

WIOA Orientation and Intake Information

Thank you for your interest in Workforce Innovation and Opportunity Act (WIOA) services. This document provides essential information and instructions to help you prepare for your WIOA Orientation and complete the intake process efficiently. Please read the following details carefully and follow the instructions for pre-registration and document submission.

Orientation Overview

During the WIOA orientation, a Case Manager will provide you with detailed information regarding eligibility and the various services available to those who qualify. It is important that you come prepared with all required documentation to ensure a smooth and successful orientation process.

Pre-Orientation Instructions

- 1. Pre-Register on the WorkSource Georgia Portal**
 - Before attending your orientation, you must pre-register on the WorkSource Georgia Portal. This is a mandatory step to streamline your orientation process.
 - Please visit the following link to begin your registration: [WorkSource Georgia Portal](#).
 - Detailed instructions for registration are attached to this document.
- 2. Review and Upload Required Orientation Documents**
 - Review the list of required WIOA Orientation Documents provided below and begin uploading them to the WorkSource Georgia Portal as soon as possible.

How to Upload Documents to the WorkSource Georgia Portal

1. After completing your registration on the WorkSource Georgia Portal, navigate to:
 - **Document Management**
 - **Upload a Document**
 - **Select the Type of Document** being uploaded from the available options.
2. Repeat this process for each document required.

Note: Screenshots of documentation are not acceptable. Please ensure that you upload clear and complete copies of the required documents.

Required WIOA Orientation Documents

Please ensure that you have the following documents ready to upload or bring physical copies to your orientation session:

- **Valid Driver's License, State Issued ID Card, Military ID, or Passport**
- **Original SIGNED Social Security Card** (Name on ID and Social Security Card must match)
- **Social Security Numbers of Household Members** (spouse and dependents)
- **Males:** Proof of Selective Service Registration ([Verification Link](#))
- **Income Documentation** - Proof of all household income for six months prior to orientation date:
 - Paycheck Stubs (including spouse if applicable)
 - Public Assistance Benefit Letters or Printouts (SNAP, TANF, etc.)
 - Social Security Benefit Letters (SSI, SSDI, Retirement, etc.)
 - Unemployment Benefits – UI Benefit Determination Letter, UI Claims Benefit Determination Letter
 - Child Support Documentation
 - Any Other Income Documentation
- **Separation Notice** (if applicable)
- **Veterans:** Copy of DD214
- **Resume**
- **GDOL Wage Verification** (WIOA staff can assist in obtaining this)

Additional Documentation for Training Services and Childcare Reimbursements

If you are applying for training services and seeking childcare reimbursements, you will need to provide the following additional documents for dependent children aged 13 and under:

- Social Security Card(s) for each child
- Birth Certificate(s) for each child
- Copy of Childcare Agency's License for the current year
- Childcare Agency's Fees on agency letterhead

Next Steps

Please complete the registration and document submission process, in addition to the intake forms in this packet, before your scheduled orientation. If you have any questions or need further assistance, do not hesitate to contact your Case Manager or reach out to our office.

We look forward to assisting you through the WIOA program and helping you achieve your employment and training goals.

Georgia's Hot Careers to 2032


All careers in this chart are  ...they have it all!

Skills and Abilities

- advanced skills required
- moderate skills required

Work Activities

- frequently found
- occasionally found

 jobs have faster than state annual average job growth, above the state annual average wage, and have at least 100 annual openings.

Skills and Abilities	Skills and Abilities										Work 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✓ Fast job growth ✓ Above average wages ✓ At least 100 expected annual job openings

Georgia's Hot Careers to 2032


All careers in this chart are  ...they have it all!

Skills and Abilities


- advanced skills required
- moderate skills required

Work Activities

- frequently found
- occasionally found

 jobs have faster than state annual average job growth, above the state annual average wage, and have at least 100 annual openings.

