

Youth Employment Services (Y.E.S.) Eligibility Determination Packet

Under the Federal WIA – No one is eligible for services until the criteria are met; in addition, determination of eligibility does not guarantee services.

Checklist

- Determination of Eligibility
- Income Release Form
- Must provide 6 months of income for all adults living in household
- Signed Grievance Opportunity
- Signed Grievance Form (if under 18 a legal guardian must sign form)
- Youth Objective (3 forms)
- One** of the following must be submitted:

- Signed Social Security Card
- Birth Certificate
- State I.D.
- Driver's License
- School I.D. card with photo I.D.
- Voter Registration
- U.S. Military I.D.

- One** of the following must be submitted:

- B.I.A. – Certificate of Indian Blood
- T.C.C. Tribal Enrollment Card
- Village Tribal Enrollment Card
- (If you need a T.C.C. Tribal Enrollment Card, please contact 1-800-478-6822 ext. 3274.)

These services may include but are not limited to:

Work Experience
Career Exploration

Education Incentives
Conferences & Meetings

Training Opportunities
GED Assistance

Please send, fax or email finished application to:

*Tanana Chiefs Conference
Youth Employment Services
122 First Avenue, Suite 600
Fairbanks, AK 99701
Fax (907) 459-3885
katina.charles@tananachiefs.org*

Tanana Chiefs Conference
Youth Employment Services
Determination of Eligibility

Last Name	First Name	Middle	Social Security Number	Home Phone																		
Mailing Address			Age & Birth date	Email																		
City, State		Zip Code	U.S. Citizen																			
			<input type="checkbox"/> Yes <input type="checkbox"/> No																			
			<input type="checkbox"/> Male <input type="checkbox"/> Female																			
Last Grade Completed _____ Check those which apply: <input type="checkbox"/> High School Drop Out <input type="checkbox"/> G.E.D. Recipient <input type="checkbox"/> High School Graduate <input type="checkbox"/> Student (HS or less) <input type="checkbox"/> Student (Post HS)		Labor Force Status <input type="checkbox"/> In School <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed How long unemployed? _____ months		Does your family receive any of the following? If so, list monthly amounts. <input type="checkbox"/> ATAP(AFDC)\$ _____ Received for how long? _____ months <input type="checkbox"/> Food Stamps \$ _____ <input type="checkbox"/> SSI Survivor's Benefits \$ _____ <input type="checkbox"/> SSI Retirement Benefits \$ _____ <input type="checkbox"/> SSI Disability Benefits \$ _____ <input type="checkbox"/> Unemployment \$ _____ <i>Please provide documentation as proof.</i>																		
Number in household _____. List all family members, including self. If more space is needed, use back of form.			Is the applicant:																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 40%;">Relationship to Applicant</th> <th style="width: 30%;">Age</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			Name	Relationship to Applicant	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Member of a two parent family? <input type="checkbox"/> Member of a one parent family? <input type="checkbox"/> A single parent? <input type="checkbox"/> A parent in a two parent family? <input type="checkbox"/> A foster child? <input type="checkbox"/> Independent? <input type="checkbox"/> Incarcerated parent?	
Name	Relationship to Applicant	Age																				
_____	_____	_____																				
_____	_____	_____																				
_____	_____	_____																				
_____	_____	_____																				
_____	_____	_____																				
Have you registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt If yes: Date registered? _____ Place registered? _____ <i>If you answered no, you must register in order to be eligible to work through this program.</i>		Ethnicity (check all that apply) <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		Individual with a disability <input type="checkbox"/> Yes, barrier to employment <input type="checkbox"/> Yes, not a barrier to employment <input type="checkbox"/> No <i>Documentation must be provided.</i>																		

Has the applicant worked through T.C.C. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Regional Corporation enrolled to: <hr/> Village enrolled to:
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NOTE: The individual you list as a permanent contact should **NOT** live with you, but knows how to contact you if you should move. It is important that this person have a phone.

