

Summer Enrollment Application

Documents Needed:

- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Work Permit
- ☐ PA State ID or Report Card
- ☐ 6 months of Participant's income information: 30 days of pay stubs, Food Stamps, SSI and/or IEP
- ☐ HS Diploma

Participant Name

Participant Email

Parent/Guardian Name

Parent/Guardian Email

All applications and questions can be emailed to cayetsummer@crispusattucks.org or 605 S Duke St, York, PA 17401 (Monday – Friday 8 am – 4 pm) or 620 South George Street, York, Pa 17401 (Monday - Friday 10 am – 3pm)

TANF APPLICATION/WIOA PRE-APPLICATION

WIOA ☐

TANF ☐

In-School ☐

Out of School ☐

Application Date: _____

Participant Basic Info

Last Name: _____ First Name: _____ PID#: _____

Street: _____ City: _____ Zip: _____

County: _____ Participant Phone #: _____

Gender: Male ☐ Female ☐ Age: _____ Documentation: _____

Race: White ☐ Black/African Am. ☐ Hispanic/Latino ☐ Am. Indian or Alaskan Native ☐ Asian ☐
Hawaiian Native or other Pacific Islander ☐ do not wish to disclose ☐

Citizen: Yes ☐ No ☐ Documentation: _____ SS#: Documentation: _____

Veteran: Yes ☐ No ☐ Documentation: _____ Separation Date: _____

Selective Service (Males 18 & Older): Yes ☐ No ☐ N/A ☐ Documentation: _____

Education Status: Not Attending-HS Graduate ☐ Not Attending-HS Dropout ☐ In-School, HS ☐

In-School, Alternative School ☐ In-School, Post HS ☐ Documentation: _____

Highest Grade Completed: _____ School Attending/Attended: _____

Employment Status: Employed ☐ F/T ☐ P/T ☐ Unemployed ☐ Last Day Worked: _____

Employer Name (if applicable): _____

Barriers: If "Yes" is marked for any Barrier, please provide verifying documentation

Pregnant or Parenting: Yes ☐ No ☐ Documentation: _____

Foster Child/Aging Out: Yes ☐ No ☐ Documentation: _____

Homeless/Runaway: Yes ☐ No ☐ Documentation: _____

School Dropout: Yes ☐ No ☐ Documentation: _____

Offender: Yes ☐ No ☐ Documentation: _____

Youth in Juvenile Justice System: Yes ☐ No ☐ Documentation: _____

Basic Skills Deficient: Yes ☐ No ☐ Documentation: _____

Individual with Disability: Yes ☐ No ☐ Documentation: _____

Below Average Grade Level: Yes ☐ No ☐ Documentation: _____

Requires Additional Assistance to complete an educational program or to
secure and hold employment: Yes ☐ No ☐ Documentation: _____

TANF APPLICATION/WIOA PRE-APPLICATION

Other Characteristics:

Adjudicated or at-risk of being court-involved: Yes ☐ No ☐

Incarcerated Parent(s): Yes ☐ No ☐

Child of Migrant Worker: Yes ☐ No ☐

PARTICIPANT'S Household Income & Family Size:

Participant's Name /Family Member	Relationship	Age	Occupation/Student	Type/Source of Income	6 Month Amount
Family Size Total			Total 6 Month Income		

Proof of 6 month income (Participant): Documentation: _____

Proof of Family Size: Documentation: _____

Receiving TANF/Cash Assistance: Yes ☐ No ☐ Documentation: _____

Receiving (or have in last 6 months) Food Stamps: Yes ☐ No ☐ Documentation: _____

Receiving SSI: Yes ☐ No ☐ Documentation: _____

Certification:

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of Applicant: _____ / _____ / _____
SignaturePrintDate

Signature of Parent/Guardian: _____ / _____ / _____
SignaturePrintDate

(If applicant is under 18 years old)

Verifying Staff Person: _____ / _____ / _____
SignaturePrintDate

Supervisory/Secondary Reviewer: _____ / _____ / _____
SignatureTitleDate

Participant Information & Parent/Guardian Information

Participant Name: _____

Participant Email Address: _____

Parent/Guardian Basic Information

Parent Name: _____

Work/ Daytime Phone: _____ Cell: _____

Email Address: _____

Employer Name (if applicable): _____

In case of an emergency, whom may Staff contact?

