

CCMEP Documentation Checklist

Name: _____

In addition to the WIOA Youth Program Eligibility Application, the following documents need to be turned in to your CCMEP Case Worker to complete eligibility determination: Age, authorization to work in the U.S., school status at participation, selective service registration (males 18+ only), and documentation of eligibility information as indicated on your WIOA Youth Program Eligibility Application (JFS 3002). Please see the list below of acceptable documentation for each category.

****Documentation of program eligibility as it applies to your situation**

Birth Date/Age	Authorization to work in the U.S.
Valid Driver's License	Social Security Card
Valid State/Federal ID	Birth Certificate
U.S. Passport	Citizenship Status
Birth Certificate	U.S. Passport

School Status at Participation	Selective Service Registration (Males 18+)
Record from Educational Institution	Selective Service Card
High School Diploma	Internet Verification (http://www.sss.gov)
School Transcript	
GED verification	

Basic Skills Deficient	
Documentation:	Standardized Assessment Test
	School Records
	Case Notes
Other:	

Foster Child or Emancipated Foster Child	
Documentation:	Case Notes
	Court Documentation
	Verified by Social Services Agency
Other:	

English Language Learner	
Documentation:	JFS 13186, Self-Attestation
	School Records
	Case Notes
Other:	

Pregnant or Parenting Youth	
Documentation:	Physician's statement
	Birth Certificate of Child(ren)
	Verification with Social Services Agency
Other:	

School Dropout	
Documentation:	Records from Educational Institution
	Dropout Letter
	JFS 13186, Self-Attestation
Other:	

Offender	
Documentation:	Court Records
	Letter of parole/from Probation Officer
	Police Records
Other:	

Not Attending School	
Documentation:	School Records
	Court Documentation
	JFS 13186, Self-Attestation
Other:	

Homeless or Runaway	
Documentation:	Verification from a shelter or Social Service Agency
	Written statement from individual providing residence
	JFS 13166, Self-Attestation
Other:	

Individual with a Disability	
Documentation:	Letter from drug or alcohol rehabilitation agency
	Medical Records
	Physician/Psychologist Statement
	Social Security Disability Records
Other:	

Requires additional assistance to complete educational program or to secure and hold employment	
Documentation:	Local area plan
	Local area policy
	Individual service strategy
	Case notes
Other:	

Ohio Department of Job and Family Services
CCMEP WIOA YOUTH & CCMEP TANF PROGRAM ELIGIBILITY APPLICATION

SEEKER ID

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alternate Phone Number (###) ### - ####		
Emergency Contact	Contact Person's Phone Number (###) ### - ####		
Applicant Email Address	Date of Birth	Gender at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	

Demographic & Education Information

1. What is your ethnicity?

☐ Latino ☐ Not Latino ☐ Prefer not to answer

2. Citizenship: (check all that apply)

☐ US Citizen
☐ Registered Alien
☐ Refugee
☐ Other Legal Alien
☐ Other _____

3. What is your race? (check all that apply)

☐ Black/African American ☐ White
☐ Asian
☐ American Indian / Alaska Native
☐ Hawaiian Islander / Other Pacific Islander
☐ Other _____

4. Are you legally restricted from using a computer?

☐ Yes ☐ No

5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- County employee?
☐ Yes ☐ No

If YES, provide name: _____

6. What is your education level?

Highest grade completed: _____

- ☐ Current high/junior high school student
- ☐ Withdrew from high school, no HS diploma
- ☐ Completed 12th grade, but no HS diploma
- ☐ Obtained certificate of equivalency for high school diploma
- ☐ High school graduate
- ☐ Some post high school education, no degree
- ☐ College degree: ☐ Associate ☐ Bachelor ☐ Masters/Prof.

