

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:

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

WRITTEN LANGUAGE NEEDS (CHECK AS APPLIES)

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

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

If you are interested in enrolling in WIOA, **please create a Caljobs** account using this link:

www.caljobs.ca.gov

Once your Caljobs account is established, please start completing the WIOA application and be sure to answer **ALL questions, complete ALL pages, sign ALL forms. Do not date any documents. Do not skip any questions or signatures.** Pls note, you must use a Laptop, Desktop, or Tablet to complete these forms.

In order to **finalize your WIOA enrollment** you will need to submit the following documents in-person y coming to our office at 24100 Amador Street, 3rd Flr., Hayward, CA 94544 or fax the WIOA Application and requested documents below to (510) 265-8304.

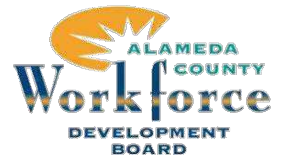
- VALID California Driver's License or California ID- reflecting your current street address
- *If your License/ID reflects a different address, pls provide the **most recent** PG&E bill, or Bank statement or Cell phone bill reflecting your full name and current address*
- **SIGNED** Social Security Card
- Current resume-sent to me and uploaded to Caljobs
- Selective Service Registration letter for men born after 1/1/1960. Find it here- www.sss.gov
- If no Selective Service letter, and you were born outside the US but came to the USA after your 26th birthday, supply a VISA with a date stamp showing when your 1st came to the US
- DD214 separation papers from the Military (if applicable)
- Disability Award Letter (if applicable)
- If applicable, Unemployment Claim summary and Payment history. Find this on your EDD on-line account. **Provide screen shots only, must reflect your name- top of page**

Thank you!

Darcel Hutchinson, Intake Coordinator

(510) 393-4467, or darcelh@rubiconprograms.org

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

Year Completed
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: _____

DECLARATION FORM – Residency and Income Support



Declaration Under Penalty of Perjury

I, _____ declare under penalty of perjury that:

On the date of application: This form must be completed if you are reporting not working with zero income day of Intake Meeting

I reside at:

During the Income Determination Period: TO:

I have / have not been employed. I have been supported by:

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

WIOA ADULT DOCUMENT CHECKLIST



Applicant Name:	Agency Code: WCE	SSN:
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RIGHT-TO-WORK STATUS: Either ONE item from List A OR ONE item from each List B AND List C

LIST A

- U.S. Passport/Card Valid I-551 Valid Foreign Passport w/Unexpired I-94 or I-94A Valid I-766
- Other doc w/prior Tech approval: _____

OR

LIST B

- Driver's License State I.D. Tribal Docs. School Picture I.D. Federal/Military I.D. Voter Reg. Card
- Other doc w/prior Tech approval: _____

AND

LIST C

- Birth Certificate Social Security Card DHS Emp. Auth. Card Tribal Docs. Valid I-197 Valid I-179
- Other doc w/prior Tech approval: _____

OTHER ELIGIBILITY REQUIREMENTS:

AGE

- Birth Certificate
- Baptismal Certificate
- Driver's License/State I.D.
- INS Document/Passport
- DD-214/Military I.D.
- Social Service Records
- School Letter
- Other Doc. with prior Tech approval: _____

SOCIAL SECURITY #

- MUST CONTAIN FULL SSN**
- DD-214
 - Pay Stubs/Emp. Records
 - EDD Docs
 - Social Security Card
 - Federal/State Tax Form
 - Other Doc. with prior Tech approval: _____

SELECTIVE SERVICE

- APPLIES TO INDIVIDUALS BORN MALE**
- Acknowledgement Letter
 - Selective Service Declaration Intake/Tech w/Register online
 - Copy of Selective Service Registration Cd w/Postal Stamp
 - Registration Verification Card
 - Internet Verification
 - Other Doc. with prior Tech approval: _____

RESIDENCY (Current)

- Driver's License/State I.D.
- Social Service Records
- Utility Bill
- Financial Statement
- Medical Statement
- EDD Records (Emp./Customer)
- Layoff Letter
- School Letter
- Shelter Letter/Affidavit with corroborating witness's signature
- Other Doc. with prior Tech approval: _____

SEE FOLLOWING PAGE FOR PRIORITY POPULATION

Priority Population Questionnaire – Career Service Provider



Applicant Name:	Full SSN:	Agency: WCE
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Please check **ALL** that apply:

I am (a part of the following group or identifier):

<p>VETERAN OR ELIGIBLE SPOUSE OF A VETERAN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Veteran <input type="checkbox"/> Eligible Spouse of a Veteran 	<p>INDIVIDUALS WITH DISABILITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical or mental impairment that substantially limits one or more major life activities
<p>LOW-INCOME</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receiving: Cash Public Assistance (SSI/TANF/GA/CalFresh programs) – Within the last 6 months <input type="checkbox"/> Homeless - At the date of application <input type="checkbox"/> Income below poverty level or LLSIL - Within the last 6 months 	
<p>SPECIAL POPULATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Older Individuals 55+ <input type="checkbox"/> 1st Generation College Students <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Women <input type="checkbox"/> Single Parents (Unmarried applicants with dependent children aged 18 or younger residing in the home) <input type="checkbox"/> Department of Child Support Services (DCSS)–Involved Individuals <input type="checkbox"/> Refugees/Asylees <input type="checkbox"/> Long-Term Unemployed (Individuals who were previously employed full time, and have been unemployed for a minimum of 27 consecutive weeks) <input type="checkbox"/> Re-Entry: Subject to any stage of the criminal justice process <input type="checkbox"/> Section 8 Housing Choice Voucher Program 	
<p>BASIC SKILLS DEFICIENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> No HS Diploma or Equivalent and not enrolled in Post-Secondary School <input type="checkbox"/> Enrolled in Title II – Adult Education Literacy <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> 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

PRIORITY POPULATION STATUS: Applicant must meet one of the following categories

- Veterans & Eligible Spouses:
 - Military Identification: _____
 - For Eligible Spouses – Proof of legal marriage on app date + Military ID

- Low-Income Families/Individuals (public assistance or other low-income):
 - Social Services Records
 - Employer verification of wages
 - Other Documentation (approved by WST): _____
 - Wage Stubs/W2s
 - Shelter Letter/Homeless Status

- Basic Skills Deficient (BSD), ESL/ELL:
 - School Transcripts/Other School Records
 - Testing Results
 - Other Documentation (approved by WST): _____
 - ESL/ELL Documentation