Skills and Abilities			Skills and Abilities										Work Activities										2023 Annual Wage		2022-32 Annual Openings						
● advanced skills required			○ moderate skills required			● frequently found			○ occasionally found																						
Bachelor's degree Contined																															
Personal Financial Advisors	○	●		●	●		●	○	●	●	●		●	●		●	●	●	\$136,100	730											
Operations Research Analysts	●	●	○	●	●		●	●			●		●			●	●	●	\$82,200	390											
Producers & Directors	●	●		●	●		●	●			●		●	●		●	●	●	\$87,200	430											
Project Management Specialists	●	●	●	●	●		●	●		●	●		●	●		●	●	●	\$104,500	2,080											
Public Relations Managers	●	●	○	○	●		●	○		●	●		●	●		●	●	●	\$147,800	110											
Public Relations Specialists	○	●	○	●	●		●	●		○	●		●	●		●	●	●	\$76,300	520											
Registered Nurses	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	●	\$85,100	5,980											
Sales Managers	●	●	●	●	●		●	●		○	●		●			●	●	●	\$158,500	1,320											
Securities, Commodities, & Financial Svcs Sales Agents	●	●	○	●	●		●	●		○	●		●			●	●	●	\$90,600	1,390											
Social & Community Service Managers	●	●	●	○	●		●	●	●	●	●		●			●	●	●	\$76,800	110											
Software Developers	●	●		○	●		●	●		●	●		●	●		●	●	●	\$121,100	4,220											
Software Quality Assurance Analysts & Testers	●	●		○	●		●	●		●			●	●		●	●	●	\$99,800	400											
Special Effects Artists & Animators	●	●			●		●	●		○			●	●		●	●	●	\$75,500	250											
Surveyors	●	●	○	○	●	●	●	●		●	●	○	●	●	○	●	○	●	\$61,500	140											
Therapists, All Other	●	●	●	●	●		●	●	●	●	●		●	●		●	●	●	\$63,000	260											
Training & Development Specialists	●	●	●	●	●		●	●		●	●		●	●		●	●	●	\$67,200	1,410											
Training & Development Managers	●	●	○	○						●	●		●	●		●	●	●	\$129,100	150											
Web & Digital Interface Designers	●	●		○	●		●	●		●			●	●		●	●	●	\$93,100	330											
Web Developers	●	●	○	●	●		●	●		●	●		●	●		●	●	●	\$80,500	130											
Associate's degree																															
Cardiovascular Technologists & Technicians	●	●	●	●	●	●	●	●	●			○	●	●	○	●	○		\$61,000	230											
Diagnostic Medical Sonographers	●	●	●	●	●	●	●	●	●	●	●	●	●	○		●	●	●	\$74,800	190											
Electrical & Electronics Engineering Techs	●	●		●	●		●	●		●	●	●	●	●		○	○	●	\$73,400	310											
Magnetic Resonance Imaging Technologists	●	●	●	●	●	○	●	●	●	●	●	●	●	●	○	●	●	●	\$75,400	100											
Occupational Therapy Assistants	●	●	●	○	●	●	●	●	●	●	●	○	●	●	●	●	●	●	\$68,700	190											
Physical Therapist Assistants	○	●	●	○	●	●	●	●	●	●	●	○	●	●	○	●	○	●	\$65,100	570											
Radiologic Technologists	●	●	○	●	●	●	●	●	●		●	○	●	●	○	●	○	●	\$62,000	490											
Respiratory Therapists	●	●	●	○	●	●	●	●	●	●		●		●	●	●	●		\$75,400	350											
Postsecondary non-degree award																															
Aircraft Mechanics & Service Technicians	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	○	●	\$79,600	560											
Commercial Pilots	●	●	○	●	●	●	●	●	●	○	●	●	●	●	●	●	●	●	\$145,300	180											
Some college, no degree																															
Actors	○			●	●			○			●			●	●		○	●	\$103,000	1,010											
High school diploma or equivalent																															
Automotive Body & Related Repairers	○			○	●	●		○		○	○	●		●	●	●	●	●	\$60,000	530											
Costume Attendants				○	●	●	●	○	●			●		●	●	○	○	●	\$72,800	110											
Spvrs of Transp & Material Mvg Wrkers, Exc Air Cargo	●	●	●	○	●		●	●	●	○	●	●	●	○	●	○	●		\$60,300	3,050											
Media & Communication Equipment Workers, All Other	○	●	●	●	●		●	●		●	●		●	●		●	●	●	\$77,200	160											
Plumbers, Pipefitters, & Steamfitters	●	●			●	●	○		○		●		●	●	○	●	●		\$59,100	830											
Transportation, Storage, & Distribution Managers	●	●	●	○	●			●		●	●	○	●	●		●	●	●	\$116,200	650											

 **Note:** This workforce product was funded by a grant awarded by the U.S. Department of Labor’s Employment and Training Administration. The product was created by the Georgia Department of Labor and does not necessarily reflect the official position of the U.S. Department of Labor. This product is copyrighted by the institution that created it. Internal use by an organization and/or personal use by an individual for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner.

✓ Fast job growth ✓ Above average wages ✓ At least 100 expected annual job openings

Industries with the Most Expected Job Growth

Nearly 100 industry subsectors were analyzed to identify the 20 expected to have the most job growth in Georgia from 2023-2025. The 20 industries in the chart below represent well over three-fourths of the total job growth in all industry subsectors in Georgia during the projected period. The base employment, projected employment, and total job growth are listed for each industry.

