us in determining if you qualify for additional programs and services we offer through the Workforce System. Information will be kept confidential and is intended for use solely to determine additional program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs, and affirmative action requirements. Answers are voluntary. You will not be penalized for refusal to answer.

1. Are you or any member of your family receiving any Public Assistance /Low Income? Check all that apply.
[TANF-Temporary Assistance for Needy Families] [Food Stamps/SNAP]
[GA-General Assistance State/Local] [RCA- Refugee Cash Assistance]
[Safety Net] [SSI-Supplemental Security Income]
[SSDI- Social Security Disability Insurance] [Exhausting TANF within two years]
[Low income individual with a total family income that does not exceed the higher of: the poverty line or 70% of the lower living standard income Level.] [Other _____]

2. Are you a person with a disability? [] Yes [] No
As defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), a disability is a physical or mental impairment that substantially limits one or more of the person's major life activities.
If Yes, do you have a: [] Physical Impairment [] Mental Impairment [] Both Physical and Mental Impairment
[] Not Disclose

3. Are you a Migrant or Seasonal Farm Worker? [] Yes [] No If Yes, check one of the following:
[] Seasonal Farm Worker: Check Seasonal Farm Worker if within the last year, you: worked at least 25 or more days or parts of days in farm work AND, earned at least half of your income from farm work, AND were not employed in farm work all year by the same employer, AND were not a full-time student.
[] Migrant Farm Worker: Check Migrant Farm Worker if within the last year, you: worked at least 25 or more days or parts of days in farm work, AND earned at least half of your income from farm work, AND were not employed in farm work all year by the same employer, AND had to travel to do the farm work so that you were unable to return to your permanent home within the same day, AND were not a full-time student traveling in an organized group.
[] Migrant Food Processor: Check Migrant Food Processor if within the last year, you: worked at least 25 or more days in food processing, AND earned at least half of your income from food processing, AND were not employed in food processing all year by the same employer, AND had to travel to do food processing so that you were unable to return to your permanent home within the same day, AND were not a full-time student traveling in an organized group.

4. Are you a spouse of a member of the United States Armed Forces on active duty and experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station? [] Yes [] No

5. Did you serve on active duty in the United States Armed Forces? [] Yes [] No
If Yes, what U.S military branch? _____
If Yes, provide dates of Active Service ___/___/___ through ___/___/___
Are you receiving compensation for a service-connected disability? [] Yes [] No
If Yes, Veterans Administration (VA) disability rating % = _____

6. Are you an Eligible Spouse of a veteran? [] Yes [] No
Eligible Spouse: The spouse of any of the following: 1. Any veteran who died of a service-connected disability 2. Any member of the United States Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days: a) Missing in action b) Captured in the line of duty by a hostile force c) Forcibly detained or interned in the line of duty by a foreign government or power 3. Any veteran who has a total disability, permanent in nature, resulting from a service-connected disability or any veteran who died while such a disability was in existence

Note: Veterans and eligible spouses qualify for priority of service. This means that if you served in the United States Armed forces, you will be served first by the next available staff member and get first priority for jobs and training for which you are eligible and qualified.

6. Are you a single parent? Yes No

Are you single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

7. Are you homeless? Yes No

Lack a fixed, regular, and adequate nighttime residence; this includes:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; living in a motel, hotel, FEMA trailer park, or campground due to a lack of alternative adequate accommodations; living in an emergency or transitional shelter; abandoned in a hospital; or awaiting foster care placement;
- Have a primary nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport, or camping ground.

8. Do you currently have or have you ever had any involvement with the criminal justice system?" Yes

No e.g., has a felony and/or misdemeanor conviction(s), currently under parole or probation supervision, have pending charges on record, etc.). Were you subject to any stage of the criminal justice process for committing a status offense or delinquent act, or require assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.

9. Are you an English Language Learner? Yes No

Person who has limited ability in speaking, reading, writing or understanding the English language and meet one of the following two conditions;

- Native language is a language other than English, or
- Live in a family or community environment where a language other than English is the dominant language

10. Displaced Homemaker? Yes No

An 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; or is the dependent spouse of a member of the Armed forces on active duty (as defined in section 101(d)(1) of title 10, United States code) and whose family income is significantly reduced because of a deployment, a call or order to active duty pursuant to a provision of law, death or disability of the member and
- Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

11. Do you perceive yourself as having a cultural barrier that could impact your employment? Yes No

Perceive yourself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.