Permanent contact name: _____

Permanent contact telephone: _____

Contact mailing address: _____

Unemployment Insurance <input type="checkbox"/> Yes, I am collecting <input type="checkbox"/> No, I am not collecting <input type="checkbox"/> Yes, but my benefits are exhausted	Did worker profiling re-employment services (WPRS) Specialist refer you to us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English your primary or first language? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please answer yes or no to the following: Offender <input type="checkbox"/> Yes <input type="checkbox"/> No I am a displaced homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No A runaway <input type="checkbox"/> Yes <input type="checkbox"/> No Lack of work history <input type="checkbox"/> Yes <input type="checkbox"/> No Foster youth/alumni <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant youth or youth parent <input type="checkbox"/> Yes <input type="checkbox"/> No Substance abuser <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you: <input type="checkbox"/> Providing care for a foster child? <input type="checkbox"/> A displaced homemaker? <input type="checkbox"/> Homeless? <input type="checkbox"/> A migrant youth?	Pell Grant Recipient: <input type="checkbox"/> Yes, I am receiving a Pell Grant <input type="checkbox"/> No, my application is pending <input type="checkbox"/> No, I have not applied <input type="checkbox"/> No, I am ineligible <input type="checkbox"/> No, I applied bur was denied Amount: \$ _____ <i>Please provide documentation.</i>
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Veteran status: <input type="checkbox"/> Yes, more than 180 days active <input type="checkbox"/> No <input type="checkbox"/> Yes, but less than 180 days active	Are you a campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military service separation date? <hr/> Month Day Year
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If you are employed or underemployed, please answer the following. (Current or last employer)

Job Title _____
Employer _____
Phone Number _____
Hourly Wage \$ _____ Hours per week _____
Start date _____ End date _____
Reason for leaving _____
Job duties _____

Layoff Status

- Layoff/termination has occurred
- No dislocation job (displaced homemaker)
- Layoff/termination pending

What date were you laid off? _____
Job Title _____
Employer _____
Hourly Wage \$ _____ Hours per week _____
Start Date _____ End date _____
Reason for leaving _____
Job duties _____

I certify to the best of my knowledge that the information in this application is accurate and true. I understand that the information in this application is subject to verification and that falsification of information shall be grounds for removal from the program and may be subject to the prosecution under the law.

I understand that there is an applicant grievance procedure for which I can appeal decisions made with regard to this application.

I certify that I have received a copy of the WIA Grievance Procedure.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____
(If applicant is under 18 years of age)

The following is to be completed if proof of income is not available.

If more than one family member requires this form, please make copies.

If you are receiving Public Assistance, such as: ASAP, APA, Food Stamps, GA/TWEP, etc.

I _____ authorize the Alaska Department of Health and Social Services, Division of Public Assistance, Social Security "budget letter", "benefits letter", or a "proof of award letter", and/or Tanana Chiefs Conference, ASAP Program to release information to Tanana Chiefs Conference, Employment & Training Department, from my public assistance or file records indicating assistance received on behalf of all members of my household from said programs. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department programs.

Signed _____ Date _____ Social Security _____

ATAP

Food Stamps

APA

GA/TWEP

If anyone in the household is an employee of the Tanana Chiefs Conference.

I _____ authorize the Tanana Chiefs Conference, Human Resources Department, to release my payroll information to the Tanana Chiefs Conference, Employment & Training Department. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department.

Employee Signature _____ Date _____ Social Security _____

If income reported is \$0, or proof cannot otherwise be obtained for the previous six months, please have a Tribal Representative certify with signature below.

I certify that to the best of my knowledge, the information provided by all members of this household is accurate.

Signed _____ Title _____

Printed Name _____ Date _____

EQUAL OPPORTUNITY NOTICE

This Attachment contains three documents.

The **Equal Opportunity Is the Law Notice** and the;

Discrimination Is Against the Law posters are to be posted in prominent places in the Grantee's premises where grant related activities are conducted. The posters should be displayed so that it is accessible by all applicants for services under the grant as well as the Grantee's employees and applicants for employment under the grant.

The **Equal Opportunity Is the Law Certification Form** contains the same information as the Notice, but has a certification that an individual has read and understands their equal opportunity rights. This document must be provided to and signed by all applicants for services provided under this grant. The Grantee must maintain copies of the signed forms on file to document compliance with this requirement.