- Individuals with Disabilities:
 - Letter from a school, doctor, institution or counselor
 - Official Partner Agency Letter

- Re-Entry:
 - PO Letters/Court Documents
 - Other Documentation (approved by WST): _____
 - Official Partner Agency Letter

- Long Term Unemployed:
 - Employment History Questionnaire
 - Other Documentation (approved by WST): _____
 - EDD/UI Documents

- Older Individuals (55+):
 - Legal DOB Documentation
 - Other Documentation (approved by WST): _____
 - Social Service Records

- Single Parents:
 - Social Service Records
 - Other Documentation (approved by WST): _____
 - Court Documents

- Dept of Child Support Services (DCSS):
 - DCSS Letter/Document
 - Other Documentation (approved by WST): _____
 - Court Documents

- Refugee/Asylee:
 - USCIS Documentation
 - Other Documentation (approved by WST): _____

- 1st Gen College Students:
 - College Registration or Transcripts
 - Other Documentation (approved by WST): _____

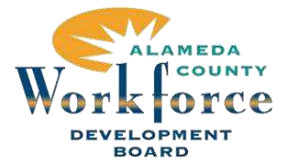
- LGBTQ+:
 - Self-Attestation
 - Other Documentation (approved by WST): _____

- Women:
 - Legal Identification
 - Other Documentation (approved by WST): _____

- Section 8 Housing:
 - Housing & Urban Development (HUD) Documents
 - Other Documentation (approved by WST): _____

- NOT PRIORITY POPULATION

DISLOCATED WORKER DOCUMENT CHECKLIST



Applicant Name: _____

Agency Code: WCE

SSN: _____

RIGHT-TO-WORK STATUS: Either **ONE** item from List A **OR** **ONE** item from each List B **AND** List C

LIST A

- U.S. Passport/Card Valid I-551 Valid Foreign Passport w/Unexpired I-94 or I-94A Valid I-766
- Other doc w/prior Tech approval: _____

LIST B

OR

- Driver's License State I.D. Tribal Docs. School Picture I.D. Federal/Military I.D. Voter Reg. Card
- Other doc w/prior Tech approval: _____

LIST C

AND

- Birth Certificate Social Security Card DHS Emp. Auth. Card Tribal Docs. Valid I-197 Valid I-179
- Other doc w/prior Tech approval: _____

AGE

- Birth Certificate
- Baptismal Certificate
- Driver's License/State I.D.
- INS Document/Passport
- DD-214/Military I.D.
- Social Service Records
- School Letter
- Other Doc. With prior Tech approval: _____

SOCIAL SECURITY

MUST CONTAIN FULL SSN

- DD-214
- Pay Stubs/Emp. Records
- EDD Docs
- Social Security Card
- Federal/State Tax Form
- Other Doc. With prior Tech approval: _____

SELECTIVE SERVICE

APPLIES TO INDIVIDUALS BORN MALE

- Acknowledgement Letter
- Selective Service Declaration Intake/Tech w/Register online
- Copy of Selective Service Registration Cd w/Postal Stamp
- Registration Verification Card
- Internet Verification
- Other Doc. With prior Tech approval: _____

RESIDENCY (Current)

- Driver's License/State I.D.
- Social Service Records
- Utility Bill
- Financial Statement
- Medical Statement
- EDD Records (Emp./Customer)
- Layoff Letter
- School Letter
- Shelter Letter/Affidavit with corroborating witness's signature
- Other Doc. With prior Tech approval: _____

DISLOCATED WORKER STATUS: Individual must meet one of the categories with documentation to be eligible for DW.

CAT 1 & 2: Term/Laid-Off/UI

- Separation Notice
- LMI or Other Documentation
- UI/UC Records
- Employment Records

CAT 3 & 4: Closure/Mass Layoff

- WARN Notice
- Documentation of 'General Announcement'
- Layoff Letter/Employee ID

CAT 5: Self Employed

- Receipt of Intent or Notice of foreclosure
- Proof of failure of the farm/business /ranch to return a profit during preceding 12 months
- Entry of Bankruptcy proceedings
- Inability to make payments on loans
- Inability to obtain capital necessary to continue operations
- A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of farm/business /ranch
- Other events indicative of the likely insolvency of the farm/business /ranch

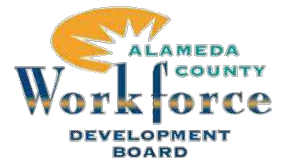
CAT 6: Displaced Homemaker

- Legal/Court Documentation
- Military Documentation
- Unpaid services to family in home

CAT 7 & 8: Military/Spouse

- Military Documentation
- (Spouse): Proof of Job Search/Employment Records

Dislocated Worker Affidavit – Career Service Provider



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

THIS FORM NEEDS TO BE COMPLETED to tell us your previous employer within 24 months if not longer

Employer Name:	Phone #:	Industry Sector:
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Employer Address (Number, Street, City, State, Zip):

Supervisor's Name:	Title:	Sup. Phone #:
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DETAILS OF EMPLOYMENT WITH THIS COMPANY :

Dates of Employment: _____ to _____	Job Title:	Duties:
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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: _____
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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:

Signature Date

Address

Intake Worker:

Signature Date

Corroborating Witness:

Signature Date

Daytime Phone Number

Relationship to Applicant

Dislocated Worker Unlikely to Return – Career Service Provider



Applicant Name: _____

Agency Code:
WCE

Last 4 of SSN: _____

DISLOCATION EMPLOYER INFORMATION :

Job Title: _____

ONET: _____

Industry Sector: _____

PRIOTY 1: DECLINING INDUSTRY/OCCUPATION BARRIERS :

INDUSTRY IN LONG-TERM DECLINE: LMI DATE: _____ OTHER DOCUMENTATION: _____

INDUSTRY IN RECENT DECLINE: LMI DATE: _____ OTHER DOCUMENTATION: _____

OCCUPATION IN DECLINE: LMI DATE: _____ OTHER DOCUMENTATION: _____

PRIORITY 2: OCCUPATIONAL BARRIERS (Check ALL that apply) :

INSUFFICIENT EDUCATION FOR JOB (WIOA APP; AND CURRENT JOB LISTING / DISLOCATED WORKER AFFIDAVIT)

OBSOLETE/INADEQUATE JOB SKILLS (BARRIERS DECLARATION OR DISLOCATED WORKER AFFIDAVIT AND CURRENT JOB LISTING)

LACK OF PUBLIC JOB ORDERS (PRINT-OUT CURRENT LISTING FROM MAJOR PUBLIC JOB POSTING SITE)

WAGE VARIABLE (WIOA APP; AND CURRENT JOB LISTING / DISLOCATED WORKER AFFIDAVIT)

PRIORITY 3: ECONOMIC DOWNTURN : Conditions ONLY apply when economic downturn has occurred.

