

Language Preference Form

Client/Applicant Name: _____

Case #: _____

LANGUAGE PREFERENCE FORM

This form is an identifier of your preferred spoken and written language needs.

SPOKEN LANGUAGE PREFERENCE

Please check the language you prefer to **speak**, and want to be **spoken** to:

- I speak and understand English. I do not need special language services.
- Spanish: Hablo y comprendo español
- Cantonese: 我會說和懂粵語
- Mandarin: 我会说和懂普通话
- Cambodian: ខ្ញុំចេះនិយាយនិងយល់ភាសាខ្មែរ
- Vietnamese: Tôi nói và hiểu được Tiếng Việt
- Pashto: زه پښتو وايښ او یرې پوهیږم
- Tagalog: "Ako ay nakakapagsalita at nakakaintindi ng Tagalog
- American Sign Language: I speak and understand ASL
- Dari: من به زبان دری صحبت و تفهیم میکنم
- Farsi: من به زبان فارسی صحبت می کنم و زبان فارسی را متوجه می شوم
- Lao: ຂ້ອຍເຂົ້າໃຈພາສາລາວ
- Arabic: أنا أتكلم وأفهم اللغة العربية
- Mien: Yie gongv caux biecg hnyouv Mien waac
- Russian: Я говорю и понимаю по-русски
- Bosnian: Ja govorim i razumijem bosanski
- Other: _____

WRITTEN LANGUAGE NEEDS (CHECK AS APPLIES)

Please check the language you prefer to **write**, and want to receive written information in:

- I write, read, and understand English, and do not need special language services.
- Spanish: Escribo, leo y comprendo español
- Cantonese: 我會寫、讀、和懂粵語
- Mandarin: 我会写、读、和懂普通话
- Cambodian: ចេះអាន សរសេរ និងយល់ភាសាខ្មែរ
- Vietnamese: Tôi đọc, viết và hiểu được Tiếng Việt
- Pashto: زه پښتو لیکم، لولم او یرې پوهیږم
- Tagalog: Ako ay nakakasulat, nakakabasa, at nakakaintindi ng Tagalog
- Dari: من به زبان دری می نویسم، می خوانم و تفهیم میکنم
- Farsi: من به زبان فارسی می خوانم، می نویسم و این زبان را متوجه می شوم
- Lao: ຂ້ອຍຂຽນ, ອ່ານ, ແລະ ເຂົ້າໃຈພາສາລາວ
- Arabic: أنا أكتب وأقرأ وأفهم اللغة العربية
- Mien: Yie fiev nzangc, doac nzangc, caux biecg hnyouv Mien waac
- Russian: Я пишу, читаю и понимаю по-русски
- Bosnian: Ja pišem, čitam i razumijem bosanski
- Other: _____

I would like an alternative format of communication:

- Large Print
- Recording
- Other: _____

I, the client, accept responsibility for the use of my own interpreter. * (**Authorization to Release Information form may be needed**)

I, the client, was offered interpretive services at no cost but declined.

I, the client, have read or had read to me in my preferred language, my rights on page 2 of this form.

Applicant/Recipient Signature

Date

WORKER VERIFICATION OF CLIENT LANGUAGE NEEDS

The person identified above could not complete this form on his/her own. I determined this person’s language using:

Bilingual staff: Worker Name Worker #

Community interpreter*: Name Community Organization
*Authorization to Release Information form may be needed

I Speak Chart Over the Phone Interpretation Services Other*:

ET/EC/ESC/SW Name ET/EC/ESC/SW Signature Worker # Date

LANGUAGE SERVICES RIGHTS

English:

When applying for or receiving public assistance, you have the right to bilingual services—an interpretation service at no cost to you. In addition, you may request that forms and letters in your preferred language be used. The County must give you the forms in your preferred language if they have been translated into that language. Otherwise, the County must interpret these forms/letters (tell you what they say). These language services must be provided without an unreasonable delay. If you feel you have been denied these services, you may contact the County Civil Rights Officer at 510-907-0642, or the State Office of Civil Rights toll-free, at 1-866-741-6241.

Spanish/Español:

Cuando usted presenta una solicitud para recibir asistencia pública, tiene el derecho a tener acceso a servicios bilingües: servicios de interpretación gratuitos. Asimismo, también puede pedir el uso de formularios y cartas en su idioma de preferencia. El Condado debe proporcionarle los formularios en idioma de preferencia si éstos existe una versión traducida en ese idioma. De lo contrario, el Condado debe interpretar estos formularios/cartas (un intérprete lee para usted lo que dice el formulario). Estos servicios bilingües se deben proporcionar sin demoras por motivos que no sean razonables. Si a usted le parece que se le han negado estos servicios, puede comunicarlo al Funcionario de Derechos Civiles del Condado (*County Civil Rights Officer*) llamando al teléfono 510-907-0642, o a la línea telefónica gratuita 1-866-741-6241 de la Oficina Estatal de Derechos Civiles (*State Office of Civil Rights*).