Attachment A and Attachment D, Article 14, of this Grant Agreement contain additional equal opportunity requirements.

NOTICE

Equal Opportunity Is the Law

It is against the law for this recipient 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, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financial assistance program or activity.

The recipient must not discriminate in any of the following areas.

- Deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to such a program, or activity, or,
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The state Department of Labor and Workforce Development Equal Opportunity Officer:

- Louise Dean, at 1016 West 6th Avenue, Suite 105, Anchorage, Alaska 99501-1963, or at telephone (907) 269-7487, or e-mail to louise.dean@alaska.gov.

or,

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

If you file your complaint with the state officer, you must wait either until the state officer issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the state officer does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the state officer to issue that Notice of Final Action before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the state officer). If the state officer does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**This is an equal opportunity employer/program.
Auxiliary aides and services are available upon request to individuals with disabilities.**

DISCRIMINATION IS AGAINST THE LAW!

Federal laws protect you, and other people, from discrimination by some or all of the programs of the business, organization, or office where you are reading this poster. The Civil Rights Center (known as "CRC"), in the U.S. Department of Labor, is in charge of overseeing many of these laws. It does not matter if you are a customer wanting or needing services; an employee of the business, organization, or office; a person applying for a

job; or a member of the general public. If you have contact with a program that is covered by one of the laws, the program cannot discriminate against you. CRC has designed this poster to explain what your rights are, and where you can file a complaint if you believe the law has been violated.

These types of discrimination are against the law

A program that is covered by one of the laws mentioned at the top of this poster is not allowed to discriminate on any of the following bases (types of discrimination):

For customers, applicants, employees, and the general public:

race • color • national origin • religion

sex • age • disability • political affiliation or belief

For customers only:

citizenship or status to work legally in the US
being part of any program that gets a specific type of "financial assistance" from the Federal government under a specific law (the Workforce Investment Act).

How can I file a discrimination complaint?

If you think:

a program of this business, organization, or office has discriminated against you, or against any specific group of people, and the type of discrimination you think happened is on the list you will find elsewhere on this poster, then you have the right to file a discrimination complaint.

Is there a time limit for filing a complaint? Yes. You must file a discrimination complaint within 180 days of the day on which the discrimination took place. The only person who can let you file your complaint late is the Director of the Civil Rights Center (CRC), in Washington, DC. If you want to file a complaint more than 180 days after the discrimination, you must write to the CRC Director, explain why you should be allowed to file your complaint late, and ask for permission. Look for the address for CRC on this poster.

What should the complaint include?

The complaint must be filed in writing. It should include this information:

Your name

Your address

Your signature

The name and address of the program, business, organization, or office you think discriminated against you or against a specific group of people.

The date when you think the discrimination took place.

The types of discrimination you think are involved in the case (for example, race, sex, disability, age).

The names of any people who were involved in the discrimination, including any witnesses.

You must also explain what happened, and why you think discrimination took place.

Do I have to file the complaint myself? You may file the complaint through a "representative." Your representative may be a lawyer, a family member, a social worker, a union steward, or anyone else you choose to file the complaint for you. If a representative files your complaint for you, these three things must be on the complaint.

First, your representative's name must be on the complaint.

Second, the complaint must say that your representative is filing the complaint for you.

Third, you must personally sign the complaint.

Where may I file a complaint? You can choose one of two possible places to file your complaint.

The state or local level. If you would like to file your complaint at the state or local level, here is the contact information for the correct office:

Alaska Department of Labor and Workforce Development Equal Opportunity Officer
1018 West 6th Avenue, Suite 105, Anchorage, Alaska 99501-1983,
Phone (907) 268-7487
E-mail: louise.deen@alaska.gov.

The Federal government's Civil Rights Center. If you would like to file your complaint with the Civil Rights Center, please send it to this address:

U.S. DEPARTMENT OF LABOR CIVIL RIGHTS CENTER
200 CONSTITUTION AVE. NW ROOM N4123
WASHINGTON, DC 20210

If you have any questions, you may contact CRC by phone or e-mail:

Phone: (202) 593-6500 TTY/TDD: (202) 693-8516

Email: CivilRightsCenter@dol.gov

Or check CRC's website: <http://www.dol.gov/easam/programs/crc>

CRC's business hours are 9 am to 5 pm, Eastern Time.