ECONOMIC DOWNTURN – An economic downturn is a general slowdown in economic activity over a sustained period of time. It can happen in a specific region or on a global scale. It may occur due to global recession, falling asset prices, deflation, oil price shock, etc..

NOTE - You must provide proof/documentation of an Economic Downturn in our LWDA within the participant's case file

CHECK ALL PERSONAL BARRIERS THAT HAVE BEEN IMPACTED DUE TO ECONOMIC DOWNTURN

BARRIERS LISTED BELOW MUST BE VERIFIED THROUGH THE WIOA APPLICATION, A BARRIERS DECLARATION OR OTHER MEANS, AS SPECIFIED.

Family, personal, or health circumstances make it unlikely that this person will return to previous industry or occupation.

AGE 55+ (WIOA APPLICAITON) OFFENDER (PO LETTER/COURTS) LIMITED ENGLISH (BARRIERS DECLARATION)

HIGH SCHOOL DROP-OUT (BARRIERS DECLARATION) DISABLED/HEALTH (DR. NOTE) SUBSTANCE ABUSE (BARRIERS DECLARATION)

LACK OF JOB SEARCH SKILLS REQUIRING STAFF-ASSISTED SERVICES (CASE MANAGER NARRATIVE)

OTHER BARRIER (AS APPROVED BY TECHNICIAN) SPECIFY: _____

I hereby attest that the information provided above is an accurate reflection of the circumstances surrounding the job search of the customer named herein. Determination of his/her "Unlikely To Return" status was made based on Personal, Occupational and/or Industry data as specified above and verified in the attached documentation

Intake Worker:

Printed Name

Phone Number

Date

March 14, 2025

Employment Development Department
 Labor Market Information Division
 (916) 262-2162

Oakland-Fremont-Berkeley MD
(Alameda and Contra Costa Counties)
 Industry Employment & Labor Force
 March 2024 Benchmark

Data Not Seasonally Adjusted

	Jan 24	Nov 24	Dec 24	Jan 25	Percent Change	
			Revised	Prelim	Month	Year
Civilian Labor Force (1)	1,443,400	1,447,100	1,442,500	1,449,000	0.5%	0.4%
Civilian Employment	1,378,500	1,379,900	1,379,700	1,381,300	0.1%	0.2%
Civilian Unemployment	64,900	67,200	62,800	67,700	7.8%	4.3%
Civilian Unemployment Rate	4.5%	4.6%	4.4%	4.7%		
(CA Unemployment Rate)	5.4%	5.4%	5.2%	5.5%		
(U.S. Unemployment Rate)	4.1%	4.0%	3.8%	4.4%		

Total, All Industries (2)	1,180,000	1,191,500	1,190,500	1,172,600	-1.5%	-0.6%
Total Farm	1,400	1,400	1,400	1,400	0.0%	0.0%
Total Nonfarm	1,178,600	1,190,100	1,189,100	1,171,200	-1.5%	-0.6%
Total Private	1,012,200	1,019,100	1,020,900	1,002,100	-1.8%	-1.0%
Goods Producing	180,300	174,600	172,300	169,500	-1.6%	-6.0%
Mining, Logging, and Construction	73,300	74,300	71,500	69,100	-3.4%	-5.7%
Mining and Logging	300	300	300	300	0.0%	0.0%
Construction	73,000	74,000	71,200	68,800	-3.4%	-5.8%
Construction of Buildings	17,600	17,400	16,900	16,500	-2.4%	-6.3%
Residential Building Construction	11,600	11,700	11,500	11,300	-1.7%	-2.6%
Nonresidential Building Construction	6,000	5,700	5,400	5,200	-3.7%	-13.3%
Heavy and Civil Engineering Construction	7,000	8,600	7,900	7,400	-6.3%	5.7%
Specialty Trade Contractors	48,400	48,000	46,400	44,900	-3.2%	-7.2%
Foundation, Structure, and Building Exterior Contractors	8,800	8,600	8,200	7,800	-4.9%	-11.4%
Building Equipment Contractors	23,600	22,700	21,900	21,400	-2.3%	-9.3%
Manufacturing	107,000	100,300	100,800	100,400	-0.4%	-6.2%
Durable Goods	78,800	72,200	72,700	72,600	-0.1%	-7.9%
Computer and Electronic Product Manufacturing	20,200	19,800	19,700	19,600	-0.5%	-3.0%
Non-Durable Goods	28,200	28,100	28,100	27,800	-1.1%	-1.4%
Service-Providing	998,300	1,015,500	1,016,800	1,001,700	-1.5%	0.3%
Private Service Providing	831,900	844,500	848,600	832,600	-1.9%	0.1%
Trade, Transportation, and Utilities	198,200	200,900	204,300	197,800	-3.2%	-0.2%
Wholesale Trade	40,500	40,800	41,400	41,200	-0.5%	1.7%
Merchant Wholesalers, Durable Goods	21,600	21,700	21,800	21,700	-0.5%	0.5%
Merchant Wholesalers, Nondurable Goods	16,900	17,200	17,500	17,400	-0.6%	3.0%
Retail Trade	104,500	105,600	106,900	103,800	-2.9%	-0.7%
Motor Vehicle and Parts Dealers	13,300	13,100	13,200	13,100	-0.8%	-1.5%
Food and Beverage Retailers	27,500	28,300	28,400	27,900	-1.8%	1.5%
General Merchandise Retailers	19,000	20,100	20,500	19,200	-6.3%	1.1%
Health and Personal Care Retailers	7,100	6,800	6,800	6,500	-4.4%	-8.5%
Clothing, Clothing Accessories, Shoe, and Jewelry Retailers	8,400	8,700	9,100	8,400	-7.7%	0.0%
Sporting Goods, Hobby, Musical Instrument, and Book Stores	10,100	9,700	9,900	9,500	-4.0%	-5.9%
Transportation, Warehousing, and Utilities	53,200	54,500	56,000	52,800	-5.7%	-0.8%
Transportation and Warehousing	46,000	46,800	48,300	45,000	-6.8%	-2.2%
Truck Transportation	7,900	7,700	7,600	7,600	0.0%	-3.8%
Couriers and Messengers	14,700	15,500	17,100	14,100	-17.5%	-4.1%
Warehousing and Storage	9,700	10,200	10,300	9,400	-8.7%	-3.1%
Information	23,100	21,800	22,100	21,500	-2.7%	-6.9%
Publishing Industries	6,900	6,500	6,600	6,400	-3.0%	-7.2%
Telecommunications	3,800	3,500	3,600	3,300	-8.3%	-13.2%
Financial Activities	50,500	49,700	50,100	49,200	-1.8%	-2.6%
Finance and Insurance	31,700	31,100	31,300	31,000	-1.0%	-2.2%
Credit Intermediation and Related Activities	11,600	11,200	11,200	11,100	-0.9%	-4.3%
Insurance Carriers and Related Activities	15,400	15,500	15,500	15,400	-0.6%	0.0%
Real Estate and Rental and Leasing	18,800	18,600	18,800	18,200	-3.2%	-3.2%
Real Estate	14,400	14,000	14,100	13,600	-3.5%	-5.6%
Professional and Business Services	186,600	186,100	186,200	182,300	-2.1%	-2.3%
Professional, Scientific, and Technical Services	104,000	101,500	101,300	100,200	-1.1%	-3.7%
Architectural, Engineering, and Related Services	16,900	17,300	17,300	17,000	-1.7%	0.6%
Computer Systems Design and Related Services	19,200	18,100	18,100	17,700	-2.2%	-7.8%
Management of Companies and Enterprises	20,700	20,600	20,700	20,400	-1.4%	-1.4%
Administrative and Support and Waste and Remediation Services	61,900	64,000	64,200	61,700	-3.9%	-0.3%
Administrative and Support Services	55,500	57,600	57,700	55,200	-4.3%	-0.5%