7. Do you have work experience in Agriculture within the last 12 months? ☐ Yes ☐ No

8. What is your education status?

- ☐ I am not a student
- ☐ I am a student at a college or technical school
- ☐ I am a student in a HS equivalency program
- ☐ I am a high school student, at grade level
- ☐ I am a high school student, behind grade level

9. Have you served in the US Military? ☐ Yes ☐ No

If YES, what are your active duty dates:
 _____ to _____

10. Are you a Spouse of a Veteran? ☐ Yes ☐ No

11. Are you a Homeless Veteran? ☐ Yes ☐ No

12. Do you hold a valid Driver's License? ☐ Yes ☐ No

If YES, Type/Class:

- ☐ Non-Commercial (D)
- or
- ☐ CDL: ☐ A; ☐ B; ☐ C

Part A. WIOA Information

1. Are you interested in an Apprenticeship?

☐ Yes ☐ No

2. Have you registered for Selective Service (for males 18 or older)? ☐ Yes ☐ No ☐ Exempt

If YES, SSR #: _____

3. Are you enrolled in ASPIRE? ☐ Yes ☐ No

4. Have you received OWF for one or more years?

☐ Yes ☐ No

11. Have you taken a recent math/reading assessment?

☐ Yes ☐ No

12. Do you use recreational drugs or drink regularly?

☐ Yes ☐ No

13. Are you a single parent? ☐ Yes ☐ No

14. What is your native or primary language? _____

15. Do you think you have a cultural barrier that might hinder employment? ☐ Yes ☐ No

16. Are you homeless? ☐ Yes ☐ No

<p>5. Are you a public assistance recipient (cash/food)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you enrolled in Vocational Rehab through OOD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you receiving SNAP Employment and Training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: <input type="checkbox"/> physical; <input type="checkbox"/> mental; <input type="checkbox"/> learning</p> <p>9. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>17. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are you a parent (including noncustodial)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Are you/have you received a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Is your family eligible to receive free/reduced-price lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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WIOA Income Eligibility (If needed) - This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth. If you are not attending school only complete if your case manager requests you to do so.

1. Please answer the following questions if you are 18 or older*.

Do you provide more than 50% of your own support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you married or separated but not divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

2. Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.

Including yourself, who is in your household? What is their relationship to you? What is their average monthly income? (Your case manager can let you know the timeframe to consider.) If you have a disability, only include your personal income.

Household Members Average Monthly Income for the past () months				
Name	Age	Relationship	Hourly / Weekly Wage	Average Monthly Income
		Self		
Total				

Part B. TANF Funding Eligibility - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

Household Members Monthly Income			
Name	Relationship	Hourly / Weekly Wage	Monthly Income
	Self		
Total			

5. Do you have a child under age 18 or 18 who is attending high school full-time? ☐ Yes ☐ No
Number of children _____ Oldest child age _____
6. Are you one of the following (*check all that apply*): ☐ a minor child (including age 18 attending high school full-time); ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote? ☐ Yes ☐ No ☐ N/A (age 16 or under)

Acknowledgement

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

☐ I have received a copy of the JFS Form 08063 "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)".

Parent/Guardian Signature:

Parent/Guardian Signature (<i>If applicant is under age 18**</i>)	Date
Applicant Signature	Date

TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:

WIOA Funding Eligibility Determination:

Is the individual ☐ In-School (ages 14-21) **OR** ☐ Out-of-School (ages 16-24)

Does the youth need to be low income based on their school status and/or barriers to employment/education?

☐ Yes ☐ No

If youth needs to be low-income, do they meet this requirement (*if youth has disability, only the youth's income is counted*)? ☐ Yes (*Check all that apply*) ☐ No

☐ At or below 100% of FPL

☐ At or below 70% lower living standard (LLSIL). Customer receives or is a member of a family that receives (currently or in the past six months) one of the following TANF, SNAP, SSI, Other public assistance

☐ Receives or is eligible to receive free or reduced-price lunch (the family not entire school building)

☐ Lives in a high-poverty census tract/area.

☐ Foster Child

☐ Homeless

☐ 5% low-income exception (use only if youth does not meet low-income but has barriers and needs assistance)

If in-school, is the individual *low-income* and do they have at least one of the documented barriers to employment?