Do I need to use a special form to file the complaint?

If you file your complaint with CRC, you do not have to use a special form at first. You just need to make sure to send us all of the information on the list in the "What should the complaint include?" section of this poster. But if you do not use our complaint form, we will ask you to fill out a copy of the form before we begin working on your complaint.

If you would like to file your complaint at the State or local level, you also do not need to use a special form at first. But the office where you file your complaint may also ask you to fill out one or more forms before its staff begins working on your complaint. Please use the contact information above to check with that office.

Where can I get a copy of CRC's complaint form?

Are you able to use the Internet to print forms? If yes, CRC's website has

copies of the complaint form, in either English or Spanish.

This is the Web address for the form in English:

[http://www.dol.gov/easam/programs/crc/CFEng\(W4\)08.doc](http://www.dol.gov/easam/programs/crc/CFEng(W4)08.doc)

This is the Web address for the form in Spanish:

[http://www.dol.gov/easam/programs/crc/CF\(Span\)08.doc](http://www.dol.gov/easam/programs/crc/CF(Span)08.doc)

If you are not able to use the Internet to print forms, you may get a copy of CRC's complaint form in one of these ways:

You may write to CRC to ask for a copy of the form. Look for CRC's mailing address on this poster.

The business, organization, or office where you are reading this poster should be able to give you a copy of the form.

KNOW YOUR RIGHTS

CERTIFICATION FORM

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The recipient must not discriminate in any of the following areas.

- Deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity;
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- Louise Dean, at 1016 West 6th Avenue, Suite 105, Anchorage, Alaska 99501-1963, or at telephone (907) 269-7487, or e-mail to louise.dean@alaska.gov.

or,

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

If you file your complaint with the state officer, you must wait either until the state officer issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the state officer does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the state officer to issue that Notice of Final Action before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the state officer). If the state officer does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I hereby certify that I have read and understand the content of this document.

APPLICANT/EMPLOYEE SIGNATURE

DATE

This is an equal opportunity employer/program.
Auxiliary aides and services are available upon request to individuals with disabilities.

Name
ARRA SYEP File 9-17...
Original Agreement

Attachment E
Page 3 of 4

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What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with:

One of the statewide equal opportunity officers:

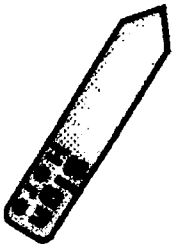
- Tom Hall, P. O. Box 25509, Juneau, AK 99802-5509; (907)465-5956 (voice/TDD)
- Roger Foisy, 1016 W. 6th Avenue, Suite 205, Anchorage, AK 99501 (907)-289-4647, or
- The Director, Civil Rights Center (CRC), U. S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, DC 20210.