Data Not Seasonally Adjusted

	Jan 24	Nov 24	Dec 24	Jan 25	Percent Change	
			Revised	Prelim	Month	Year
Employment Services	16,700	17,900	17,900	16,300	-8.9%	-2.4%
Investigation and Security Services	11,300	11,400	11,400	11,100	-2.6%	-1.8%
Services to Buildings and Dwellings	17,300	17,600	17,600	17,300	-1.7%	0.0%
Private Education and Health Services	223,700	234,500	234,600	233,400	-0.5%	4.3%
Private Educational Services	23,600	24,400	24,000	23,600	-1.7%	0.0%
Health Care and Social Assistance	200,100	210,100	210,600	209,800	-0.4%	4.8%
Ambulatory Health Care Services	82,200	85,300	85,400	85,400	0.0%	3.9%
Hospitals	23,300	24,300	24,200	24,200	0.0%	3.9%
Nursing and Residential Care Facilities	21,900	23,800	23,800	23,800	0.0%	8.7%
Social Assistance	72,700	76,700	77,200	76,400	-1.0%	5.1%
Leisure and Hospitality	108,000	108,900	108,900	106,500	-2.2%	-1.4%
Arts, Entertainment, and Recreation	17,300	18,400	18,600	18,000	-3.2%	4.0%
Accommodation and Food Services	90,700	90,500	90,300	88,500	-2.0%	-2.4%
Accommodation	6,700	6,700	6,700	6,500	-3.0%	-3.0%
Food Services and Drinking Places	84,000	83,800	83,600	82,000	-1.9%	-2.4%
Other Services	41,800	42,600	42,400	41,900	-1.2%	0.2%
Repair and Maintenance	11,300	11,300	11,200	11,100	-0.9%	-1.8%
Personal and Laundry Services	12,500	12,700	12,600	12,400	-1.6%	-0.8%
Religious, Grantmaking, Civic, Professional, and Other Organizations	18,000	18,600	18,600	18,400	-1.1%	2.2%
Government	166,400	171,000	168,200	169,100	0.5%	1.6%
Federal Government	13,300	13,300	13,300	13,300	0.0%	0.0%
Department of Defense	400	400	400	400	0.0%	0.0%
Federal Government excluding Department of Defense	12,900	12,900	12,900	12,900	0.0%	0.0%
Total State and Local Government	153,100	157,700	154,900	155,800	0.6%	1.8%
State Government	32,700	31,500	31,500	31,300	-0.6%	-4.3%
State Government Educational Services	21,700	20,300	20,300	20,100	-1.0%	-7.4%
State Government Excluding Education	11,000	11,200	11,200	11,200	0.0%	1.8%
Local Government	120,400	126,200	123,400	124,500	0.9%	3.4%
Local Government Educational Services	59,800	62,900	60,500	61,800	2.1%	3.3%
Local Government excluding Educational Services	60,600	63,300	62,900	62,700	-0.3%	3.5%
County Government	25,500	27,800	27,000	27,000	0.0%	5.9%
City Government	17,400	17,600	17,900	17,700	-1.1%	1.7%
Special Districts plus Tribes	17,700	17,900	18,000	18,000	0.0%	1.7%

Notes:

(1) Civilian labor force data are by place of residence; include self-employed individuals, unpaid family workers, household domestic workers, & workers on strike. Data may not add due to rounding. The unemployment rate is calculated using unrounded data.

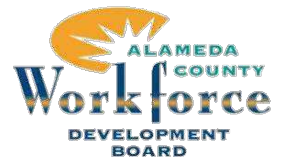
(2) Industry employment is by place of work; excludes self-employed individuals, unpaid family workers, household domestic workers, & workers on strike. Data may not add due to rounding.

These data are produced by the Labor Market Information Division of the California Employment Development Department (EDD). Questions should be directed to: Juliet Moeur 916-940-9664 or Nicolle Stone 916-530-1755

These data, as well as other labor market data, are available via the Internet at <http://www.labormarketinfo.edd.ca.gov>. If you need assistance, please call (916) 262-2162.

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AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS - CSP



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: WIOA Intake Coordinator
Agency: Rubicon Programs - Hayward - WIOA Program
Mailing Address: 24100 Amador Street, 3rd Floor, Hayward, CA 94544
City, State, Zip
Phone #: 510-670-5700 Fax #: 510-265-8304

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.

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

Rubicon Programs, Inc

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

Agency Name

Date

Date

ALAMEDA COUNTY SERVICES
PARTICIPANT HANDBOOK SIGN-OFF SHEET

By signing this document, I acknowledge that I have received the forms listed below. My coach has reviewed each of these topics with me. I know that this signed form will be kept in my participant file for reference, and if I have questions, I may contact my coach or anyone I am working with at Rubicon at any time.