Last Name: _____ First Name: _____

Street: _____ City: _____ Zip: _____

Work/ Daytime Phone: _____ Cell: _____

Participant Allergies/Disabilities/Concerns:

WORKFORCE INVESTMENT ACT
STATEMENT OF FAMILY SIZE/FAMILY INCOME

IDENTIFYING INFORMATION			
Applicant's Name: _____			
Last	First	MI	
Address: _____			
Street	City	Zip	

Participant ID#: _____		Application Date: _____	

To be completed by TANF applicant with staff assistance.

Only the participant's information should be recorded below. (Unless participant has a spouse or children only the participant information goes below:

PARTICIPANT NAME	RELATIONSHIP TO APPLICANT	FAMILY MEMBERS INCOME (Last Six Months)
Total number in Family:		Total Income :

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

Signature of Applicant _____

CORROBATING WITNESS (Must be completed by a household member) I attest to the best of my knowledge that the information is true and correct.

Name: _____ Signature: _____ Date: _____

Address: Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Relationship to WIOA/TANF Applicant: _____

Individual Service Strategy

Name: _____ **Participant ID#:** _____
Last First Middle Initial

Education: ☐ School Dropout ☐ H.S. Grad (no post H.S.) Highest Grade Completed: _____
☐ Youth In-School ☐ Post H.S. Attendee Course of Study: _____

Work History: Job Title Description of Duties: Time in Position:

1. _____
2. _____
3. _____

Skills, Certifications and Achievements: _____

Pre-Assessment: Level Date Level Achieved
TABE Locator _____ Reading () Math () Language ()
(9 or 10)

Level Date Scale Score Achieved
TABE Survey _____ Reading () Math () Language ()
(9 or 10)

OTHER (I.E. CareerScope): Date High Areas of Interest (list three)

Post-Assessment: Level Date Scale Score Achieved
TABE Survey _____ Reading () Math () Language ()
(9 or 10)

Additional Pre-Assessment comments/notes:

Education and Employment Barriers / Needs:

- | | | |
|--|--|--|
| ☐ Basic Education Remediation | ☐ Behind Grade Level | ☐ High School Diploma, GED |
| ☐ Reading | ☐ Credential Requirements | ☐ Lacks Appropriate Job Opportunity |
| ☐ Math | ☐ Lacks Employment Exp . | ☐ Drug or Alcohol Abuser |
| ☐ Language/ESL | ☐ Lacks Job Search Skills | ☐ Pregnant or Parenting Youth |
| ☐ Individual with Disability | ☐ Health | ☐ Ex-Offender |
| ☐ Homeless/Runaway Youth | ☐ Cash Welfare, Recipient | ☐ Other |

Additional comments/notes:

(Above barriers need to be addressed in Plan)

Individual Service Strategy

Supportive Services/Referrals:

- ☐ Linkages to community services: Explain: _____
- ☐ Assistance with transportation: Explain: _____
- ☐ Assistance with child care/dependent care: Explain: _____
- ☐ Assistance with housing: Explain: _____
- ☐ Medical Referrals: Explain: _____
- ☐ Assistance with uniforms or other appropriate work attire and work related tools: Explain: _____
- ☐ Counseling _____
- ☐ Other _____

Education and Employment Goals: (Clear/specific action statements)

Education Goal: _____

Skill Attainment Goal: _____
(Basic skill, occupational skill, or work readiness skill)

Individualized Plan: (Recommended activities and services, along with timetable to meet stated goals)

Goal	Activities/Services to Reach Goal	Provider of Activities/Services	Estimated Start Date	Estimated End Date	Date Goal was Achieved

**Any changes/updates made to the original ISS needs to be completed on this form and attached to the original Individualized Service Strategy form along with appropriate signatures when required.*

Acknowledgement:

I understand that my signature on this document acknowledges my involvement in the joint development of my Individual Service Strategy and a commitment to its implementation, which includes providing employment and wage information and participating in follow-up activities for a 12-month period upon achieving program outcomes.