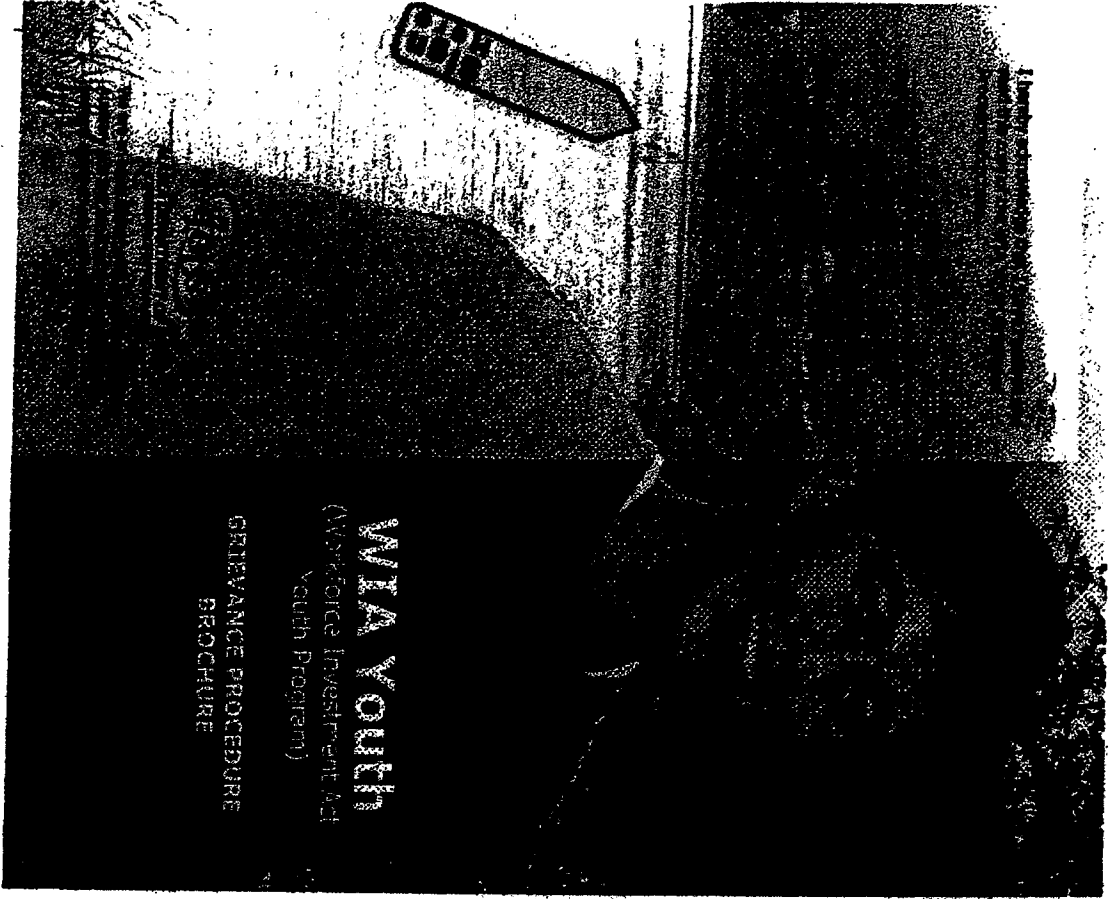
If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice of Final Action before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I hereby certify that I have read and understand the content of this document.

Signature _____

Date _____





WIA Youth (Workforce Investment Act Youth Program)

GRIEVANCE PROCEDURE PROCEDURE

Participants under the Workforce Investment Act, Employment Security Division (ESD) Youth programs may file a grievance if they feel that their assessment and/or eligibility for services has been determined in error or if they have been unfairly discriminated against.

Confidentiality. Program staff must protect the confidentiality of grievants to the maximum extent possible. When consent has been provided for the release of the grievant's identity, program staff must ensure that such disclosure is made under conditions that promote the continued receipt of confidential information.

Types of Grievances. Grievants may seek redress for other youth program or discrimination grievances.

- Youth Program grievances pertain to whether ESD staff applied the law, regulations, and professional protocol appropriately while making program decisions. A grievant may appeal a program decision if they feel they have a valid grievance and/or feel that their assessment and/or eligibility for services has been determined in error.
- Discrimination grievances concern whether ESD staff made decisions on a prohibited basis. Any person who believes that he or she, or any specific class of individuals, has been, or is being, subjected to discrimination prohibited under law and/or through participation in a Division of Business Partnerships (DBP) awarded assisted program has the option of using the procedure outlined further below.

Program grievances may be filed through ESD and DBP staff whereas discrimination grievances may also be filed with State and Federal agencies.

Statute of Limitation. The following time limitations apply to the appeal process:

- Grievances must be filed within one year of the occurrence of the problem.

- If the grievance concerns discrimination under WIA, it must be filed within 180 days of the occurrence. Only the Director of the Civil Rights Center, U.S. Department of Labor (USDOL) may extend the filing time.

Equal Opportunity. Accommodation shall be made for individuals with limited English speaking, writing or reading ability, hearing impairment, or other disability, which restricts the normal processing of an alleged program or discrimination grievance.