Further, by signing this document I indicate that I understand, and agree to follow all rules and policies represented in these papers.

I have initialed each line indicating that I have received, understand and agree to follow each rule or policy below:

Initial

- _____ Rubicon Policies (non-discrimination, confidentiality, etc.)
_____ Program Participation Agreement
_____ Participant Equipment Use Agreement
_____ Participant Grievance Procedure

I understand that as a participant receiving services, my coach will require additional authorizations and requested documentation from me. I have provided requested information and signed all additional documents which are required at program enrollment.

All Programs will require that I sign:

Program Consent and Release for each program I am enrolled in, Employment Release, Publicity Release and that I provide a Residency Verification. There may be additional forms required depending on the program I am enrolled into and I acknowledge that I have been given a copy of each document that I sign.

I also verify that all the information that I have given is true. I understand that I may no longer be able to receive services if any of the information I provided is found to not be true.

Participant:

PRINTED NAME SIGNATURE DATE

Rubicon Staff:

PRINTED NAME SIGNATURE DATE

Welcome to Rubicon Programs

Welcome to Rubicon! We are honored that you have chosen us to walk with you on your journey to a better life. As you will soon learn, Rubicon is more like a family than a program. When you join Rubicon, you have a whole team of people you can count on to teach you the skills and provide the support you need to make positive changes in your life. You have what it takes to be successful--all we ask is that you come in with an open mind, and that you believe in yourself too. I will not say it isn't going to take hard work, but if there was ever a time to put in that hard work, now is the time. Change is always possible if you want it bad enough and are willing to do what is necessary.

We are committed to providing you the best possible experience as you move through our program. We want you to feel respected, cared about, supported, and challenged. If we achieve that, please tell your family and friends about us! The more people who achieve financial success, the stronger our community will be. If we do not meet your expectations, please tell us, so we can make whatever changes we need to make. Your success is our success, so let your Coach or another team member know if you have a suggestion to make our program better, or if you are not happy with the service you are getting. My number is below too, if you would like to tell me directly.

Thank you again for choosing Rubicon--we are happy to have you as a member of our family!

A handwritten signature in blue ink, appearing to read 'Donte Blue', written in a cursive style.

Donte Blue
Chief Program Officer
Rubicon Programs
DonteB@rubiconprograms.org

Rubicon's Mission is to transform East Bay communities by equipping people to break the cycle of poverty.

The staff of Rubicon Programs welcomes you. The following information has been developed to assist you in understanding some of our more important policies and procedures at Rubicon Programs. It is important that you review the information contained in this handbook and we encourage you to ask questions if there is something you do not understand.

NON-DISCRIMINATION POLICY: Rubicon Programs Inc. actively seeks to hire and promote individuals, recruit volunteers and provide services to individuals without regard to race, color, religion, sex, pregnancy, marital status, age, national origin or ancestry, citizenship, conviction history, uniform service membership/veteran status, physical or mental disability, protected medical conditions, genetic characteristics, sexual orientation, gender identity, gender expression regardless of physical gender, or any other consideration made unlawful by federal, state, or local laws.. Rubicon's Equal Employment Opportunity and Affirmative Action Policy was created in recognition of the value we place on diversity in our services and in our workforce.

RESPECT: Rubicon staff treat each other and all of our participants with dignity, fairness, courtesy and respect, appreciating the diversity of our workforce and participants and the uniqueness of each employee and participant

CONFIDENTIALITY: Rubicon commits to preserve the privacy rights of persons with whom we interact, including our participants, volunteers, and employees. Any information that you give us at any time will be considered confidential and will not be released to anyone outside of Rubicon Programs Inc. without your permission, with the following exceptions: for purposes of program evaluation, reporting, billing purposes, or by court order. We would also like to make you aware that in the case that a Rubicon employee or partner witnesses or suspects abuse of a child, elder adult or dependent adult or if you make threats of harm, that person may report these incidents to the appropriate authority and/or the police.

FREEDOM FROM HARASSMENT: Our Policy Against Harassment was created to promote and strengthen a work and service environment free of unlawful harassment including an avenue by which our employees, volunteers, and participants may raise concerns in an atmosphere free from fear of retaliation.

SAFETY: We are committed to providing our participants, employees and volunteers with a safe environment in which to work and to participate in our programs.

TEXT MESSAGES FROM RUBICON: Text messaging is a useful way to communicate directly with your coach and other Rubicon staff. We may also periodically send you a text asking for a short reply such as “reply with Y to confirm you are still working 35 hours/per week at Employer X.” Finally, Rubicon may very occasionally send out a bulk text notification to all participants, for example a notice about an upcoming Job Fair.

To take advantage of this technology, Rubicon is opting in all new program participants to our text messaging service. You may individually opt out of this service at any time by replying STOP to any text message from Rubicon. Please remember, if you opt out you will no longer be able to text or receive texts from Rubicon staff, so it would be best to discuss your concern with your coach before opting out. If you do opt out and later decide that texting is the way to go, you can always opt back in by talking to your coach.

When you receive texts from individual Rubicon staff, the text will usually come from that staff member’s office phone number. The phone numbers will be consistent so you can add staff members to your phone contacts. In addition to texting, you may dial the same number to leave a voicemail.

Thank you for participating in Rubicon’s text messaging service. If you ever have any concerns about the nature or number of texts we send you, please discuss this with your coach.

PROGRAM PARTICIPATION AGREEMENT

In order to effectively support you in achieving your goals and ensure we can continue to serve you in our program, we ask that you follow these basic rules during your participation in Rubicon's programs.

You are expected to:

- Fully engage and cooperate to the best of your ability with your Coach and other Rubicon staff.
- Keep your appointments. When unable to make an appointment, please make an effort to notify staff in advance
- Finish all assignments and assessments.
- Supply all necessary documentation.
- Help us support you, share your goals, what you want to accomplish and ideas that you want to realize. This is your life, your active participation is essential.
- Stay in touch and share your success and challenges! Let your Coach know when you achieve one of your goals, such as a job, a promotion, starting or completing school, moving into a new residence, etc. Let them know when you are unsure, struggling or conflicted. Life has both ups and downs we are in all of it together.
- Avoid engaging in the following behaviors:
 - Abusive language or behavior toward staff or other program participants
 - Visiting Rubicon or participating in Rubicon online or by phone activities while under the influence of alcohol or drugs (this does not include prescribed medication taken according to doctor's orders and reported to staff)
 - Violent acts or actions that endanger the health and safety of others, or threatens such actions
 - Vandalizing property of, or stealing from, Rubicon, other program participants, a Rubicon employee, or an employer or partner agency we refer you to
 - Bringing any weapons (including knives) to program sites
 - Harassing staff or other program participants in person, by text, or online, including social media platforms (Facebook, Instagram, etc.)
 - Using Rubicon issued devices for any illegal purposes
 - Intentionally giving false information that specifically qualifies you for the services you are receiving

Please note that Rubicon may deny services to you now or in the future due to violations of the above listed behaviors.