Cantonese/粵語:

在申請或接受公共援助時，您有權獲得雙語服務 - 免費提供口譯服務。此外，您可以要求使用您首選語言的表格和信件。如果文件已經翻譯成該語言，縣必須以您的首選語言提供表格。否則，縣必須解釋這些表格/信件（告訴您具體說些什麼）。必須提供這些語言服務以便不會有不合理的延遲。如果您認為您被拒絕提供這些服務，您可以撥打電話：510-907-0642 聯繫縣民權官員，或撥打免費電話，聯繫州民權辦公室，電話號碼是1-866-741-6241。

WIOA ADULT / DISLOCATED WORKER APPLICATION



Application/Eligibility Date:

Social Security #:

CONTACT INFORMATION

First Name:

Middle Initial:

Last Name:

Address:

City:

Zip Code:

Phone #:

Phone Type:

Email:

DEMOGRAPHIC INFORMATION

Date of Birth:

Gender: MALE FEMALE

Selective Service (MALES ONLY): YES NO EXEMPT

Authorized to Work in US: CITIZEN OF U.S. U.S. PERMANENT RESIDENT ALIEN/REFUGEE LAWFULLY ADMITTED TO U.S.

If yes to U.S. Permanent Resident or Alien/Refugee:

Alien/Visa Registration#:

Expiration Date:

Hispanic Heritage: YES NO NOT PROVIDED

Race: WHITE AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKA

ASIAN: INDIAN PAKISTANI BANGLADESH SRI LANKAN NEPALESE SIKKIMESE BHUTANESE JAPANESE CHINESE KOREAN
 MALAYSIAN THAI LAOTIAN CAMBODIAN VIETNAMESE FILIPINO OTHER ASIAN

HAWAIIAN/PACIFIC ISLANDER: SAMOAN PALAUAN MICRONESIAN GUAMANIAN MARSHALLESE OTHER PACIFIC ISLANDER

Veteran: YES NO

If 'Yes', please complete Additional WIOA Veteran Form.

EMPLOYMENT INFORMATION

Employment Status: EMPLOYED EMPLOYED BUT RECEIVED NOTICE OF TERMINATION OF EMPLOYMENT OR MILITARY NOT EMPLOYED

If Employed, Under-Employed: YES NO

Registered Apprenticeship Prog.: YES NO

U.I. Eligibility: NO CLAIMANT EXHAUSTEE

of Weeks Unemployed:

Long-Term Unemployed: YES NO

Current HRLY Rate: \$

Occupation:

DISLOCATED WORKER ELIGIBILITY

Layoff Date:

Attended a group orientation (Rapid Response): YES NO

Rapid Response Date:

Employer Name, Address, City, State, Zip:

Dislocation HRLY Rate: \$

EDUCATION INFORMATION

Recent Date Attended Secondary School:

Within compulsory school age and did not attend the most recent complete school year calendar quarter? YES NO

Has Diploma/equivalent: YES NO

School Status: IN-SCHOOL-SECONDARY IN-SCHOOL-ALTERNATIVE IN-SCHOOL-POST
 NOT ATTENDING-DROPOUT NOT ATTENDING-GRADUATE

Adult Education YouthBuild Job Corps Vocational Education (Carl Perkins) Individualized Education Program Participant

Federally Reported Highest School Grade Completed:

Enrolled in education leading to a Diploma, GED/High School Equivalency Diploma or Certificate: YES NO

PUBLIC ASSISTANCE

- Temporary Assistance for Needy Families (TANF): Recipient: APPLICANT FAMILY MEMBER NOT APPLICABLE
 Supplemental Security Income (SSI): Recipient: APPLICANT FAMILY MEMBER NOT APPLICABLE
 General Assistance (GA): APPLICANT FAMILY MEMBER NOT APPLICABLE
 Supplemental Nutrition Assistance Program (SNAP): APPLICANT FAMILY MEMBER NOT APPLICABLE
 Refugee Case Assistance (RCA): APPLICANT FAMILY MEMBER NOT APPLICABLE
 Receiving services under SNAP Employment & Training Program: YES NO
 Receiving, or has been notified will receive, Pell Grant: YES NO
 Ticket to Work Holder issued by the Social Security Administration: YES NO

