



# YouthBuild Application

Date		Social Security Number	Date of Birth
Name (First, Middle, Last)			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		Mailing Address	Primary Phone
City, State, Zip Code		City, State, Zip Code	Secondary Phone
County of Residence		Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <small>If under 18 or female</small>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>
Emergency Contact Name/Relationship:		Address:	Phone:
Race:			
Native American/Alaskan Native <input type="checkbox"/>		Asian <input type="checkbox"/> African American <input type="checkbox"/>	Hawaiian Native/ Pacific Islander <input type="checkbox"/>
Caucasian (White) <input type="checkbox"/>		Hispanic/Latino <input type="checkbox"/>	Other _____ <input type="checkbox"/>
United States Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		If No: INS Alien Document Number Expiration Date:	If No, is Applicant eligible for Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa #: _____
Is English the Applicant's First Language: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List::		Place of Birth: _____ City, State, Country	If Native American: Tribe _____ Does Applicant have CDIB Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual with a Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		Information regarding Disability:	Does Applicant have a current Department of Rehabilitation Services Case? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does Applicant need supported employment services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does Applicant Require any Adaptive Equipment to assist with Employment or Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:
Felony Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		Misdemeanor Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	Drivers License State Issued _____ DL # _____ Expiration Date _____
Number of People in Household	Is Applicant a Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Single Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Is Applicant Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Applicant Dependents
<b>Custody Status of Applicant</b>			
<input type="checkbox"/> Bio-Parents <input type="checkbox"/> Bio-Mother <input type="checkbox"/> Bio-Father <input type="checkbox"/> Legal Adult (18 & ↑)		<input type="checkbox"/> Grandparent/Grandparents <input type="checkbox"/> DHS Custody/ Foster Care <input type="checkbox"/> Juvenile Probation Services <input type="checkbox"/> Legal Guardian other than Bio.	
		<input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Protective Services	

Please List ALL Members in Your Household			
Name	Relationship	Age	
1			
2			
3			
4			
5			
6			
Medicaid Participant Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Assistance	DHS Caseworker	
Housing Status Rent <input type="checkbox"/> \$ _____ Own <input type="checkbox"/> Other <input type="checkbox"/>	Has Applicant Ever Been Enrolled in Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Needs (check all that apply)</b>		<b>Barriers (check all that apply)</b>	
<input type="checkbox"/> Educational Counseling <input type="checkbox"/> Alternative School Services <input type="checkbox"/> High School Proficiency Tutoring <input type="checkbox"/> Jr. High School Proficiency Tutoring <input type="checkbox"/> Adult Education and Literacy Activities <input type="checkbox"/> Needs Work Experience <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Family Counseling <input type="checkbox"/> Mental Health Counseling		<input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> On the Job Training <input type="checkbox"/> Skill Upgrade/Retraining <input type="checkbox"/> Summer Employment Opportunities <input type="checkbox"/> Internship <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Leadership Development <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Alcohol & Drug Counseling	
		<input type="checkbox"/> TANF Exhustee <input type="checkbox"/> Pregnant <input type="checkbox"/> Parenting Teen <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> One or more of applicants parents received welfare assistance <input type="checkbox"/> Learning Disability <input type="checkbox"/> Poor Work History	
		<input type="checkbox"/> Foster Youth Year _____ State _____ <input type="checkbox"/> Gang Affiliation <input type="checkbox"/> Transportation Issues <input type="checkbox"/> At Risk of Dropping out of School <input type="checkbox"/> HS Grad with Difficulty Completing an Educational Program <input type="checkbox"/> HS Grad with Difficulty Obtaining Employment <input type="checkbox"/> One or more parents are incarcerated	
Name of School Attending or Last Enrolled In	Last Grade Completed	School Drop Out Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for Drop Out:			
High School Graduate/GED Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Employment Difficulties Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Graduate with Basic Skills Deficit Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Veterans</b>			
Branch of Service _____ Service from _____ to _____	<input type="checkbox"/> Veteran Status: <=180 <input type="checkbox"/> Veteran Status: > 180 <input type="checkbox"/> Recent Separation <input type="checkbox"/> Campaign Veteran	<input type="checkbox"/> Vietnam-era <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled	
<b>Veteran Spouse Information</b>		Yes	No
Spouse of any person who died on active military duty or of a military service-connected disability			
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability			
Spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability			
Spouse of any member of the Armed Forces serving on active duty who at this time of this registration is in any one or more of the following categories:			
Missing in Action			
Captured in the line of duty by a hostile force:			
Forcibly detained or interned in the line of duty by a foreign government or power			

Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		Does Applicant have any previous Work History? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has Applicant Worked in a Subsidized Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Weeks Not employed _____			UI Claimant Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work History-For Last 2 years					
Dates Worked (Month/Date/Year)		Company		Job Title	
<i>to</i>		Supervisor		Hours Worked Per Week	
Address		Phone Number		Wage/Salary	
City, State, Zip Code		Duties			
Reason for Leaving					
Dates Worked (Month/Date/Year)		Company		Job Title	
<i>to</i>		Supervisor		Hours Worked Per Week	
Address		Phone Number		Wage/Salary	
City, State, Zip Code		Duties			
Reason for Leaving					
Dates Worked (Month/Date/Year)		Company		Job Title	
<i>to</i>		Supervisor		Hours Worked Per Week	
Address		Phone Number		Wage/Salary	
City, State, Zip Code		Duties			
Reason for Leaving					
Dates Worked (Month/Date/Year)		Company		Job Title	
<i>to</i>		Supervisor		Hours Worked Per Week	
Address		Phone Number		Wage/Salary	
City, State, Zip Code		Duties			
Reason for Leaving					
List any Certifications, Special Skills or Areas of Interest					

Referred By



**ACKNOWLEDGEMENT OF UNDERSTANDING  
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

In compliance with the Family Educational Rights and Privacy Act (FERPA) CDSA YouthBuild is responsible for the security and maintenance of customer records and educational records and for monitoring release of information related to those records. YouthBuild programs operated by the Community Development Support Association and partner agencies and organizations listed below are responsible for the direct and indirect provision of services as set for in YOUTHBUILD. Staff from some or all of the agencies may need to access Applicant records and student records to ensure the highest quality delivery of services to the individual customer. The agencies that may be involved in the delivery of services to you, the customer, are:

- |                                   |  |
|-----------------------------------|--|
| CDSA, Inc. Staff                  | Native American Program Grantee(s)                     |
| School officials                  | Department of Vocational Rehabilitative Services       |
| GED/ABE Literacy Programs         | Court officials  |
| HUD                               | Employers (past, present, future)                      |
| Department of Human Services      | Juvenile Services                                      |
| WIA Title I Program Staff         | Youth and Family Services of North Central Oklahoma    |
| Welfare-to-Work                   | Social Security officials                              |
| Unemployment Insurance            | Alcohol/Drug Rehabilitation Agency officials           |
| Child Support Enforcement         | Shelter officials                                      |
| Child Welfare                     | Medical professionals                                  |
| TAA and NAFTA                     | Vocational Technical school                            |
| Job Corps                         | YWCA Domestic Violence Center                          |
| Police Departments                | Others as deemed appropriate for each Applicants needs |
| Selective Service officials       |  |
| Veterans Administration officials |  |

I agree that the CDSA YouthBuild may release any information furnished by me and requested by prospective employers, educational institutions or social service agencies.

I also agree that the CDSA YouthBuild staff may obtain confidential information regarding services provided to me by other educational institutions or social service agencies.

I further authorize the release of employment and income information by any employer to the CDSA YouthBuild.

I understand services I may be provided are dependant upon continued funding and in the instance the CDSA YouthBuild should fail to receive funding for YOUTHBUILD programs all services and agreements will be null and void.