12. Older Individual? . an individual age 55 or older Yes No

13. Youth who are in or have aged out of the foster care system? Yes No

14. Native American?- Indian, Alaska Natives and Native Hawaiians Yes No

15. Individual who has low level of literacy or basic skills deficient? Yes No

Unable to read, write, and speak in English; compute and solve problems at levels of proficiency necessary to function on the job, in the family of the participant, and in society.

16. Long-term unemployed? Individual who is unemployed, available for work and has been looking for work for 27 weeks or more? Yes No

I certify that the information given on this document is true and accurate to the best of my knowledge.

Signature

Date

The New York State Department of Labor is an Equal Opportunity Employer.

If requested, program auxiliary aids and services are supplied to individuals with disabilities. 02/2/16



Name _____

WIOA Suitability Questionnaire

The following questions are to determine suitability for possible WIOA funded training and supportive services. These questions are meant to stimulate a thorough conversation.

1. For what training are you currently applying?

School _____ Course(s) _____

Address _____ Dates _____

2. Do you have any previous experience in this field? Explain:

3. Have you researched the career path you are seeking training in? Yes No

How did you research? _____

What are your expectations regarding the following:

Estimated Starting Wage _____

Work Environment _____

Basic Duties/Responsibilities _____

Skills, Credentials & Educational Requirements _____

4. What were the circumstances surrounding your departure from your last job?

5. Are you able to return to your former occupation/industry and what was that occupation?

6. Do you have an updated resume prepared? _____

7. *Include a copy of the resume with the application.*

8. What is your short-term employment goal? _____

9. What is your long-term employment goal? _____

10. What employers do you plan to target upon completion of training? *You must provide 3 employers unless you have an offer upon completion of training.*

1- _____

2- _____

3- _____

11. Do you have an e-mail account (how do you access your e-mail) and phone service?

12. Do you have child(ren) who will be in need of daycare during the training period and if so what is the plan?

Provider _____

Transportation _____

Cost _____

13. Have you completed a job shadowing experience? Yes No

If so, what employer(s) and when? _____

14. Are you a resident of Chemung, Schuyler or Steuben County and for how long?

15. What is your current housing situation? _____

16. Do you have any pending medical or family issues that are not resolved that may prevent you from starting or completing training at this time? Yes No If yes, explain. _____

17. If you are working part-time, what is your schedule and will your employer provide written approval to allow you to attend the proposed training around your work hours? Yes No

18. Do you have a current, valid driver license? If not, what is your transportation plan to complete training and obtain employment? _____

19. Do you have any current or pending restrictions on your state driver license which may hinder you from attaining employment in your specific career field?

If so, what restriction(s)? _____

20. Do you have ANY obstacles, barriers, or restrictions that could limit you in this occupation?

Yes No If so, what is the restriction(s)? _____

21. If an employer requested a background check on you prior to hire, would they find anything that would hinder you from getting employment in this career field? Yes No

Please note that all confidential issues will be discussed privately with your counselor.

22. Priority of Service Checklist:

Priority of Service	Yes	No
1. Veterans and Eligible spouses		
2. Public Assistance		
3. Low Income Individuals		
4. Basic Skills Deficient		
5. Individuals with Barriers to Employment:		
Displaced Homemaker		
Indians, Alaska Natives, and Native Hawaiians		
Individuals with disabilities including youth		
Older Individuals		
Ex-Offenders		
Homeless Individuals		
Youth who are in or have aged out of foster care system		
Individuals who are English language learners, individuals who have low levels of literacy, and individuals facing substantial cultural barriers		
Eligible migrant and seasonal farmworkers		
Single Parents (including single pregnant women)		
Long-term unemployed individuals		

I, the Applicant attest that the information I have shared with the Counselor in the preparation of this Suitability Questionnaire is accurate and complete, and does not contain any false, misleading or incomplete information.

(Applicant)

Date



Policy: Effective immediately, the CSS WFNY policies related to Complaints and Grievances under Section 188 of the Workforce Innovation and Opportunities Act. are amended as follows:

For complaints filed under Section 188 of the Workforce Innovation and Opportunities Act, anyone filing a discrimination complaint based on race, national origin, sex, age, color, political affiliation, religious belief, gender identity, gender expression, sex stereotyping or retaliation, may file his/her complaint with the Local Grievance Officer, or directly with the USDOL Office of Civil Rights at the following address:

Office of Civil Rights
201 Varick St
New York, NY
(212)237-2218

Discriminatory complaints may be initiated by letter or by telephone and must be filed with the Civil Rights Office within 180 days of their occurrence.