PARTICIPANT EQUIPMENT USE AGREEMENT

Rubicon computers, telephones, fax machines and copy machines are available for job search, workshop participation, housing search, education, and improving literacy skills. Any other use is considered inappropriate and not acceptable.

To use the equipment at Rubicon's career centers, participants must agree to the following rules:

I will:

- Check all external storage devices, etc. for viruses and request assistance from staff if I do not know how to do this.
- Take care in protecting the equipment from food, drink, and physical damage.
- Protect the confidentiality of any participant information stored on the computer or transmitted electronically or by fax.
- Immediately ask staff for assistance if I am having a problem with any equipment.
- Use the telephones, fax machines and copiers only for Job Search and Housing Search activities. I will not make or receive any personal phone calls or personal faxes or make any copies unrelated to my housing or job search.

I will not:

- Create or view any documents or web pages on the computers that may be considered offensive to others in the office, including documents that describe sexual activity or nudity or that insult a person's gender, race, ethnicity, religion, sexual orientation or gender identity or expression.
- Install or download software onto the computers without staff approval, nor will I remove any existing programs or documents.
- Alter, add, or remove any hardware from the computers.
- Change any basic settings on the computers.
- Have any food or liquids near or around the computers or equipment.

Any participant who abuses the privilege of using Rubicon's equipment may be banned from further use of the equipment and, depending on the seriousness of the infraction, may be terminated from receiving services.

PARTICIPANT GRIEVANCE PROCEDURE

If you believe that the terms or conditions of your participation in program activities are unfair or that your rights have been denied, you have a right to complain. You may present a grievance without fear of retaliation. Please first discuss your problem with the person(s) involved. If that does not solve the problem, then ask your primary staff person or the Program Manager for help. If you would like, a neutral staff person can assist you with your grievance, or we can help you find someone outside of the agency to work with you. Please ask to speak with the Privacy Officer or your primary staff person if you need assistance with filing your grievance. Please note that some Rubicon programs have a sponsoring agency. You may choose to file your grievance with either Rubicon or the sponsoring agency. See below for further information.

We ask that your grievance be put into writing (see attached grievance form) and that you be as specific as possible (date, time, specific complaint and desired resolution). If you are unable to provide a written account, we will accept a verbal grievance and put it into writing for you and ask that you review and approve the written summary. The grievance will be conducted in writing and will follow each step in order and within the timeframe specified. You may stop your grievance at any point.

1. File your grievance with your Program Manager. You may ask for a meeting so that you can discuss the issues. We will try to find a solution that satisfies everyone. The Program Manager will respond in writing within seven business days of receiving your grievance.
2. If you are not satisfied with the Manager's response, you may take your grievance to the Department Director. Write the Department Director within seven business days of receiving the Program Manager's response. The Department Director will respond in writing within seven business days.
3. If you are not satisfied with the Department Director's response, you may take your grievance to the Chief Program Officer (CPO). Write the CPO within seven business days of receiving the Department Director's response. The CPO will respond in writing within seven business days.
4. Finally, if you are not satisfied with the CPO's decision, you may submit your written grievance to the Board of Directors. Within seven business days of receiving the CPO's response, you must send your grievance to the Chairperson of Rubicon's Board of Directors. Within 10 calendar days' notice, the Board will notify you in writing of the time and place of your hearing, which will occur within 30 days of this notice. Within 60 days of the hearing, the Board will notify you in writing of its decision.

IMPORTANT: All grievances must be made in writing within one year of the alleged occurrence, except grievances alleging fraud or criminal activity. If you leave the program before your grievance is filed or satisfied, it will be your responsibility to conduct your grievance on your own or with the assistance of an advocate of your choice. Grievance and/or appeals information will be provided to you at your request. These procedures shall not be construed as affecting any other legal remedy outside of this grievance process.

If you participate in a program that is funded by a sponsoring agency, you may file a grievance with them and/or with Rubicon Programs. Please speak with your assigned staff person if you are uncertain whether the program you participate in has a sponsoring agency. They can provide you with contact information for that agency.

**ALAMEDA COUNTY SERVICES
PARTICIPANT HANDBOOK SIGN-OFF SHEET**

By signing this document, I acknowledge that I have received the forms listed below. My coach has reviewed each of these topics with me. I know that this signed form will be kept in my participant file for reference, and if I have questions, I may contact my coach or anyone I am working with at Rubicon at any time.

Further, by signing this document I indicate that I understand, and agree to follow all rules and policies represented in these papers.

I have initialed each line indicating that I have received, understand and agree to follow each rule or policy below:

Initial

- _____ Rubicon Policies (non-discrimination, confidentiality, etc.)
- _____ Program Participation Agreement
- _____ Participant Equipment Use Agreement
- _____ Participant Grievance Procedure

I understand that as a participant receiving services, my coach will require additional authorizations and requested documentation from me. I have provided requested information and signed all additional documents which are required at program enrollment.

All Programs will require that I sign:

Program Consent and Release for each program I am enrolled in, Employment Release, Publicity Release and that I provide a Residency Verification. There may be additional forms required depending on the program I am enrolled into and I acknowledge that I have been given a copy of each document that I sign.

I also verify that all the information that I have given is true. I understand that I may no longer be able to receive services if any of the information I provided is found to not be true.

Participant:

PRINTED NAME	SIGNATURE	DATE
--------------	-----------	------

Rubicon Staff:

PRINTED NAME	SIGNATURE	DATE
--------------	-----------	------



AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

Participant Name: _____

Social Security #: _____ - _____ - _____ **DOB:** ____/____/____

I hereby authorize representatives from Rubicon Programs Inc. to contact potential employers on my behalf, and to provide information about me in order to assist me in obtaining employment.

I hereby authorize representatives from Rubicon Programs Inc. to contact my current and future employers for information on my employment status, current wages, hours worked, promotions achieved and/or other information related to job retention.