☐ Yes (*Check all that apply below*) ☐ No

☐ Is basic skills deficient

☐ Is an English language learner

☐ Is an offender

☐ Is a homeless individual, homeless child or youth, or a runaway (Describe: _____)

☐ Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption

☐ Is pregnant or parenting

☐ Is an individual with a disability

☐ Needs additional assistance to complete an educational program or to secure or hold employment (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*) Applicable policy:

If out-of-school, does the individual have at least one of the below documented barriers to employment?

☐ Yes (*Check all that apply below*) ☐ No

☐ School dropout

☐ School age youth that has not attended school for *at least* the most recent school quarter

☐ Individual subject to the juvenile or adult justice system

☐ Homeless/Runaway

☐ Foster Care/aged out of foster care

☐ Pregnant/parenting

☐ Disabled

☐ Needs additional assistance and *is low-income* as defined by your local area policy and is low-income (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*) Applicable policy:

☐ Youth who received HS diploma or equivalent, *is low-income* and is:

☐ English language learner

☐ Basic Skills deficient

Is the individual authorized to work in the United States? ☐ Yes ☐ No

If the individual is a male over age 18, has he registered for Selective Service? ☐ Yes ☐ No

What is the documented reason for youth eligibility? (*Select one*)

☐ Family Assistance (SNAP/TANF/SSI) received in past six months

☐ Family income does not exceed poverty line or 70% of LLSIL

☐ Homeless, Homeless child/youth

☐ Received or eligible to receive free/reduced lunch

☐ In foster care or aged out of foster care

☐ Individual with a disability

☐ Living in a high poverty area

☐ 5% low-income exception

Youth barriers documentation:

- ☐ Is basic skills deficient
- ☐ Is an English language learner
- ☐ Is an offender
- ☐ Is a homeless individual, homeless child or youth, or a runaway
- ☐ Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption?
- ☐ Is pregnant or parenting
- ☐ Is an individual with a disability
- ☐ Needs additional assistance to complete an educational program or to secure or hold employment (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*)

WIOA Funding Eligibility Decision:

- ☐ WIOA In-School Youth Program eligible and *low income* (Note: 25% limit on expenditures for ISY)
- ☐ 5% low-income exception for WIOA
- ☐ 5% needs additional assistance In-School Youth (Note: 5% limit for In-School Youth)

Describe: _____

- ☐ WIOA Out-of-School Youth Program eligible – low income not required
- ☐ WIOA Out-of-School Program eligible (*low income required and barrier(s): _____*)

- ☐ Eligible In-School Youth; ☐ Eligible Out-of-School Youth;
or
- ☐ Ineligible for WIOA Funding

Signature of WIOA Eligibility Staff

Date

TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:

TANF Funding Eligibility Determination:

Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment? ☐ Yes ☐ No **If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF.**

If the individual is receiving cash assistance, they are automatically **eligible**.

If the individual is receiving SNAP, the individual automatically meets the **income requirement**.

Is the household's monthly income [under 200% of the Federal Poverty Guidelines](#)? Please refer to section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination. ☐ Yes ☐ No

Does the individual have a child under age 18? ☐ Yes ☐ No

Is the individual one of the following (*check all that apply*): ☐ a minor child; ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child? ☐ Yes ☐ No

TANF Funding Eligibility Decision:

- ☐ TANF Funding Eligible; ☐ OWF work eligible; ☐ OWF volunteer; ☐ PRC
- or
- ☐ Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

**** If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent/guardian did not sign.**

Although there are some differences in the established timelines for the processing and resolution of the three types of complaints, it is both the implicit and express interest of this agency that all persons and/or organizations filing complaints shall be afforded fairness and due process in the investigation and resolution of their charges.

Your Complaint Rights Under the Workforce Innovation and Opportunity Act (WIOA)



As an individual or entity you have certain rights regarding services you have received through the WIOA program. These include the right to file a complaint. There are three types of complaints that can be filed and they must be done within certain time frames.

WIOA Program Complaint –

You feel a program rule or process was not properly applied to your situation.