Steps on Resolving Complaints/Grievances

The purpose of this procedure is to ensure that a complaint is resolved promptly and that the complainant is advised of all the steps taken to resolve the complaint. A complaint is a written document signed by a participant, staff member, or any other interested person who alleges that the Governor, Local Area or other subcontractor has violated the Act and/or Rules and Regulations for any Grant and/or agreement.

Complaints must be filed within one (1) year of the occurrence.

1) Preliminary Discussion

- a) Complaints are to be resolved at the lowest possible level: i.e. the level closest to the reason for the complaint. The complaint will be processed at the agency's work site by a supervisor or a Local Area Complaint Resolutions Officer. If the Resolutions Officer cannot settle a complaint, the complainant may have the option of using the grievance procedure by requesting a meeting with the designated Grievance Officer.

2) Informal Conference-CSS WFNY Grievance Officer

- a) If Step 1 does not resolve the complaint satisfactorily, the complaint may be submitted in writing to the CSS WFNY Grievance Officer. Whenever possible, the Customer Complaint Information Form (attachment C) should be used. A complaint should contain the following basic elements: complainant's name, address and telephone number; respondent's name and address; nature of the complaint including the basic who, what, where, when and how information, as applicable; signature of complainant and date signed. The complaint must be made within one (1) year of the incident or dispute. Notification acknowledging receipt of a complaint will be sent to the complainant within 30 days of the filing of the grievance. Prior to holding this information conference, the CSS WFNY Grievance Officer will conduct an impartial investigation of the complaint. This may include interviewing witnesses, taking statements, examining records, and receiving background information. Decisions of this informal conference shall be made no later than 29 days after the filing of the grievance. Complaints shall be sent via mail to:

CSS Workforce NY
Grievance Officer
8 Denison Parkway East, Suite 305
Corning NY 14830

3) Local Level Hearing Officer Appeal

- a) If no decision is reached within 30 days or if either party disagrees with the decision of the CSS WFNY Grievance Officer, the complainants may submit a request for local level hearing. Complainants must submit a second letter requesting a formal hearing within 15 days following receipt of the informal conference decision. The hearing officer will provide a written decision, based upon the entire record, including all evidence or oral testimony [resented at the hearing as recorded by an impartial Grievance Recorder. The written decision will be mailed to the complainant, the respondent, and the Local Area Complaint Resolution Officer within 60 days of the original filing of the grievance. Requests for a hearing shall be sent via certified mail to:

CSS Workforce NY
Hearing Officer
8 Denison Parkway East, Suite 305
Corning NY 14830

4) State Level Appeal

- a) State level appeals must be submitted in writing to the State Hearing Officer within 10 days of receipt of the Local Area level findings. In addition, if no decision is rendered at the Local Area level with the prescribed 60-day time period, the complainant may, within 15 days after such decision was due, appeal for State Review. A State level appeal should contain the same basic elements necessary for the Local Area level. These are: complainants name, address and phone number; respondent's name, address and phone number (may be any agency or officer); the nature of the complaint (who, what, where, when, and how was applicable); signature of the complainant, date signed, information regarding decisions rendered at Local Area level. Information should be send to:

New York State Workforce Investment Act Hearing Officer
New York State Department of Labor
State Office Building Campus
Building 12, Room 446
Albany, NY 12240

5) Complaint Review by the Governor-State Level

- a) The complainant had the right to request a review of the compliant by the Governor if: (1) a Hearing Decision is not received by the complainant within 90 days of filing the compliant: or (2) an unsatisfactory hearing decision is received and a request for the review is made within 10 days of the receipt of the decision. The Governor shall issue a decision within 30 calendar days. The Governors decision is final. FI the Governor does not issue a decision within 30 calendar days; the complainant may elevate the complaint to the Secretary of the United States Department of Labor.

