

# Application for WIOA Services



**Delaware County**  
A proud partner of the  
American Job Center network

Last Name:  First Name:  Middle Initial:

Street Address:  City:  State:  Zip Code:

Home Phone:  Cell Phone:  Email:

Date of Birth:  Age:  Social Security Number:

**Gender:**

Male  Female

**Race / Ethnic Group:**

White

Black / African American

Hispanic / Latino

Native American / Alaskan

Asian

Hawaiian / Pacific Islander

Other

**Disability Status:**

Yes - sometimes keeps me from working

Yes - doesn't keep me from working a job

None

**Citizenship:**

US Citizen

Non-Citizen, eligible to work

Other \_\_\_\_\_

**Employment Status:**

Employed

Not employed

Employed and received notice of termination

**Primary Language:**

English  Spanish

French  Other: \_\_\_\_\_

**Selective Service:**

Registered#

Not Registered

Not Applicable

**Educational Status:**

Less than high school  
Highest Grade Completed: \_\_\_\_\_

GED

High School Graduate

Some college (no degree)

Associate's degree

Bachelor's degree

Master's degree

Other license/certification (please explain)

Details: \_\_\_\_\_

**Veteran Status:**

No

Yes, and my dates of service were:

discharge was within last 4 years

receive VA benefits and/or discharged because of service connected disability

I served during a war or campaign/expedition

Yes, spouse of any person who died in active duty or a service connected disability

Yes, spouse of any member of the Armed Forces serving on active duty

Yes, less than 180 days. Discharge or released under conditions other than dishonorable

**Additional Information:** Check all that apply  
\*past and present

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Basic Skills Deficiencies
<input type="checkbox"/> Substance Abuse Issues	<input type="checkbox"/> School Dropout
<input type="checkbox"/> Limited English Language (spoken)	<input type="checkbox"/> Lacks Transportation
<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Justice Involvement	<input type="checkbox"/> Runaway
<input type="checkbox"/> Poor Work History	<input type="checkbox"/> Foster Child
	<input type="checkbox"/> Homelessness

**Unemployment Information:**

Currently receiving unemployment

Not receiving unemployment

Exhausted unemployment

Claimant referred by RESEA

Number of weeks unemployed within the past 26 weeks:

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**Family Status:**

Parent in one parent family  
 Parent in two parent family  
 Other family member  
 Single, no family members  
 in household

# of Dependents:

Total Family Size:

Total Household  
 Income from past  
 30 Days:

**Household Members:**

	Name	Relationship	Monthly Income (all sources child support, alimony, SSI, etc)
1.	Self	Self	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Public Assistance - Please check all received in the past 6 months:**

TANF      SNAP      SSI      Refugee Assistance      Trustee Assistance      PRC      None

**Most Recent Work History:**

Employer Name:

Job Title:

Address:

City:  State:  Zip:

Phone:

Pay Rate:  Hrs/wk:

Start Date:  End Date:

**Reason For Leaving:**

Terminated  
 Quit  
 Terminated but receiving  
 unemployment benefits  
 Laid Off  
 Still Employed

**Personal Benefits Available:**

Yes  
 No

**Covered by Unemployment Ins:**

Yes  
 No

**Classification of Position:**

Full Time      Seasonal  
 Part Time      Volunteer

**CONFLICT OF INTEREST ACKNOWLEDGEMENT: Do you have a business or personal relationship with any Delaware County OMJ Center staff, elected official(s), or any other individual(s) or organization(s) that directly or indirectly manage the Workforce Innovation and Opportunity Act Program?**

NO     YES    Name(s): \_\_\_\_\_

**Acknowledgement:** By signing, I certify that the information I have provided is accurate to the best of my knowledge and that I read through the online orientation at <https://delcoomj.co.delaware.oh.us/wioa/> prior to completing this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information Authorization and Consent for Release of Information:**

I, the undersigned, do hereby authorize any and all persons, firms, and entities of any kind or character to release to OhioMeansJobs Delaware County upon presentation of this authorization, any and all information that such persons, firm or entity may have with regards to me, including, but not limited to, copies of personal files, past history, or present status. This information may be divulged to OhioMeansJobs Delaware County upon written request that accompanies a signed copy of this authorization. Any person, firm, or entity, governmental or otherwise, releasing information hereunder is hereby released from any and all liability of any kind or character because of such release to OhioMeansJobs Delaware County. OhioMeansJobs Delaware County will keep any such record in the strictest of confidence and only for purposes for which OhioMeansJobs Delaware County has been formed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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?**

- **AWIOA 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 received 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)

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opportunity provider and  
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