



WILMINGTON HOUSING AUTHORITY YOUTHBUILD PROGRAM

Participant Application Form

Date	Social Security Number	Date of Birth (DOB)
Name (First, Middle, Last)		Gender M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
Street Address	Mailing Address	Primary Phone
City, State, Zip Code	City, State, Zip Code	Secondary Phone Number
County of Residence	Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>
Emergency Contact Name/Relationship	Address	Phone
Race Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: Click here to enter text. <input type="checkbox"/>		
United States Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	If No: INS Alien Document Number Expiration Date:	If No: Is Applicant eligible for Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa Number (#):
Is English the Applicant's first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List:	Place of Birth (City, State, County)	If Native American: Tribe: Does Applicant have CDIB Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual with a Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	Information regarding Disability	Does Applicant have a current Department of Rehabilitation Service Case? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does Applicant need supported employment services? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does Applicant require any Adaptive Equipment to assist with Employment & Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:



Felony Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		Misdemeanor Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		Driver's License State Issued: Driver's License #: Expiration Date:	
Number of People in Household	Is Applicant a Parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Applicant a Single Parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No Is Applicant Pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Applicant Dependents	
Custodial Status of Applicant					
<input type="checkbox"/> Bio-Parents		<input type="checkbox"/> Grandparent/Grandparents		<input type="checkbox"/> Emancipated Minor	
<input type="checkbox"/> Bio-Mother		<input type="checkbox"/> DHS Custody/Foster Care		<input type="checkbox"/> Protected Services	
<input type="checkbox"/> Bio-Father		<input type="checkbox"/> Juvenile Probation Services			
<input type="checkbox"/> Legal Adult (18 and Over)		<input type="checkbox"/> Legal Guardian Other than Bio.			
Please List ALL Members in Your Household					
Name		Relationship		Age	
1.					
2.					
3.					
4.					
5.					
6.					
Medicaid Participant Yes <input type="checkbox"/> No <input type="checkbox"/>		DHS Assistance		DHS Caseworker	
Housing Status Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>		Has Applicant ever been enrolled in Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>	



Need (Check All That Apply)		Barriers (Check All That Apply)	
<input type="checkbox"/> Educational Counseling <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Alternative School Services <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> High School Proficiency Tutoring <input type="checkbox"/> On The Job Training <input type="checkbox"/> Jr. High School Proficiency Tutoring <input type="checkbox"/> Skills Upgrade/Retraining <input type="checkbox"/> Adult Education and Literacy Activities <input type="checkbox"/> Summer Employment Opportunities <input type="checkbox"/> Needs Work Experience <input type="checkbox"/> Internship <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Family Counseling <input type="checkbox"/> Leadership Development <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Alcohol & Drug Counseling		<input type="checkbox"/> TANF Exhustee <input type="checkbox"/> Foster Youth (Year , State) <input type="checkbox"/> Pregnant <input type="checkbox"/> Parenting Teen <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> One or more of applicants parents received welfare assistance <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History <input type="checkbox"/> Gang Affiliation <input type="checkbox"/> Transportation Issues <input type="checkbox"/> At Risk of Dropping out of School <input type="checkbox"/> HS Grad with Difficulty Completing an Educational Program <input type="checkbox"/> HS Grad with Difficulty Obtaining Employment <input type="checkbox"/> One or more parents incarcerated	
Name of School Attending or Last Enrolled		Last Grade Completed	School Drop Out Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Drop Out			
High School Graduate/GED Yes <input type="checkbox"/> No <input type="checkbox"/>		High School Graduate with Employment Difficulties Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Basic Skills Deficit Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterans			
Branch of Service		<input type="checkbox"/> Veteran Status <= 180 <input type="checkbox"/> Veteran Status > 180 <input type="checkbox"/> Recent Separation <input type="checkbox"/> Campaign Veteran	<input type="checkbox"/> Vietnam-era <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled
Dates of Service			
Veteran Spouse Information			
	Yes	No	
Spouse of any person who died on active military duty or a military service-connected facility	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse of veteran who died while diagnosed with a disability permanent in nature resulting from a military service-connected disability	<input type="checkbox"/>	<input type="checkbox"/>	