6) Complaint Resolution-Federal

- a) Within 10 calendar days of the date that the Governor should have issued a decision, the complainant may request a determination from the Secretary of the U.S. DOL.
- b) The secretary shall act within 120 calendar days of receipt of the complainant's request.
- c) Section 629.55 of the March 15, 1983 Rules and Regulations stipulates that all information and complaints involving fraud or other criminal activity shall be reported directly and immediately to the Secretary of Labor.
- d) The CSS WFNY participant grievance procedures will be provided to each participant at the time of enrollment in grant-funded activity.
- e) CSS WFNYL contractual agreements for services of training will include a statement to inform the contractor of this provision.
- f) The CSS WFNY will include in its local complaint resolution and grievance system description, the method(s) to be used to assure that those interested in Grant activities within the CSS WFNY, including the general public, are to be made aware of the process to follow to report information and/or complaints involving fraud, abuse or other criminal activity related to the Grant.
- i) An appeal, in writing, may be made to the U.S DOL Secretary of Labor
- ii) An appeal may be filed at this level only after the above Local and State steps have been completed.
- iii) The complaint should contain the following:
- (1) Your name, address and telephone
 - (2) Name and address of respondent
 - (3) A clear statement of the facts (including dates) relating to the complaint
 - (4) Where known, the provisions of the Grants law, rules and regulations or other Grant-related agreements believed to have been violated.

CSS Workforce NY
Grievance Officer
8 Denison Parkway East, Suite 305
Corning NY 14830
(607) 238-5730

7) State Discrimination Complaint Filing Procedure

- a) CSS WFNY is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, gender identity, gender expression, sex stereotyping and for beneficiaries only, citizenship or participation in programs funded by WIA/WIOA, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA/WIOA funded program or activity.
- b) If you think you have been subjected to discrimination under a WIA/WIOA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with recipient's Equal Opportunity Officer, 20 Denison Pkwy W, Corning NY 14830, (607) 937-8337, by completing the US Department of Labor's Complaint Information Form (CIF).
- c) Recipient will issue a notice to the complainant of receipt of the complaint and a written Notice of Final Action will be issued within 90 days of the date on which the complaint was filed. If a complainant does not agree with the recipient's decision, then he/she may file

a complaint with the Civil Rights Center-US Department of Labor within 30 days of the date on which the Notice of Final Action was issued.

- d) The complainant may choose to use the Alternative Dispute Resolution through Mediation (ADR) process instead of the local grievance officer's services. CSS WNFY will provide assistance to enable a complainant to understand and participate in the complaint process. Confidentiality is guaranteed to the level necessary and required and on a need to know basis.
- e) The non-breaching party to any agreement reached under ADR may file a complaint with the CRC in the event the agreement is breached within 30 days of the date on which the non-breaching party learned the alleged breach.
- f) All complaints will be attempted to be resolved at the local level however the complainant had the right to file a complaint of discrimination at the state or federal level using the information listed below:
 - i) State Level

Division of Equal Opportunity Development
NYS Department of Labor
State Office Building Campus
Albany NY 12240
(518) 457-1984
TDD: 1-800-662-1220
Voice: 1-800-421-1220

- ii) Federal Level

Civil Rights Center
US Department of Labor
200 Constitution Ave
N.W. Room N-4123
Washington DC 20210

8.) NYS Department of Labor-Division of Equal Opportunity Development

- a) Handling of Allegations of Discrimination at the State Level
 - i) When a written complaint is filed with Division of Equal Opportunity Development (DEOD), DEOD will determine if the complaint is within the DEOD's jurisdiction.
 - ii) DEOD will acknowledge receipt of the complaint to all appropriate parties. DEOD will also send a notice of non-jurisdiction, when necessary to the complainant and the LWIA.
 - iii) DEOD may take the following actions but not limited to the following:
 - (1) On-site visit of the recipient's program or activity
 - (2) Desk-Audit of recipient's records
 - (3) Request that complainant visit DEOD for an in-person interview
 - (4) Review of vendor/provider services
 - (5) Review and analysis of Equal Opportunity (EO) data collection and reports relevant to allegation of complaint
 - (6) Review of recipient's demographics, employment referral, placement and training records.
 - iv) DEOD will issue a Notice of Final Action within 90 days of the receipt of a written complaint. The time frame for the issuance of a resolution to the complainant includes the initial time the complainant filed in writing at the local level.
 - v) DEOD will advise complainant of the right to use the Alternative Dispute Resolution Procedure and of the right to file a complaint with CRC if any agreement reached through ADR is perceived to be breached. The complainant will be advised of their right to use DEOD's customary procedure for discrimination complaints if the complainant and/or respondent to a complaint fail to reach an agreement through ADR or any party refuses to participate.
 - vi) DEOD will advise the complainant of the right to file a complaint with the Civil Rights Center-US Department of Labor (CRC) within 30 days of receipt of the DEOD's Notice of Final Action.