Precedent. The grievant may initiate informal or formal resolution with the Division of Business Partnerships (DBP) Director, however:

- The DBP Director may refer the grievance to the ESD Youth Program grievance officer for informal resolution prior to processing.

- Grievants initially filed with the DBP Director may not later be filed with ESD.
- If a formal grievance is submitted initially to the DBP Director the date may extend the period in which the Division of Commissioner issues a decision by a total of 10 days.
- ESD must copy the DBP Director on formal grievances filed.

Withdrawal of Grievance. The grievant has the right to withdraw the grievance, in writing, at any time.

PROCEDURE

- Informal Resolution.** Grievants may pursue informal resolution of program grievance(s) at any time. Program staff should:
- Attempt to resolve grievance(s) informally;
 - Arrange to meet with the grievant and other interested parties;
 - Accertain facts with all service providers prior to meeting;
 - Reach a file and brief report regarding facts, issues discussed, and outcome; and
 - Close the case if the grievant, program staff, and other interested parties reach a mutually satisfactory resolution.

Formal Resolution. Grievants may file formal grievance(s) with the ESD Youth Program grievance officer or the Division of Business Partnerships Director and may request a hearing as a final resolution.

Formal program grievance must be in writing and include:

- The grievant's full name, address, phone number, and/or other means of contacting grievant;
- The full name and address of the individual or entity that the grievant alleges is responsible for his or her grievance;
- The grievant's job title (if applicable) and the program of registration;
- If an applicant, the name of the DBP program; a clean and concise statement of the facts, including pertinent dates constituting the alleged violation;
- Copies of pertinent correspondence, if any;
- The remedy the grievant seeks;
- Signature and date of grievant or authorized representative and submission via certified mail, return receipt requested to:
Alaska Department of Labor and
Workforce Development
Commissiioners Office
PO Box 111149
Juneau, AK 99811-1149
(907) 465-2712

Local Resolution – ESD Youth Program Grievance Officer. The grievant or authorized representative may submit a formal grievance to the Employment Security Division, Youth Program grievance officer, who must conduct an investigation and render a written decision within 10 days of the receipt of the grievance. The ESD Youth Program grievance officer must advise the grievant of further appeal rights.

State Resolution-Division Director. The Division of Business Partnerships must receive the appeal within 10 days of the receipt of the decision from the ESD Youth Program grievance officer, or within 10 days of the date on which

the grievant should have received a decision. Grievants must submit requests via certified mail, return receipt requested to:

Alaska Department of Labor and
Workforce Development
Division of Business Partnerships
PO Box 115509
Juneau, AK 99811-5509
(907) 465-5937

The DBP Director will issue a decision within 10 days of the receipt of request for review and advise the grievant of further appeal rights.

State Resolution – Commissioner. The grievant has the right to appeal to the Alaska Department of Labor and Workforce Development Commissioner if the DBP Director fails to render a decision within the allotted time or if the grievance is not resolved to the grievant's satisfaction.

The state must receive the appeal within 10 days of the receipt of the decision from the DBP Director, or within 10 days of the date on which the grievant should have received a decision.

Grievant must submit requests via certified mail, return receipt requested to:

Alaska Department of Labor and
Workforce Development
Commissioners Office
PO Box 111149
Juneau, AK 99811-1149
(907) 465-2712

The Commissioner will issue a decision within five days of the receipt of request for review and advise the grievant of further appeal rights.

Hearing. The grievant has the right to appeal the state's decision by requesting a hearing. The grievant must contact the DBP Director and schedule a hearing within 10 days of the Commissioner's decision. The DBP Director will provide notice of the hearing date via certified express mail, return receipt requested. The

grievant has the following rights with respect to the hearing process:

- Representation at the hearing by counsel or other authorized agent(s);
 - Presentation and questioning of witnesses and other parties;
 - Waiver or postponement of a scheduled hearing in order to pursue informal resolution;
 - A request, with good cause, to reschedule the hearing;
 - Use of telephone or teleconference to conduct the hearing if it is impractical for all parties to appear at the same place;
 - The hearing will be held within 55 days of the receipt of the grievance, and
 - A Hearing Officer will be appointed to conduct the hearing.
- The grievant is responsible for the cost of his representation. A written decision will be rendered within five days of the date of the hearing; the decision will be final.