Participant's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

TANF YOUTH DEVELOPMENT PROGRAM (TANF YDP)

Authorization for Release of Information

I hereby authorize and request the disclosure to the TANF YDP service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP service provider to discuss my case with other agencies as needed to further my participation in TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP service provider.

Organization Name and Address:	
Crispus Attucks York Employment and Training 605 South Duke Street. York, Pa 17401	
Staff Name (please print)	
Staff Signature:	Date:

Client Name (please print) and Address:	Date of Birth:
Client Signature:	Date:
Signature of Parent or Legal Guardian (if client is under 18):	Date:

PERMISSION TO TRANSPORT

I _____ as the parent / legal guardian, of

(PRINT PARENT OR GUARDIAN NAME),

_____ do hereby give permission to the Crispus Attucks

(PARTICIPANT NAME)

Association of York, PA (DBA Crispus Attucks York) to transport for the purpose of Youth Employment Services activities during the duration of my time in any Youth Employment Services Program.

☐ Only check box if you refuse to be transported by Crispus Attucks York

PHOTO RELEASE

I _____ permit the Crispus Attucks York Employment and

(PRINT PARENT OR GUARDIAN NAME)

Training (CAYET), to use photographs in which _____

(PARTICIPANT NAME)

Pictured and/or my name to promote its programs and services. I understand that my signature on this form gives CAYETC permission to include my name and/or photos featuring my face or likeness of my person in public relations, marketing or other materials circulated among the public and business community-including brochures, newsletters, advertisements, posters and other materials- and as part of electronic media that may include websites, multimedia presentations and other vehicles of communication. I understand that I will not be compensated in any manner for the use of my name or photo in which I appear.

Participant Signature

Parent or Guardian Signature
(If participant under age of 18)

Staff Signature

Date



Crispus Attucks York for Employment and Training

Policy Guidelines

Grievance and Complaint Procedures

1.0 Policy Statement & General Principles

The Crispus Attucks York for Employment and Training (CAYET) recognizes that grievances may arise in the normal course of client interaction, management and enrolment within programming; not limited to employment workshop training, case management services, tutoring and guidance and in any services provided by this vendor of the Workforce Investment Act and Temporary Assistance for Needy Families, more specifically of the South Central Workforce Investment Board. As such, throughout these funded activities, our staff is fully committed to ensuring that any such issues that arise can be discussed openly and dealt with satisfactorily and promptly. This policy provides a mechanism for the client to raise a grievance relating to any portion of service while enrolled within programming and up to twelve (12) months thereafter. All grievances will be dealt with in a confidential manner and no client/participant will be penalised for raising a grievance in good faith.

The Crispus Attucks York for Employment and Training (CAYET) will endeavour to ensure that grievances are documented and resolved (if able to be accommodated at vendor/local level) within **7** working days of being received and that decisions are communicated within **7** working days of being heard.

A parent, guardian or representative of client if applicable may accompany the client/participant upon initiation of the complaint or any formal grievance meetings that are held. It will be necessary to confirm details and document the accompanying party. In addition, a grievance or complaint can be made by a parent, guardian or representative of the client if applicable.

All meetings and outcomes will be documented and a copy given to the client. In addition, a copy will be placed in the client's case file and also maintained with the administrative offices of the Crispus Attucks York for Employment and Training (CAYET).

2.0 Grievance Procedure

As stated above, the client is always encouraged to bring matters to the attention of our staff at the earliest possible stage informally. This should be done as issues arise and is normally the most effective way to resolve matters speedily.