I understand that this authorization will be continuing until it is revoked in writing and such revocation is delivered to the CDSA YouthBuild office. I have read and understood the above information and will, under penalty of law, comply with all rules, regulations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# EQUAL OPPORTUNITY STATEMENT

## EQUAL OPPORTUNITY IS THE LAW

26 CFR Sec. 37-30

**It is against the law for a recipient of federal financial assistance to discriminate on the following basis:**

- ↔ 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-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 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 recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); 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 (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

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 before filing a complaint with 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 in your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Assurance Statement**

As a condition to the award of financial assistance from the Department Labor, under Title I of WIA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- ↔ Title VI of the Civil Rights Act of 1964
- ↔ Section 504 of the Rehabilitation Act of 1973
- ↔ The Age Discrimination Act of 1975
- ↔ Title IX of the Education Amendments of 1972

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature if Under 18

\_\_\_\_\_  
Date

## GRIEVANCE POLICY

**What is a Participant Grievance?** An expression of dissatisfaction relating to any service provided by the Community Development Support Association, to include violation of civil rights, type of therapy or other conditions.

It is the policy of the agency to ensure that Participants receive fair and equitable treatment through provision of an easily accessible procedure for expression and reconciling grievances and that Participants feel free to use the procedure without fear of criticism or action being taken against them. Community Development Support Association will not discriminate against persons regardless of race, color, religion, sex national origin, or political affiliation in the process of recruiting, appointing, promoting, demoting, evaluating, compensating, or removing Participants.

This policy has application to all services provided by Community Development Support Association.

All time limits listed are business days.

Grievance hearings are to be scheduled at mutually convenient times.

New grievance issues not raised by Step I may not be raised by either party at Step II.

All persons involved must treat all grievances with the utmost confidentiality.

A written summary of the complaint and facts and information accumulated should be made by the staff person and the Executive Director at each step and forwarded to the Board of Directors, with copies of grievance appeals and responses.

### Procedures

A. *Informal Grievance*-Every reasonable effort should be made by the staff person and Participant to resolve any questions, problems and misunderstandings that may arise.

Accordingly, staff persons should immediately discuss any complaints or questions they may have with their immediate supervisor and are urged to initiate such discussions at the time the Participant expresses dissatisfaction or questions arise.

The Executive Director and Supervisors, in turn, should take positive and prompt action to answer Participant's question and resolve complaints presented.

These informal grievances must be in writing.

The applicant or the representative of the applicant shall have access to records relevant to the appeal process.

B. *Step I-Formal Grievance*-If a Participant's problem has not been resolved after discussing the concern with the staff person, a grievance may be initiated with the Executive Director at Step I. These grievances must be in writing. To be accepted for consideration, a grievance must be initiated within ten (10) days following the date when the incident arose.

The Executive Director arranges a meeting with the Participant and the staff person to discuss the complaint develops all the available facts and information relevant to the grievance and issues a decision within ten (10) days after receiving grievance. In cases where oral responses have been given the Participant, a memorandum summarizing the response should be prepared and forwarded to the aggrieved party.

C. *Step II-Appeals*-If satisfactory resolution of the grievance is not reached at Step I, the Participant may request that the grievance be appealed to the Board of Directors within seven (7) days after receiving the Step I decision; the grievance is considered settled on the basis of the Step I decision if such request is not presented. Upon receiving the grievance, in writing, the Board of Directors shall meet with the client at the next regularly scheduled board meeting after received the grievance to hear the client's viewpoint. The Board of Directors written decision is presented to the aggrieved employee within five (5) days following the meeting, with copies to the Executive Director. This appeal, when presented to the Board of Directors, will be the final authority.

### Board of Directors

With respect to the grievance appeals, a quorum of Board of Directors shall suffice. The Executive Director and other ex-officio members of the Board of Directors shall vacate their seats during discussion of the grievance matters.

Representation

Only the client, their personal representative, and person designated by the Board may attend the Grievance Hearings.

If any client fails to follow the grievance procedure, he or she will be directed by the Executive Director and/or Board of Directors to review the grievance procedure and to follow the procedure as written.

You will be provided a copy of this document for reference should the need arise. A second copy will be placed in your participant file folder.

This is to certify that I have read and understand my rights regarding grievances.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature if Under 18

\_\_\_\_\_  
Date