	Yes	No
Spouse of any member of the Armed Forces serving on active duty who at this time of this registration is any one or more of the following categories		
Missing In Action	<input type="checkbox"/>	<input type="checkbox"/>
Captured in the line of duty by a hostile force	<input type="checkbox"/>	<input type="checkbox"/>
Forcibly detained or interned in the line of duty by a foreign government of power	<input type="checkbox"/>	<input type="checkbox"/>
Labor Force Status Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>	Does Applicant have any previous Work History? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Applicant Worked in a Subsidized Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Weeks Not Employed	UI Claimant Yes <input type="checkbox"/> No <input type="checkbox"/>	

Work History – For Last 2 Years		
Dates Worked (Month/Date/Year) <i>to</i>	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip Code	Phone Number	Wage/Salary
Reason for Leaving	Duties	
Dates Worked (Month/Date/Year) <i>to</i>	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip Code	Phone Number	Wage/Salary
Reason for Leaving	Duties	



Work History – For Last 2 Years (Continued)

Dates Worked (Month/Date/Year) <i>to</i>	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip Code	Phone Number	Wage/Salary
Reason for Leaving	Duties	

Dates Worked (Month/Date/Year) <i>to</i>	Company	Job Title
Address	Supervisor	Hours Worked Per Week
City, State, Zip Code	Phone Number	Wage/Salary
Reason for Leaving	Duties	

List any Certifications, Special Skills or Area of Interest

Referred to WHA Program by:



YouthBuild Income Eligibility

Earned Income				
Household Income <i>List Family Members that are working</i>	How many weeks on Job	Hourly Rate of Pay	Normal Hours Worked Per Week	Paid? Daily, Weekly, Biweekly, Monthly
1.				
2.				
3.				
4.				
Total Income	*** Add additional family members on back of this page			

Family Size (2022)	Allowable Income
1	\$59,050
2	\$67,450
3	\$75,900
4	\$84,300
5	\$91,050
6	\$97,800
7	\$104,550
8	\$111,300

FY 2022 80% Low Income Limits for Wilmington, Delaware, HUD



Additional Sources of Financial Support		
Financial Support <i>List Family Members</i>	Type of Support (SSI, SSDI, etc.)	Amount/Timeframe
1.		
2.		
3.		
4.		
Total Additional Financial Support	*** Add additional income on back of this page	

Migrant Worker	Yes	No
Worked at least 25 days in agriculture or in a food processing plant during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
More than one-half of past year's income earned by working in agriculture	<input type="checkbox"/>	<input type="checkbox"/>
Worked for more than one agriculture employer	<input type="checkbox"/>	<input type="checkbox"/>
Able to return home every day you worked in agriculture	<input type="checkbox"/>	<input type="checkbox"/>
Full-time student who traveled with a group, other than family, to work in agriculture	<input type="checkbox"/>	<input type="checkbox"/>

Certification

I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination from services.

Signature of Applicant	Date
Signature of Parent/Guardian	Date
Signature of Interviewer	Date



**ACKNOWLEDGEMENT OF UNDERSTANDING
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

In compliance with the Family Educational Rights and Privacy Act (FERPA) CDSA YouthBuild is responsible for the security and maintenance of customer records and educational records and for monitoring release of information related to those records. YouthBuild programs operated by the Community Development Support Association and partner agencies and organizations listed below are responsible for the direct and indirect provision of services as set for in YOUTHBUILD. Staff from some or all of the agencies may need to access Applicant records and student records to ensure the highest quality delivery of services to the individual customer. The agencies that may be involved in the delivery of services to you, the customer, are:

- | | |
|-----------------------------------|--|
| CDSA, Inc. Staff | Native American Program Grantee(s) |
| School Officials | Department of Vocational Rehabilitative Services |
| GED/ABE Literacy Programs | Court Officials |
| HUD | Employers (past, present, future) |
| Department of Human Services | Juvenile Services |
| WIA Title I Program Staff | Youth and Family Services of North Central Oklahoma |
| Welfare-to-Work | Social Security Officials |
| Unemployment Insurance | Alcohol/Drug Rehabilitation Agency officials |
| Child Support Enforcement | Shelter Officials |
| Child Welfare | Medical Professionals |
| TAA and NAFTA | Vocational Technical School |
| Job Corps | YWCA Domestic Violence Center |
| Police Departments | Selective Service Officials |
| Veterans Administration Officials | Others as deemed appropriate for each Applicants needs |

I agree that the CDSA YouthBuild may release any information furnished by me and requested by prospective employers, educational institutions or social service agencies.

I also agree that the CDSA YouthBuild staff may obtain confidential information regarding services provided to me by other educational institutions or social service agencies.