If the client is not happy with the response received through the informal stage or wishes to raise a grievance formally in the first instance, the client should raise the issue in writing with their Case Manager or immediate staff. This should clearly set out the

nature of the grievance and make it clear that the formal grievance procedure is being invoked. If the grievance concerns the client's Case Manager or immediate staff and is opposed to discussing the matter with them directly, the client may meet immediately with the next level of management (CAYET Programs Manager).

A meeting will be arranged with the client to discuss the grievance. If necessary, more than one meeting will be held. A decision on the grievance will be confirmed in writing within 7 working days of the grievance meeting being held.

If the client is not satisfied with the outcome after this stage of the process, the client may appeal the decision in writing to the CAYET Director. If the client raised the matter initially with the CAYET Director, the matter may be referred to the South Central Workforce Investment Board for review and further action or guidance. The decision at this stage will be considered final (at vendor level).

When a problem or issue arises that cannot be addressed in this manner, or not of satisfactory resolution, or if further guidance is needed throughout the course of a grievance; the formal grievance procedure may be invoked in accordance to:

e-CFR codes (Electronic Code of Federal Regulation)

§667.600

§667.610

§667.630

§667.640

§667.645

§667.650

And

Workforce Investment Act 181(c)

3.0 Statement of Affirmation and Receipt

The signatures below affirm that the grievance policy and guideline has been reviewed and a copy has been issued to the client upon enrolment of services provided by the Crispus Attucks York for Employment and Training.

Client/Participant Signature

Date

Case Manager

Date

Statement of Receipt Applicant/Participants Grievance Procedure

**I hereby certify that I have received, read and understand the
“Grievance Procedures” as an applicant of the WIOA/TANF program
and acknowledge so with my signature.**

Applicant Signature

Date

Witnessed by Representative

Date Witnessed

Witnessed at the Crispus Attucks Center for Employment and Training 605 S. Duke Street York,
PA 17401

Note: This document must be retained in the Applicant/Participant file

**STATEMENT OF RECEIPT
APPLICANT/PARTICIPANTS RIGHTS FORM**

I hereby certify that I have received, read and understand my "Civil Rights" as an Applicant/Participant of the WIA program and acknowledge so with my signature.

Applicant/Participant Signature

Date Signed

Witnessed by WIA Representative

Date Witnessed

Crispus Attucks York Employment and Training 605 S Duke Street, York, PA 17401

Witnessed at (name and address where the document was received, signed & dated).

Note: This document must be retained in the Applicant/Participant file.

WIA-16 10-00 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY OFFICE OF EQUAL OPPORTUNITY

DECLARACION DL RECIBO SOLICITANTE/PARTICIPANTE

Porestemediocertifico que he leído y entiendo mis "Derchos Civiles" y como Solicitante/Participante en el programa "**Workforce Investment Act**" firmo este documento como prueba.

Firma del Solicitante/Participante

Fecha

Testigo representando a WIA

Fecha

Testigo (nombre y dirección donde se recibió y se firmó este documento).

Nota: Este documento debe mantenerse en el archivo de los Solicitantes/Participantes.

WIA-16S 10-00 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY OFFICE OF EQUAL OPPORTUNITY

Civil Rights Statement

**EQUAL OPPORTUNITY IS THE LAW
CIVIL RIGHTS STATEMENT**

It is against the law for this 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 (see address above).

If the recipient does not give you a written Notice Of Final Action within 90 days of the day on which you filed your complaint, you 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.

For equal opportunity information or to file a complaint, contact:

DEPARTMENT OF LABOR AND INDUSTRY
OFFICE OF EQUAL OPPORTUNITY
651 Boas St., Room 1402
Harrisburg, PA 17121

Phone: (717) 787-1182 or 1-800-622-5422
TDD/TTY: 1-800-654-5984
Fax: (717) 772-2321

Auxiliary aids and services are available upon request to individuals with disabilities
A Equal Opportunity Employer

*I have read and understood the above statement: ☒