BARRIERS

- English Language Learner: YES NO
 Basic Skills Deficient/Low Levels of Literacy: YES NO
 Homeless: YES NO
 Ex-Offender - individual has been arrested/convicted of a crime: YES NO
 Displaced Homemaker: YES NO
 Within 2 years of exhausting TANF lifetime eligibility: YES NO
 Hawaiian Native: YES NO
 Single Parent (including single pregnant women): YES NO
 Cultural Barriers: YES NO
 Eligible Migrant Season Farmworker as defined in WIOA Sec 167(i): YES NO
 Meets Governor's special barriers to employment: YES NO
 Gang Status: GANG MEMBER GANG INVOLVED AT-RISK N/A
 Youth of Incarcerated Parent: YES - Parole #: _____ NO
 Substance Abuse YES NO

FAMILY INCOME

Family Size:

Annualized Family Income: \$

Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Signature & Date of Individual: _____

Signature & Date of Parent/Guardian: _____

OFFICE STAFF:

Signature & Date of Intake Staff/Case Manager: _____

ALAMEDA COUNTY WORKFORCE DEVELOPMENT BOARD

SUMMARY NOTIFICATION OF RIGHTS AND COMPLAINT PROCEDURES

WHAT SHOULD I DO IF I HAVE A COMPLAINT?

If you have a complaint involving the administration of any training program or career service with which the Alameda County Workforce Development Board (ACWDB) is involved, either directly (i.e., the denial of your application for career or training services) or indirectly (i.e., something that happens while you are in a WDB sponsored training program), you have certain rights that you should know about.

The complaint and grievance procedures that must be used are determined by the nature of your complaint. This document provides instructions for three different types of complaints and the corresponding procedures.

1. **Nondiscrimination and Equal Opportunity:**

The nondiscrimination and equal opportunity provisions found in Section 188 of WIOA and 29 CFR Part 38 prohibit discrimination on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including Limited English Proficiency(LEP)); age; disability; political affiliation or belief; or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title I-financially assisted program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are effective. Upon request, and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

It is against the law for this recipient of federal financial assistance to discriminate: against any individual in the United States, on the basis of RACE, COLOR, RELIGION, SEX (INCLUDING PREGNANCY, CHILDBIRTH, AND RELATED MEDICAL CONDITIONS, SEX STEREOTYPING, TRANSGENDER STATUS, AND GENDER IDENTITY), NATIONAL ORIGIN (INCLUDING LEP), AGE, DISABILITY, or POLITICAL AFFILIATION or BELIEF, or against ANY BENEFICIARY OF, APPLICANT TO, OR PARTICIPANT IN PROGRAMS FINANCIALLY ASSISTED UNDER TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), on the basis of the individual's CITIZENSHIP status or participation in any WIOA Title I-Financially assisted program or activity or for RETALIATION for filing a complaint because of any of these reasons. Complaints may be filed within 180 days of the alleged incident to either:

- Sheila Green, Civil Rights Officer (CRO)
County of Alameda Social Services Agency
2000 San Pablo Avenue, Ste. 420
Oakland, CA 94610
Phone 510-208-3942
For the California Relay Services (CRS) call 1-800-735-2922 (VOICE)
or 1-800-735-2929 (TDD)

- Director of Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue, NW, Room
N-4123 Washington, DC 20210

2. **Non-criminal Violation of the Workforce Innovation and Opportunity Act:** Any complaint regarding the implementation of the policy or procedure of WIOA or OTHER APPLICABLE FEDERAL OR STATE REGULATIONS CONCERNING THE ADMINISTRATION OF CAREER OR TRAINING SERVICES, CONTRACT OR GRANT CONDITIONS, OR WDB RULES OR POLICIES must be filed within one year of the alleged incident to:

Director, Alameda County Workforce Development Board
24100 Amador Street, 6th Floor
Hayward, CA 94544-1203
ACWDB@acgov.org

3. **Incidents of Criminal Fraud, Criminal Abuse, or other Criminal Activity, and Noncriminal Complaints such as Mismanagement and Gross Waste:** Any allegations of fraud, abuse, or other criminal activity in WIOA-funded programs may originate from ACWDB staff, WIOA Program Operators, clients, informants, auditors, law enforcement agencies, etc. Reports must be submitted within 24 hours of discovery to:

Director, Alameda County Workforce Development Board
24100 Amador Street, 6th Floor
Hayward, CA 94544
Ph: (510) 259-3842, Fax: (510) 259-3845
ACWDB@acgov.org

The ACWDB, America's Job Center of California (AJCC) and Youth Program Operators have copies of the grievance procedures and the grievance form that should be filled out. However, you may file a complaint without completing the appropriate forms, as long as your complaint is in writing, signed by you and returned to the ACWDB. If you are unsure to which entity your complaint should be addressed, ACWDB staff will ensure that the proper jurisdiction receives your complaint. Your complaint should include your address, telephone number and must also state what your complaint is about.