DEOD will advise the complainant of their right to file a complaint in accordance with any applicable federal, state and local civil human rights laws.

For Non-Criminal Complaints/Grievances under Title I of the Workforce Innovation and Opportunity Act (WIOA)

WIOA Title I Complaint/Grievance Procedure

1. The process starts when a complaint/grievance is filed with the Grievance Officer. The officer must log the complaint and review it to seek a resolution. a. Note, while not required, customers are encouraged to file complaints using the Customer Complaint Information Form

(Attachment C). This same form can be utilized to file complaints under the Title III Wagner-Peyser program and/or for discrimination complaints filed under Section 188 of the Workforce Innovation and Opportunity. Appropriate procedure should be followed when filing a complaint in those cases.

2. A hearing will be scheduled at least thirty (30) calendar days, but no more than forty-five (45) calendar days, from the filing of the complaint/grievance to provide the person or entity (Complainant) with an opportunity to present witnesses and other evidence. a. Notice of the grievance hearing shall be in writing and include: the date, the time, and place of hearing; a statement of the law and regulations under which the hearing is to be held, and a short and clear statement of the complaint/grievance.

b. Note that if the Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.

3. At the Local Area level, a written Decision must be issued to the Complainant by the Hearing Officer within sixty (60) calendar days of the filing of the complaint/grievance.

4. Complainants not in receipt of a written decision within sixty (60) calendar days of filing the complaint/grievance have the right to request a State Level review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision. The request for State Level Review must be filed with the State Level Grievance Officer. State level appeals must be submitted by certified mail, return receipt requested to:

State Level Grievance Officer
New York State Department of Labor
W. Averell Harriman State Office Building Campus
Building 12, Room 440
Albany, New York 12240-0001 Attachment A
2 05-09-2018

5. The Complainant also has the right to request a State Level review of an adverse decision issued by the Local Level Hearing Officer. Such request must be filed with the State Level Grievance Officer within ten (10) calendar days of receipt of the adverse decision.

6. State Level Review shall only proceed to the extent that a Local level hearing has been held, findings of fact made, and a decision rendered. If not, the State Level Grievance Officer shall return the complaint/grievance to the Local Level Grievance Officer with instructions on how to complete the review and hearing process.

7. To the extent that Local Level Hearing is complete, requests to review the Local Level Hearing decision shall be limited to any allegations of procedural errors or errors in interpreting or applying the law. Findings of Fact must occur at the Local Level. Any finding at the State Level indicating that errors were made at the Local Level in making Findings of Fact will be returned to the Local Level for further review.

8. If a State Level Review is requested, the State Level Grievance Officer shall investigate the complaint/grievance, seek resolution, and issue a written decision within sixty (60) calendar days of receipt of a request for a review by a Complainant.

9. A hearing will be scheduled at least thirty (30) calendar days, but no more than forty-five (45) calendar days, from the filing of the complaint/grievance. a. Note that if the State Level Grievance Officer is successful in reaching an informal resolution with the Complainant prior to the date of the scheduled hearing, the scheduled hearing will be adjourned.

10. Complainants either not given a hearing or who did not receive a hearing decision within sixty (60) calendar days of requesting State Level Review, and which were not remanded back to the Local Level, have the right to request a Federal Level Review. Such a request must be filed within fifteen (15) calendar days from the date on which the Complainant should have received a written decision.

11. Complainants in receipt of a written State Level hearing decision, have the right to request a Federal Level Review. Such a request must be filed within ten (10) calendar days from the date on which Complainant received the written hearing decision. Such requests must allege either procedural violations or errors in interpreting or applying the law at the lower level hearing. Federal Level Appeals must be submitted by certified mail, return receipt requested, to the Secretary, U.S. Department of Labor, Washington, DC 20210, Attention: ASET. A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator (address below) and the opposing party.

U.S. Department of Labor Employment and Training Administration 25 New Sudbury St John F. Kennedy Federal Building, Room E-350
Boston, MA 02203 Attachment A
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WIOA Grievance Procedure