I further authorize the release of employment and income information by any employer to the CDSA YouthBuild.

I understand services I may be provided are dependent upon continued funding and in the instance the CDSA YouthBuild should fail to receive funding for YOUTHBUILD programs all services and agreements will be null and void.

I understand that this authorization will be continuing until it is revoked in writing and such revocation is delivered to the CDSA YouthBuild office. I have read and understood the above information and will, under penalty of law, comply with all rules, regulations.

Signature of Applicant

Date

Signature of Parent or Guardian

Date



EQUAL OPPORTUNITY STATEMENT: EQUAL OPPORTUNITY IS THE LAW

26 CFR Sec. 37-30

It is against the law for a recipient of federal financial assistance to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), 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 WIA 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 WIA 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.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIA 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 (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with 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 in 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.

Assurance Statement:

As a condition to the award of financial assistance from the Department Labor, under Title I of WIA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975
- Title IX of the Education Amendments of 1972

Participant Signature

Date

Parent or Guardian Signature if Under 18

Date



GRIEVANCE POLICY

What is a Participant Grievance? An expression of dissatisfaction relating to any service provided by the Community Development Support Association, to include violation of civil rights, type of therapy or other conditions.

It is the policy of the agency to ensure that Participants receive fair and equitable treatment through provision of an easily accessible procedure for expression and reconciling grievances and that Participants feel free to use the procedure without fear of criticism or action being taken against them. Community Development Support Association will not discriminate against persons regardless of race, color, religion, sex national origin, or political affiliation in the process of recruiting, appointing, promoting, demoting, evaluating, compensating, or removing Participants.

This policy has application to all services provided by Community Development Support Association.

All time limits listed are business days.

Grievance hearings are to be scheduled at mutually convenient times.

New grievance issues not raised by Step I may not be raised by either party at Step II.

All persons involved must treat all grievances with the utmost confidentiality.

A written summary of the complaint and facts and information accumulated should be made by the staff person and the Executive Director at each step and forwarded to the Board of Directors, with copies of grievance appeals and responses.

Procedures:

- A. **Informal Grievance** – Every reasonable effort should be made by the staff person and Participant to resolve any questions, problems and misunderstandings that may arise.

Accordingly, staff persons should immediately discuss any complaints or questions they may have with their immediate supervisor and are urged to initiate such discussions at the time the Participant expresses dissatisfaction or questions arise.

The Executive Director and Supervisors, in turn, should take positive and prompt action to answer Participant's question and resolve complaints presented.

These informal grievances must be in writing.

The applicant or the representative of the applicant shall have access to records relevant to the appeal process.

- B. **Step I-Formal Grievance** – If a Participants' problem has not been resolved after discussing the concern with the staff person, a grievance may be initiated with the Executive Director at Step I. These grievances must be in writing. To be accepted for consideration, a grievance must be initiated within ten (10) days following the date when the incident arose.

The Executive Director arranges a meeting with the Participant and the staff person to discuss the complaint develops all the available facts and information relevant to the grievance and issues a decision within ten (10) days after receiving grievance. In cases where oral responses have been given the Participant, a memorandum summarizing the response should be prepared and forwarded to the aggrieved party.



- C. **Step II–Appeals** – If satisfactory resolution of the grievance is not reached at Step I, the Participant may request that the grievance be appealed to the Board of Directors within seven (7) days after receiving the Step I decision; the grievance is considered settled on the basis of the Step I decision if such request is not presented. Upon receiving the grievance, in writing, the Board of Directors shall meet with the client at the next regularly scheduled board meeting after received the grievance to hear the client’s viewpoint. The Board of Directors written decision is presented to the aggrieved employee within five (5) days following the meeting, with copies to the Executive Director. This appear, when presented to the Board of Directors, will be the final authority.

Board of Directors:

With respect to the grievance appeals, a quorum of Board of Directors shall suffice. The Executive Director and other ex-officio members of the Board of Directors shall vacate their seats during discussion of the grievance matters.

Representation:

Only the client, their personal representative, and person designated by the Board may attend the Grievance Hearings.

If any client fails to follow the grievance procedure, he or she will be directed by the Executive Director and/or Board of Directors to review the grievance procedure and to follow the procedure as written.

You will be provided a copy of this document for reference should the need arise. A second copy will be placed in your participant file folder.

This is to certify that I have read and understand my rights regarding grievances.

Participant Signature

Date

Parent or Guardian Signature if Under 18

Date