GRIEVANCES OF ALLEGED DISCRIMINATION

Grievants alleging discrimination may appeal through the DBP Equal Employment Opportunity Officer prior to filing through the Federal agencies.

Departmental. Grievants may submit requests to the DBP Equal Opportunity Officer via certified mail, return receipt requested to:

Equal Opportunity Office
Employment Security Division
Leland Davis, State EO Officer
101E W 6th Ave, Ste 105
Anchorage, AK 99501-1963
(907) 265-7487

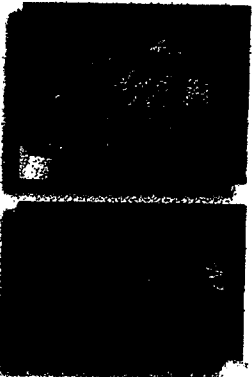
If this option is elected the grievant must wait until a decision is issued or 60 days, whichever is sooner, before filing with the Civil Rights Center (CRC).

Notice of Final Action: A written Notice of Final Action will be provided to the grievant within thirty (30) calendar days of the date the grievance was filed. It will contain:

- A statement regarding the disposition of each issue raised in the grievance and the reason for the determination;
- Description of the way the parties resolved the issue(s). If the grievance was resolved by mediation, a copy of the agreement will be attached to the Notice of Final Action;
- Notice that the grievant has the right to file a grievance with CRC within thirty calendar days after the date the Notice of Final Action is issued, if s/he is dissatisfied with the final action on the grievance;
- If the grievant is dissatisfied with the state's resolution of the grievance, or if the grievant does not receive the Notice of Final Action within 90 days of the receipt of the grievance, a grievance may be filed with the CRC.

Federal: If the grievance concerns alleged discrimination in a U.S. Department of Labor (USDOL) funded program on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or discrimination on the basis of either citizenship or status as a lawfully admitted immigrant authorized to work in the United States, it may be processed directly through the USDOL Civil Rights Center (CRC). Discrimination grievances may be filed with the Director of CRC at:

U.S. Department of Labor
Director, Civil Rights Center
200 Constitution Ave. NW, Room 44123
Washington, DC 20210
(866) 4-USA-0068



Name _____ Email _____

Youth Objective Assessment Form

Employability

1. Has picture identification? Yes No _____
2. Has Social Security card? Yes No _____
3. Has other identifying document? Please specify. _____
4. Has employment experience? Yes No _____
5. Has volunteer experience? Yes No _____
6. Has a resume? Yes No _____
7. Has filled out applications before? Yes No _____
8. Has registered with ALEXsys? Yes No _____
9. Knows what ALEXsys is? Yes No _____
10. Has applied for jobs online? Yes No _____
11. Has used the internet for job searching? Yes No _____
12. Has used the newspaper for job searching? Yes No _____
13. Has been interviewed for a job before? Yes No _____
14. Has made follow up phone calls before? Yes No _____
15. Has been fired from a job before? Yes No

If yes, please explain: _____

16. Has quit a job before? Yes No

If yes, please explain: _____

17. Has a criminal record that would preclude certain employment? Yes No

18. Has a career goal? Yes No

If yes, please explain. _____

Name _____ Email _____

19. Has completed a career assessment? Yes No

If yes, please explain. _____

20. Will you need specific certifications and/or training to achieve your career goals? Yes No

If yes, please explain. _____

21. Will you need a work permit? Yes No _____

Name _____ Email _____

Education

- 1. Current high school student? Yes No
- 2. Current grade ? _____ Current school? _____
- 3. Has dropped out? Yes No _____
- 4. Has acquired the GED? Yes No _____
- 5. Is currently enrolled in the GED program? Yes No _____
- 6. Has a current TABE? Yes No

TABE grade equivalent

- a. Reading _____
- b. Applied Math _____
- c. Combined Math _____

- 7. Has certification, licenses, and credentials? Yes No _____
- 8. Has educational goals? Yes No _____
- 9. Has been suspended or expelled from school? Yes No

If yes, please explain. _____