I authorize current and future employers to release this information to representatives of Rubicon Programs Inc.

I understand that the information exchanged will be used for the purpose of assisting me in retaining my employment, for program evaluation purposes, or other professional purposes.

I understand that I have the right to revoke this authorization by contacting Rubicon Programs, in writing, at the address below. I understand that revocation will not apply to information that has already been released. This authorization will remain valid unless revoked.

Signed: _____
Participant's signature

Date: _____

Witnessed by: _____
Staff person's signature

Date: _____

Date revocation received by Rubicon Programs and effective: _____



CONSENT FOR USE OF IMAGES, RECORDINGS AND OTHER MEDIA

I, _____, hereby

GIVE my consent DO NOT give my consent

to Rubicon Programs Inc. and/or Rubicon Enterprises Inc. (Rubicon) and its designees to record, photograph, film, videotape and/or interview me and/or the individual(s) named below. Any such recordings, photographs, videotapes or interviews whether collected in digital or non-digital form, shall be collectively referred to herein as "media." I give this consent in order to assist Rubicon in furthering its educational, public relations and charitable goals.

I agree that Rubicon may use and permit other persons to use, publish, disseminate or otherwise distribute the media in any form and in any such a manner as Rubicon, in its sole discretion, deems appropriate to achieve its educational, public relations and charitable goals. I understand that the media may be used in communications which include, *but are not limited to*, social media (for example Facebook, Twitter, Instagram, You Tube), print media (for example, reports, newspapers, email and mailings), and other platforms or channels.

I hereby waive any right or claim to compensation for any use in any form of the media. I, the undersigned, and my successors or assignees hereby hold Rubicon, its directors, officers, staff, contractors and their successors and assignees harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

I understand that I may revoke this consent by contacting Rubicon Programs, in writing, at the address below. I understand that revocation will not apply to information that has already been released. This consent and authorization shall remain valid unless revoked.

Date: _____

Signed: _____ Date: _____
Program Participant/ Employee/ Legal Representative

I hereby give my consent to the following persons for whom I am a parent or otherwise have legal custody: _____

Witness to signature/ Title _____

Date revocation received by Rubicon Programs and effective: _____



2500 Bissell Avenue, Richmond, CA 94804 | (510) 235-1516 | (800) 735-2929 TT

SELF-DECLARATION OF ZERO INCOME

I, the undersigned, declare that I have zero income at this time.

Client Name (Print): _____

Client Signature: _____

Date: _____

NOTE: Place completed Declaration in Participant File.

WIOA Intake

Intake Date: ___/___/_____

Intake Staff: _____

Participant First Name _____ Middle _____ Last _____

Date of Birth: ___/___/_____ Pronouns: He/Him/His She/Her/Hers They/Them/Theirs Other (specify):

Referred by: EDD AC Housing Authority La Familia/VESL Love Never Fails DHTI JVS Probation CCCC LMCC
 Castro Valley Adult Ed Liberty Adult Ed Martinez Adult Ed Mt Diablo Adult Ed Pittsburg Adult Ed San Leandro Adult Ed

Contact Information

We want to be able to get in touch with you. Please provide as many ways to contact you as possible. Later we will ask for your emergency contacts.

Address Street: _____

Address City: _____ Address State: _____ Address Zip/Postal Code: _____

Is this address....? Permanent Temporary I am homeless without an address

Preferred phone: Home Mobile Work Other

Home Phone: _____ - _____ - _____

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Other Phone: _____ - _____ - _____

Preferred Email: Personal Alternate

Personal Email: _____

Alternate Email: _____

What is your preferred way for us to contact you: Phone call Text message Email

All new participants in our program are OPTED IN to our text messaging system. Texts are often the best way for a coach to get information to you quickly. You may also receive 2 to 4 general announcements per month. You may opt out of Rubicon text messaging at any time by replying to a text with STOP. But please keep in mind that if you stop messages this will apply to all members of your service team. You'll receive more information about this in your enrollment handbook.

Demographics

We need to learn more about you because we, and many of our funders, want to know who we are serving so that we can tailor our services to our communities. This information is never reported about individuals

What is your gender?

Female Transgender M to F Other (specify)...
 Male Transgender F to M _____

Do you consider yourself to be Hispanic or LatinX?

Yes, I am Hispanic/LatinX Doesn't know
 No, I am not Hispanic/LatinX Declined

What is the highest level of education you completed:

Elementary school Some college
 Middle/junior high school Associate degree (AA)
 Some high school (no GED) Bachelor degree (BA)
 Some high school +GED Master degree (MA)
 High school diploma Doctorate (PhD, MD, JD etc)
 Doesn't know
 Declined

What race or races do use to describe yourself?

Check as many as apply:
 American Indian or Alaskan Native Doesn't know
 Asian Declined
 Black, African American or African
 Native Hawaiian or Pacific Islander
 White

Are you a U.S. Veteran?

Yes No Doesn't know Declined

What is your primary language?

English Other (specify)...
 Spanish _____

Family and Home

We start with your Social Security number because we have to ask for this as a form of identification, but we didn't need it in the beginning. These questions help us identify what benefits and subsidies you may be eligible to receive.

What is your Social Security Number? _____ - _____ - _____

Do you have dependent children under age 18? Yes >> No Doesn't know Declined **If yes, how many?**

Are there any other adults in your household? Yes >> No Doesn't know Declined **If yes, how many?**

Household size: _____ *(calculated)*

What is your current living situation?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> RENTED apartment or home (with lease) | <input type="checkbox"/> INFORMAL exchange for room | <input type="checkbox"/> Transitional Hsg | <input type="checkbox"/> Outside/street |
| <input type="checkbox"/> RENTED room in shared living | <input type="checkbox"/> LONG TERM stay with friends/family | <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Emergency shelter |
| <input type="checkbox"/> OWNED condo or home | <input type="checkbox"/> TEMPORARY stay with friends/family | <input type="checkbox"/> Hotel or motel | <input type="checkbox"/> Correctional Facility |

How stable is your current housing?

- Stably Housed *I can live comfortably where I am and am not currently at risk of losing my housing.*
- At Risk of Homelessness *I do not know how much longer I'll have a place to stay, due to unaffordable cost, overcrowding, other's good will, etc.*
- Imminently Homeless *I'm being evicted or forced to leave the place I'm staying and I have no place to go next.*
- Homeless *I'm currently spending nights in shelters, outdoors or places not meant for human habitation.*
- Fleeing DV *My current housing cannot not be disclosed.*

What is your monthly housing cost (amount paid in rent, mortgage or other payments for housing): \$ _____

This is an optional question, but answering helps us analyze the % of income individuals and families in our programs must spend on housing costs and helps us advocate for subsidies and/or lower cost housing and well as living wage ordinances.