If you have any questions about how to file a complaint, you may inquire with the Program Manager of the program in which you intending to enroll.

Under the law, you have the right to make your complaint without being afraid of restraint, interference, coercion, discrimination, retaliation, or reprisal. What this means is that no one can try to stop you from making a complaint or punish you in any way for filing a complaint.

WHAT HAPPENS WHEN I FILE A COMPLAINT?

Alameda County WDB, or other involved jurisdiction, will notify the party you are complaining against (the "Respondent") about your complaint, and can arrange for an informal meeting with an impartial

ACWDB employee, the Respondent, and you (the “Complainant”), to try to resolve your complaint.

WHAT IF THIS DOESN'T WORK?

If your complaint is not resolved after meeting informally with the Respondent, then you have the right to have a hearing before an ACWDB Hearing officer or an Impartial Hearing Officer.

IS A HEARING LIKE A TRIAL IN COURT?

Yes and no. Under the law, everyone has “Due Process” rights that must be observed in any legal proceeding. Such rights include the right to present evidence and have witnesses testify under oath, the right to testify yourself, the right to cross-examine the witnesses for the other party, the right to have any impartial person decide the case, and to give a written explanation of the reason for the decision. You also have the right to appeal the decision if you think it is wrong. In that sense, the hearing is like a trial.

It will not be like a trial in the sense that no one will expect you to know technical legal rules of evidence, law, or procedure. The Hearing Officer will be an experienced attorney or other knowledgeable lay person that knows the law and who will be much more interested in finding out what the facts are.

The hearing will be somewhat like “The People’s Court” on TV, where the Judge listens to the testimony of the witnesses, looks at any exhibits, asks questions of the parties and then makes a decision.

DO I NEED A LAWYER? WHAT IF I DON'T HAVE A LAWYER?

You have the right to have a lawyer, or some other person, who doesn't have to be a lawyer, act as your representative at all stages of the ACWDB Grievance Procedure. However, the ACWDB cannot appoint a lawyer to represent you or give you legal advice, nor can the ACWDB pay for your lawyer. If you want a lawyer to represent you and do not know whom to call, the Alameda County Bar Association, telephone 510-893-7160, has a lawyer referral service.

IS THERE ANYTHING ELSE I SHOULD KNOW?

The most important thing to remember is that the Hearing Officer won't know about the facts of your case, so be sure that you present them at the hearing. Be sure your witnesses come to the hearing, bring any exhibits you want to show the Hearing Officer, and outline what you want to say so you won't forget anything.

PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS.

*The WIOA Title I financially assisted programs or activities are
“Equal Opportunity Employer/Programs.”*

*Auxiliary aids and services are available upon
request to individuals with disabilities.*

ALAMEDA COUNTY WORKFORCE DEVELOPMENT BOARD

NOTIFICATION OF RIGHTS UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT

EQUAL OPPORTUNITY GUIDELINES UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT

It is against the law for recipients 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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or
- Against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the individual's citizenship status or participation 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; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

You have the right to file a complaint if you feel you have been denied any of the opportunities based on the equal opportunity guidelines. You will not in any way be penalized for filing a complaint. Your WIOA sponsor has established a mechanism for handling complaints or grievances. Your complaint must be filed within 180 days of the alleged violation. All complaints will be handled confidentially. Complaints may be filed with the Alameda County Civil Rights Officer or with the Federal Civil Rights Center of the Department of Labor. (See Policy for Addresses)

COMPLAINTS OTHER THAN EQUAL OPPORTUNITY

All complaints alleging any violation of the Workforce Innovation and Opportunity Act, other applicable federal or state regulations concerning the administration of job training programs, contract or grant conditions, or WDB rules or policies must be filed with the: Director of the Workforce Development Board, 24100 Amador Street, 6th Floor, Hayward, CA 94544-1203 within one year of the incident.

COMPLAINTS OF FRAUD, CRIMINAL ACTIVITY, OR GROSS WASTE

Complaints alleging incidents of criminal fraud, criminal abuse, or non-criminal complaints of mismanagement and gross waste of WIOA funds should be made within 24 hours of discovery to the: Director of the Workforce Development Board, 24100 Amador Street, 6th Floor, Hayward, CA 94544-1203.