Discrimination Complaint –

You feel you have been discriminated against based on your race, age, religion, national origin, sex, political affiliation or belief, age, disability, or citizenship status, as a lawfully admitted immigrant authorized to work in the United States.

Fraud and Abuse Complaint –

You believe you have information exposing fraudulent activity or abuse of the program.

How Do I Resolve It?

- **A WIOA Program Complaint** can be taken to three levels, at any of which it can be resolved.
 - o **First – At the Local level with the WIOA agency you are working with**
 - Must file within 1 year from date of incident
 - Upon filing the complaint, an informal conference will be held within 10 days

The Delaware County Department of Job & Family Services
Attn: Jeffrey Sell, Protective Services Administrator
740.833.2300, 145 N. Union Street, Delaware, Ohio 43015
*I certify that I have recieved a copy of the WIOA Complaint
Brochure*

Name: _____ Date: _____

Signature: _____

- If no informal resolution, a formal hearing will be held and a decision rendered within 60 days of the filing date
- Decision may be appealed to the State

o **Second – At the State level**

- File with **Ohio Department of Job & Family Services (ODJFS)**
Office of Workforce Development
4020 E. Fifth Avenue
Columbus, OH 43219
- A state appeal of the local hearing decision must be filed within 10 days of that decision
- A Review of the hearing decision will be conducted and a decision rendered within 60 days of the state appeal filing date
- If a complaint was filed at the local level and no decision was rendered within 60 days, a complaint may be filed directly at the state level within one year of the date of original incident

o **Third – At the Federal level**

- File with **U.S. Department of Labor (DOL)**
Office of the Secretary
Attention: ASET
Washington, D.C. 20210
- If resolution of the initial complaint is not achieved at the local or state level, a final appeal may be made at the federal level

• **A Discrimination Complaint**

- o File with:
Ohio Department of Job & Family Services
Office of Employee and Business Services, Bureau of Civil Rights
30 East Broad Street, 30th Floor
Columbus, OH 43215-3414 (866) 227-6353
- o May also file with:
U.S. Department of Labor
Civil Rights Center
200 Constitution Ave., N.W., Room N-4123
Washington, D.C. 20210
- o Must be filed within 180 days of the discriminatory act or treatment
- o The complaint will be reviewed and, if accepted, the opportunity for Alternative Dispute Resolution must be provided. If there is no resolution through the alternative dispute resolution process then the Bureau of Civil Rights will investigate.
- o A Final Report must be issued within 90 days from the complaint receipt date

• **Fraud and Abuse Complaints** must be filed with the Department of Labor's Incident Reporting System

- o **U.S. Department of Labor Office**
Office of Inspector General, Office of Investigations
200 Constitution Ave, NW. Room S 5514
Washington, D.C. 20210

Any Questions?

Please contact:
ODJFS, Office of Employee
and Business Services,
Bureau of Civil Rights
30 East Broad Street,
30th floor
Columbus, OH 43215-3414
(866) 227-6353

For more detailed information
on each step please visit:
[http://jfs.ohio.gov/owd/
WorkforceProf/Policy_Info.stm](http://jfs.ohio.gov/owd/WorkforceProf/Policy_Info.stm)

Mike DeWine, Governor
State of Ohio

Kimberly Hall, Director
Ohio Department of Job
and Family Services

JFS 08063 (Rev. 2/2019)

This institution is an equal
opportunity provider and
employer.

A proud partner of the
American Job Center network.



Delaware County

A proud partner of the
American Job Center network

145 N. Union Street, Delaware, Ohio 43015
Phone: 740.833.2338 Fax: 740.833.2395

RELEASE OF INFORMATION

Professional ethics and the Ohio Department of Job & Family Services regulations prohibit the exchange of information concerning an individual without the written permission of the individual involved. (Ref: ORC 1347.01 and 1347.99 and 2151.421)

Permission has been granted for the Delaware County Job and Family Services (DCJFS), Workforce Innovation and Opportunity Act (WIOA) case workers, potential employers and those checked below to exchange information concerning the Work Activities Program.

