



HIGH SCHOOL EQUIVALENCY

16-24



“IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical you understand the information in this document and we will provide the information in your preferred language at no cost to you. Call 815-942-0566 for assistance in the translation and the understanding of information in this document.”

Membership Application

Name _____

Address _____

Date of Birth _____

City/Zip _____

Social Security Number _____

Primary Phone _____

E-mail _____ High School Status Graduated GED Attending*

*If currently attending high school, list high school: _____

*Anticipated graduation date: _____

*Are you receiving free or reduced lunch? Yes No (if yes, must provide proof)

Do you have an account on Facebook

Current Employment Status: Full time Part time Unemployed Never Worked

If employed, list hours per week and wage: _____

Family Status: List the names and ages of those in your household that are related to you by blood or marriage, including children:

Full Name of Family Member	Relationship to You	Age	Estimated Income (Last 6 months)

Other forms of financial assistance received by family in the past 6 months: Check all that apply.

Cash for odd jobs Social Security
 Unemployment Food Stamp ** For any person in home.

Other characteristics (check all that apply; you will need documentation)

Pregnant/Parenting High School Dropout; last grade completed: _____
 Individual with disability Runaway Homeless
 Foster Child Juvenile or adult justice system
 Other Assistance Needed to Gain Employment. Specify: _____

The information above correct to the best of my knowledge and there has been no attempt to commit fraud.

Member Signature

Date

Parent Signature (if under 18)

Date

Coordinator Signature

Date

DOCUMENTS OF SUPPORT

The following documents are required of ALL participants of the Workforce Innovation Opportunity Act. The checklist will help you organize your documentation.

- | | |
|--|---|
| <p>1. Citizenship (choose one)</p> <ul style="list-style-type: none"><input type="checkbox"/> Birth Certificate<input type="checkbox"/> Passport<input type="checkbox"/> DD214 (if place of birth is listed)<input type="checkbox"/> Alien Registration Card<input type="checkbox"/> Immigration/Naturalization Paper <p>2. Current Residence (choose one)</p> <ul style="list-style-type: none"><input type="checkbox"/> Driver's License<input type="checkbox"/> Voter Registration Card<input type="checkbox"/> Utility Bill<input type="checkbox"/> Postmarked Envelope | <p>3. Social Security Number</p> <ul style="list-style-type: none"><input type="checkbox"/> Social Security Card <p>4. Proof of Education (all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> High School Diploma or Transcripts<input type="checkbox"/> Proof of GED <p>5. Must have registered for Selective Service</p> <p>www.sss.gov (for male clients only)</p> |
|--|---|

Must have a photo ID

If you selected one of the following barriers on the previous page, income eligibility documentation is not needed, but you must still provide documentation for the barrier.

Pregnant or parenting*

High-school dropout*

Individual with disability*

Juvenile or adult justice system*

Homeless*

Runaway*

Foster Child*

Income Eligibility Documentation:

- SNAP Card (Food stamps)

OR

- Current check stubs
- Birth certificates for all family members to prove family size
- Current income for all family (Paystubs, SSI, etc.)

***All documentation must be provided before an application can be completed.
The coordinator may require additional information if the above is not sufficient.*

Collateral Contacts

Please provide contact information for 2 individuals who do not live at your residence, that you maintain frequent contact with (family members are preferred).

Name _____ Relationship: _____

Address: _____

Phone Number _____

Name _____ Relationship: _____

Address: _____

Phone Number _____

Work History

Employer: _____

Employer's Address: _____

Starting Date: _____ Ending Date: _____ Wage: _____

Duties: _____

Reason for leaving: _____

Employer: _____

Employer's Address: _____

Starting Date: _____ Ending Date: _____ Wage: _____

Duties: _____

Reason for leaving: _____

Release of Information

Name: _____

Social Security # _____

In an effort to coordinate and customize my services, I _____, give my permission to Grundy Workforce Services to obtain or release, and/or discuss the following information from/to/with other training and service providers, including employers, with whom I may be involved.

- Participation and Progress
- Testing and Assessment
- Qualifications for Employment
- Verification of Employment and Gross Earnings
- Disability Services
- Post-termination Follow-up
- Other (specify)

Those providers may include, but are not limited to, Illinois Department of Human Services, Illinois Department of Employment Security, Office of Rehabilitation Services, local education providers/schools, (including adult education providers), and potential/current employers as part of job development and/or retention done on my behalf.

I attest that this authorization is given freely. Furthermore, I have not waived my rights to privacy nor the right to revoke this authorization at any time in writing, but that revoking it will not cancel what was already done. I understand that I have the right to inspect and copy any information to be disclosed.

This release of information is valid for as long as I am receiving services funded by the Workforce Innovation Opportunity Act.

Participant Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable/client is under 18 years of age)

Coordinator Signature: _____ Date: _____

Drug Free Policy

Purpose and Goal

The Grundy Livingston Kankakee Workforce Board is committed to protecting the safety, health and well being of all employees, contracted providers and their employees, clients, and other individuals in our workplace and in our programs. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free program that balances our respect for individuals with the need to maintain a drug-free environment. This organization encourages clients to voluntarily seek help with drug and alcohol problems.

Covered Clients

Any individual who is enrolled in services and receiving funding from the organization under Title 1 of the Workforce Innovation Opportunity Act or any other funding the Workforce Board is administering is covered by this drug-free policy.

Each enrolled client, as a condition of continued funding, may be required to participate in for cause testing upon selection or request of their career specialist/case manager, or based on enrollment in training programs that require initial testing or testing prior to licensing.

Drug Testing

Testing will be conducted at a locally recognized facility of the provider's choice. All drug-testing information will be maintained in confidential records.

Consequences

Any client who tests positive will be immediately referred to a substance abuse professional for assessment and recommendations. Career specialists/case managers may refer clients to any appropriate, locally accessible substance abuse counseling facility. Referrals must be documented in the client's case file. WIOA funds may not be expended on direct counseling, but may be used for follow-up testing. Clients who have been referred to a substance abuse counseling facility may be subject to ongoing, unannounced, follow-up testing for a period of three years or exit from the program, whichever comes first.

Clients will be exited from the program immediately if he/she tests positive a second time.

A client will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in any way.

Assistance

Grundy Livingston Kankakee Workforce Board recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our clients, our drug-free policy:

- Encourages clients and employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages clients and employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Ensures the availability of a current list of qualified community professionals.

Communication

Communicating our drug-free policy to clients is critical to our success. To ensure all clients are aware of their role in supporting our drug-free program:

- All clients will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new clients.
- All clients will acknowledge that they have received, read and understand this policy by signing the policy.

Name

Date