



WILMINGTON HOUSING AUTHORITY YOUTHBUILD PROGRAM

Participant Application Form

Date Click here to enter text.	Social Security Number Click here to enter text.	Date of Birth (DOB) Click here to enter text.
Name (First, Middle, Last) Click here to enter text.		Gender M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
Street Address Click here to enter text.	Mailing Address Click here to enter text.	Primary Phone Click here to enter text.
City, State, Zip Code Click here to enter text.	City, State, Zip Code Click here to enter text.	Secondary Phone Number Click here to enter text.
County of Residence Click here to enter text.	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 Click here to enter text.	Address Click here to enter text.	Phone Click here to enter text.
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 Click here to enter text. Expiration Date: Click here to enter text.	If No: Is Applicant eligible for Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa Number (#): Click here to enter text.
Is English the Applicant's first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List: Click here to enter text.	Place of Birth Click here to enter text. (City, State, County)	If Native American: Tribe: Click here to enter text. 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 Click here to enter text.	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: Click here to enter text.



**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