



YouthBuild

YouthBuild is a national community program for disadvantaged youth funded by the Department of Labor. The CDSA YouthBuild program offers innovative learning opportunities in the areas of basic skills education, construction training, leadership development, life skills training, community service, work readiness and post-secondary education. Young people work to complete their high school education, build affordable housing for low-income families in our community and gain important job skills to prepare for the world of work. To be eligible for CDSA YouthBuild:

You must:

- Be between 17 1/2 and 24 years old
- Have registered for Selective Service if applicable
- Be eligible to work in the United States

AND be committed to making a positive change in your life

Please **complete all the information in the application** and don't forget all of the signatures requested. Return the application to CDSA for consideration. You may hand deliver or mail the application to:

CDSA YouthBuild
114 S. Independence
Enid, OK 73701

For additional information or questions, please call **(580) 242-6131**.

Staff will be screening the applications for the best candidates. You will be notified of the status of your application in the weeks to come. We will choose 28 students and 4 alternates.

CDSA YOUTHBUILD is an Equal Opportunity Employer/Service Provider
Auxiliary aids available upon request for individuals with disabilities



YouthBuild Application

Date	Social Security Number	Date of Birth	
Name (First, Middle, Last)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Street Address	Primary Phone		
City, State, Zip Code	Secondary Phone		
County of Residence	Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Select N/A if under 18 or female</i>	Marriage Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>	
<u>Emergency Contact</u> Name/Relationship:	Address:	Phone:	
Race <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian Native/ <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____			
United States Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody Status of Applicant: <input type="checkbox"/> Bio-Parents <input type="checkbox"/> Bio-Mother <input type="checkbox"/> Bio-Father <input type="checkbox"/> Legal Adult (18 ↑) <input type="checkbox"/> Emancipated Minor <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.		
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 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 _____	
Migrant Worker		Yes	No
Worked at least 25 days in agriculture or in a food processing plant during the past year?			
More than one-half of past year's income earned by working in agriculture			
Worked for more than one agricultural employer			
Able to return home everyday you worked in agriculture			
Full-time student who traveled with a group, other than family, to work in agriculture			



Please List ALL Members in Your Household		
Name	Relationship	Age
1		
2		
3		
4		
5		
6		
Sooner Care/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"/>
Needs (check all that apply)		
<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> Alcohol & Drug Counseling	
<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Housing	
Barriers (check all that apply)		
<input type="checkbox"/> TANF Recipient	<input type="checkbox"/> Currently or previously in Foster Care Year _____ State _____	
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Gang Affiliation	
<input type="checkbox"/> Parenting Teen	<input type="checkbox"/> Youth currently in school referred by local secondary school	
<input type="checkbox"/> Victim of Domestic Violence	<input type="checkbox"/> HS Grad with basic skills deficiency	
<input type="checkbox"/> Homeless/Runaway	<input type="checkbox"/> One or more parents are incarcerated	
<input type="checkbox"/> One or more of applicants parents receives welfare assistance	<input type="checkbox"/> Member of a low income household	
<input type="checkbox"/> Youth with a Disability (Including learning disabilities)		
<input type="checkbox"/> Offender		
Veterans		
Branch of Service _____	<input type="checkbox"/> Veteran Status: <=180	<input type="checkbox"/> Vietnam-era
Service from _____ to _____	<input type="checkbox"/> Veteran Status: > 180	<input type="checkbox"/> Disabled Veteran
	<input type="checkbox"/> Recent Separation	<input type="checkbox"/> Special Disabled
	<input type="checkbox"/> Campaign Veteran	
Veteran Spouse Information		
		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		
Referred By:		



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"/>	
Work History-For Last 2 years					
Dates Worked (Month/Date/Year) <i>to</i>		Company		Job Title	
Address		Supervisor		Hours Worked Per Week	
City, State, Zip Code		Phone Number		Wage/Salary	
Reason for Leaving		Duties			
Dates Worked (Month/Date/Year) <i>to</i>		Company		Job Title	
Address		Supervisor		Hours Worked Per Week	
City, State, Zip Code		Phone Number		Wage/Salary	
Reason for Leaving		Duties			
Dates Worked (Month/Date/Year) <i>to</i>		Company		Job Title	
Address		Supervisor		Hours Worked Per Week	
City, State, Zip Code		Phone Number		Wage/Salary	
Reason for Leaving		Duties			
Dates Worked (Month/Date/Year) <i>to</i>		Company		Job Title	
Address		Supervisor		Hours Worked Per Week	
City, State, Zip Code		Phone Number		Wage/Salary	
Reason for Leaving		Duties			
List any Certifications, Special Skills or Areas of Interest					

APPLICANT STATEMENT
VERIFICATION OF SCHOOL DROP OUT STATUS

Name of School last enrolled	Last Grade Completed	
List the reason for Drop Out:		
Not a 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"/>



FOR THOSE APPLICANTS UNDER 18, YOU MUST PROVIDE DOCUMENTATION FROM THE LAST SCHOOL YOU ATTENDED THAT SHOWS YOU HAVE BEEN RELEASED FROM THAT SCHOOL.

Signature of Applicant

Date

Signature of Parent/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

Signature of Applicant

Date

Signature of Parent/Guardian

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.

Signature of Applicant

Date

Signature of Parent/Guardian

Date