This is to certify that I have received a copy of the equal opportunity complaint procedures, procedures for filing complaints against job training programs as they pertain to the Workforce Innovation and Opportunity Act program operated by the Alameda County Workforce Development Board, and procedures to file complaints of criminal activity, fraud, and/or gross waste.

Staff has explained these procedures to me verbally and I have been advised of these processes. I understand that a full copy of these procedures is available to me upon request.

Participant Signature

Agency Representative Signature

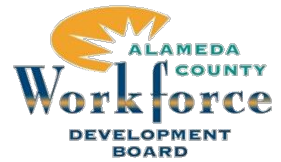
Parent/Guardian/Responsible Adult Signature
(if participant is under 18 years of age)

Agency Name

Date

Date

Priority Population Questionnaire - AJCC



Applicant Name:

Full SSN:

Agency:

Please check **ALL** that apply:

I am:

VETERAN OR ELIGIBLE SPOUSE OF A VETERAN

- Veteran;
- Eligible Spouse of a Veteran

INDIVIDUALS WITH DISABILITY

- Physical or mental impairment that substantially limits one or more major life activities

RE-ENTRY

- Subject to any stage of the criminal justice process

LOW-INCOME

- Receiving: Cash Public Assistance (SSI/TANF/GA/Food Stamps) – Within the last 6 months;*
- Homeless - At the date of application;*
- Income below poverty level or LLSIL - Within the last 6 months*

BASIC SKILLS DEFICIENT

- No HS Diploma or Equivalent and not enrolled in Post-Secondary School;
- Enrolled in Title II – Adult Education Literacy;
- English Language Learner (ELL);
- 8.9 or lower in Reading, English, Writing and Computing

None of the above categories pertain to me

I hereby attest that the information provided above is an accurate reflection of the circumstances surrounding the job search of the customer named herein.

Applicant:

Printed Name

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS - AJCC



Date:

I, am hereby authorizing the release of information and/or records, pertaining to myself/contacts, which may be relevant to my eligibility and/or participation in a specific government funded program or activity. Please forward the requested information to the agency and individual listed below:

Name of Individual:	_____		
Agency:	_____		
Mailing Address: <i>City, State, Zip</i>	_____		
Phone #:	_____	Fax #:	_____

A copy or facsimile of this Authorization shall be valid as the original.

My Printed Full Name

Last 4 of SSN

My Signature

Date

Please note that the disclosure of your social security number is voluntary. However, since most official records are maintained according to your social security number, your information may not be accessible without disclosure of your social security number.

Dislocated Worker Affidavit – AJCC



Applicant Name:	Agency Code:	Last 4 of SSN:
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DISLOCATION EMPLOYER INFORMATION:

Employer Name:	Phone #:	Industry Sector:
Employer Address (Number, Street, City, State, Zip):		
Supervisor's Name:	Title:	Sup. Phone #:

DETAILS OF EMPLOYMENT WITH THIS COMPANY :

Dates of Employment: _____ To _____	Job Title:	Duties:
Rate of Pay: \$ _____ / _____	Reason no longer employed: <input type="checkbox"/> COMPANY CLOSED <input type="checkbox"/> LAY-OFF/CUT BACKS <input type="checkbox"/> QUIT <input type="checkbox"/> ASSIGNMENT ENDED <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER: _____	

UNEMPLOYMENT INSURANCE DETAILS:

Filed for UI Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO	Eligible for UI Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO
Receiving UI Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO	Exhausted UI Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you been employed since the separation from the Dislocation Employer Listed above? YES NO
If YES, please give details below:

EMPLOYER:	DATES OF EMPLOYMENT:	HOURLY WAGE:	JOB TITLE:	TEMP/PERM:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I attest that the information stated above is true and accurate to the best of my knowledge and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant:

Corroborating Witness:

Signature Date

Signature Date

Address

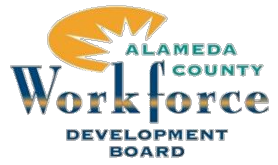
Daytime Phone Number

Relationship to Applicant

Intake Worker:

Signature Date

DECLARATION FORM – General Affidavit



Declaration Under Penalty of Perjury

I, _____ declare under penalty of perjury that:

We, the undersigned, attest that the information stated above is true, accurate and complete to the best of our knowledge. If the above information is found to be inaccurate or incomplete, the applicant names herein may be terminated from the program, found financially liable for the cost of services rendered and/or penalized to the extent allowable by law.

Declarant:

Signature Date

Address

Corroborating Witness:

Signature Date

Daytime Phone Number

Relationship to Applicant

Intake Worker:

Signature Date