The information to be exchanged is as follows: Potential employment possibilities, employment and/or barriers to employment, medical, work history or case data as needed. When applicable, school/training enrollment, status of grants, scholarships, course work, tuition and fees, attendance and grades.

The information will not be transferred to a third person or agency without the written permission of the individual involved or that of their parent or legal guardian.

I am voluntarily signing this Release of Information. I hereby grant permission for the below parties, named and implied, to exchange pertinent information surrounding my job readiness and public assistance case. The purpose of the release is to allow the DCJFS to assist me in my job search/placement and training. I understand my right to privacy and hereby waive the right solely for the above purpose. This release is valid for twelve (12) months from date of signing.

Department of Job and Family Services	Medical Information Pertinent to Training/Employment needs
Employment & Training Agencies	One-Stop Partners
Employers (past and present)	Child Support Enforcement Agency
Prospective Employers	Mental Health Agencies
School and Training Institutions	Selective Services
WEP Work Site	Court System
References	Other:

Customer Printed Name

Date

Customer Signature

Date

Parent/Guardian Signature

Date

Agency Staff Signature

Date

Please read each statement below completely. After reading, sign at the bottom of the page certifying that you have read and understand the purpose of the Comprehensive Case Management Employment Program (CCMEP) and your responsibilities as a CCMEP participant.

- CCMEP is a federally funded program that can help low-income young adults build career paths, find employment and break the cycle of poverty. It offers a wide range of services specifically tailored to each individual.
- The main focus of CCMEP is to offer services designed to assist you in identifying a career goal, becoming job ready, and finding employment opportunities that will lead to self-sufficiency. This can start as early as helping you graduate high school. We meet you where you are.
- You are responsible to complete certain activities to become job ready and to identify employment opportunities that match or assist you to gain skills, licenses or certification. Your assigned CCMEP Case Worker will help determine these activities.
- You are responsible to attend each scheduled appointment or to contact your CCMEP Case Worker before your appointment to reschedule if you are unable to attend your appointment.
- You must be actively participating in CCMEP to get the full benefits of the program and to obtain additional services.
- If you obtain employment, while you are a CCMEP participant, you are required to provide documentation proving your employment. You must submit the employment verification or pay stub as soon as one is available.
- When you complete your WIOA funded certificate, credential or degree program, you must provide a copy of the document showing you completed the program to your CCMEP Case Worker.
- You agree to maintain monthly contact with your CCMEP Case Worker to report your progress. You also must let your case worker know when something changes such as your address, phone number, employment or school status.

SERVICES AVAILABLE UNDER CCMEP:

- Paid and unpaid work experiences
- Career coaching
- Education and career training
- Tutoring
- Preparing for college or work that requires experience, certificate, license or formal credentials
- Supportive services including transportation, childcare, housing, uniforms and work-related tools
- Help with budgeting
- High school equivalency training
- Counseling
- Mentoring
- Leadership development

TRAINING SERVICES UNDER CCMEP:

- Training services and work-based training are possible under CCMEP services.
- No one is entitled to funds for training. There is no guarantee you will be approved for WIOA Scholarship funds.
- To be considered for CCMEP training services, it is your responsibility to complete all required steps in the CCMEP process.
- I understand that I am not, under any circumstances, to start a training program based on the assumption that I will receive funding. I will not start the training program before I have received notification of approval. I also understand that if I begin a training program prior to receiving notification of approval, I am responsible for all training costs.
- WIOA scholarship funds cannot be applied retroactively or as reimbursement for any reason.
- If you intend to apply for WIOA Scholarship funds, it is your responsibility to complete the Free Application for Federal Student Aid (FAFSA) and turn in documentation showing the status of your financial aid eligibility to your CCMEP Case Worker. A FAFSA determination notice needs to be received before WIOA scholarship funds can be applied.
- You may only apply for WIOA Scholarship funding in approved occupations identified as high-growth industries and at WIOA approved training providers.

I have read and understand the above statements and understand that any failure to adhere to them may result in termination of participation in the WIOA Program.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under age 18)

Date