Income and Non-Cash Benefits

In addition to helping us determine benefits you may qualify for within the WIOA Program as well as through local government, we ask detailed questions about your income to verify for our funders that we are targeting services to those who need them most. Almost all public and private funders require detailed aggregate income data. (Aggregate means combined data- we do not share individual income data, just averages and counts at wage)

Do you currently have any cash income: Yes > No Doesn't know Declined

If yes, please tell us how much you receive monthly from each source

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Earned Income (EI): | \$ _____ | <input type="checkbox"/> CalWORKs (aka TANF): | \$ _____ |
| <input type="checkbox"/> Unemployment Insurance (UI): | \$ _____ | <input type="checkbox"/> General Assistance (GA): | \$ _____ |
| <input type="checkbox"/> Workers Compensation | \$ _____ | <input type="checkbox"/> Other income sources (specify...): | \$ _____ |
| <input type="checkbox"/> Social Security Retirement (SSR): | \$ _____ | ...Specify other income source(s): _____ | |

Total (individual) income: _____ *(calculated)*

Do you currently receive CalFRESH (aka SNAP) benefits: Yes >> No Doesn't know Declined

Are you currently covered by Health Insurance: Yes >> No Doesn't know Declined

If yes, what type of Health Insurance do you have?

- | | |
|--|--|
| <input type="checkbox"/> MediCal | <input type="checkbox"/> Employer-Provided Health Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> VA Medical Services | <input type="checkbox"/> State Health Insurance for Adults |

>> **Other Family Members/Household Income**

Do any other members of the Family/Household receive cash income? Yes → No Doesn't know Refused

NOTE: Family/Household includes other related adults or children. Incomes from individuals who reside with the family but do not share income or expenses with the family do not need to be recorded here!

If yes, please tell us the amount received monthly from each source:

<input type="checkbox"/> Earned Income (EI):	\$ _____	<input type="checkbox"/> CalWORKs (aka TANF):	\$ _____
<input type="checkbox"/> Unemployment Insurance (UI):	\$ _____	<input type="checkbox"/> General Assistance (GA):	\$ _____
<input type="checkbox"/> Workers Compensation	\$ _____	<input type="checkbox"/> Other income sources (specify...):	\$ _____
<input type="checkbox"/> Social Security Retirement (SSR):	\$ _____	...Specify other income source(s): _____	

Total other household member(s) monthly income: \$ _____ (calculated)

>> **Total Monthly Income**

Total monthly Family/Household cash inc

Adds the total Individual and other Family/Household income amounts to calculate the total for the entire Family/Household. If zero, WIOA Programs require a Self-Declaration of Zero Income.

Income and Non-Cash Benefits Notes:

Family Poverty Line

100% or 200% (Circle One)

Primary Care and Health

Do you have a Primary Care Provider (PCP) months?

Yes > No Doesn't know Decline

If yes, have you seen your PCP within the last 12

Yes > No Doesn't know Declined

Criminal History

We are asking for information about your criminal record, including details of those convictions we think we need to know about, in order to help you make your best case for employment. We do not report this information elsewhere. Your record does not hurt your chances of enrolling into our program, we do not judge you by your past, we only want to assist you to move forward in the life and work you desire.

Have you ever been convicted of a crime?

Yes > No Doesn't know Declined

...if yes, what type of conviction(s)?

Felony Misdemeanor (can check more than one):

...are you currently in a custody alternative?

Probation > Parole > No Current Custody Alternatives

... do you currently owe any restitution?

Yes No Doesn't know Declined

If Pro or Par, current officer name: _____

Have you ever served time in prison or jail?

Yes > No Doesn't know Declined

...if yes, how many times have you been sentenced?

Once Twice 3 times 4 times 5 or more times
 Doesn't know Declined

...how much time have you served in total?

...where did you most recently serve?

RUBICON PROGRAMS INC.

- 1 week to 1 month 1 to 2 years Doesn't know County jail State prison Federal prison
- 1 to 3 months 3 to 5 years Declined
- 4 to 6 month More than 5 years

Please specify which one: _____

...how much time did you serve there?

- Less than 1 week 7 to 12 months
- 1 week to 1 month 1 to 2 years
- 1 to 3 months 3 to 5 y

...when were you released?

- Within last month More than a month, less than a year ago
- More than 1 year, less than 3 years ago More than 3 years ago
- Doesn't know Declined

Do you have any outstanding arrest warrants?

- Yes No Doesn't know Declined

Do you have any outstanding traffic/parking tickets?

- Yes No Doesn't know Declined

What is your Driver License status?

- Good standing On hold Revoked No DL

Have you ever been denied a job due to background check?

- Yes No Doesn't know Declined

Employment

Our program is designed to leverage your strengths, skills and work experience, the more we know about you will help you and us create a custom program to move you quicker to your goals. (if there is ambivalence from participant to discuss, slow down the questioning and acknowledge the reluctance- explain why we need this information, it's not to judge, many of us have had bad work experiences (normalize work struggles). If necessary, go to different section and complete this section after trust is developed.

Are you currently employed?

- Yes > No > Doesn't know Declined

If yes.... please provide Employment Details (below).

If no.... when did your most recent job end?

Job End Date: ____/____/____

...what is the reason it ended?

- Left voluntarily, to look for a better position Laid off
- Temporary/seasonal position ended Terminated for cause
- Unable to maintain job schedule Arrest/Incarceration
- Unable to adequately perform job duties Doesn't Know
- Left for other (personal) reasons Declined

...please provide Employment Details (below).

Yes (current job) or no (last job you held):

If you do not remember specific answers to questions about your last job, it OK to estimate. We may need to verify information about any jobs you obtain with the assistance of our program, but this question is purely to help us understand your employment history.

Employment Details "

Job held prior to Intake Always check for jobs on intake! **Employer:** _____

Position/Title: _____

Job Start Date: ____/____/____

Tenure:

- Permanent/regular (no time limit) Assignment-based
- Temporary/Seasonal Gig-based

Hourly wage: \$ _____

Hours per week: _____ ...or Variable Hours

Employer-sponsored health benefit:

- Yes No Doesn't know Declined

Participant Signature: _____

Date: _____