Industry	2023 Base Employment	2025 Projected Employment	Employment Change
Food Services & Drinking Places	390,650	409,850	19,200
Professional, Scientific, & Technical Services	294,600	308,180	13,580
Ambulatory Health Care Services	253,480	263,850	10,370
Self Employed & Unpaid Family Workers	266,310	276,520	10,210
Educational Services	402,640	412,370	9,730
Social Assistance	84,080	92,500	8,420
Hospitals	184,530	192,770	8,240
General Merchandise Retailers	114,270	122,050	7,780
Specialty Trade Contractors	129,120	134,370	5,250
Federal Government, Excluding Post Office	88,880	93,650	4,770
Transportation Equipment Manufacturing	56,870	60,880	4,010
Warehousing & Storage	92,920	96,600	3,680
Crop Production	67,730	71,390	3,660
Merchant Wholesalers, Durable Goods	115,820	119,420	3,600
Building Material & Garden Equipment & Supplies Dealers	45,690	49,070	3,380
Amusement, Gambling, & Recreation Industries	39,580	42,910	3,330
Support Activities for Transportation	41,230	44,520	3,290
Accommodation, including Hotels & Motels	43,800	47,070	3,270
Insurance Carriers & Related Activities	80,420	83,550	3,130
Computing Infrastructure Providers, Data Processing, Web Hosting, and Related Services	19,500	22,150	2,650

Top Five Occupations within Industries with the Most Job Growth

Food Services and Drinking Places: fast food and counter workers; cooks, restaurant; waiters and waitresses; first-line supervisors of food preparation and serving workers; driver/sales workers

Professional, Scientific, and Technical Services: software developers; management analysts; accountants and auditors; lawyers; project management specialists

Ambulatory Health Care Services: medical assistants; registered nurses; nurse practitioners; home health and personal care aides; receptionists and information clerks

Self Employed and Unpaid Family Workers: managers, all other; farmers, ranchers, and other agricultural managers; real estate sales agents; construction laborers; hairdressers, hairstylists, and cosmetologists

Educational Services: elementary school teachers, except special education; middle school teachers, except special and career/technical education; teaching assistants, except postsecondary; secondary school teachers, except special and career/technical education; substitute teachers, short-term

Continued on the back panel

Top Five Occupations within Industries with the Most Job Growth continued

Social Assistance: home health and personal care aides; childcare workers; preschool teachers, except special education; nursing assistants; social and human service assistants

Hospitals: registered nurses; nursing assistants; medical assistants; respiratory therapists; medical and health services managers

General Merchandise Retailers: stockers and order fillers; retail salespersons; cashiers; first-line supervisors of retail sales workers; customer service representatives

Specialty Trade Contractors: electricians; heating, air conditioning and refrigeration mechanics and installers; construction laborers; first-line supervisors of construction trades and extraction workers; plumbers, pipefitters, and steamfitters

Transportation Equipment Manufacturing: miscellaneous assemblers and fabricators; aerospace engineers; welders, cutters, solderers, and brazers; first-line supervisors of production and operating workers; industrial engineers

Warehousing and Storage: laborers and freight, stock, and material movers, hand; industrial truck and tractor operators; heavy and tractor-trailer truck drivers; stockers and order fillers; first-line supervisors of transportation and material moving workers, exc aircraft cargo handling supervisors

Crop Production: farmworkers and laborers, crop, nursery, and greenhouse; farmers, ranchers, and other agricultural managers; agricultural equipment operators; first-line supervisors of farming, fishing, and forestry workers; sales representatives, wholesale and manufacturing, exc technical and scientific products

Merchant Wholesalers, Durable Goods: sales representatives, wholesale and manufacturing, except technical and scientific products; laborers and freight, stock, and material movers, hand; software developers; sales representatives, wholesale and manufacturing, technical and scientific products; stockers and order fillers

Building Material and Garden Equipment and Supplies Dealers: retail salespersons; stockers and order fillers; cashiers; laborers and freight, stock, and material movers, hand; first-line supervisors of retail sales workers

Amusement, Gambling, and Recreation Industries: amusement and recreation attendants; exercise trainers and group fitness instructors; general and operations managers; waiters and waitresses; landscaping and groundskeeping workers

Support Activities for Transportation: heavy and tractor-trailer truck drivers; laborers and freight, stock, and material movers, hand; cargo and freight agents; compliance officers; sales representatives of services, except advertising, insurance, financial services, and travel

Accommodation, including Hotels and Motels: maids and housekeeping cleaners; hotel, motel, and resort desk clerks; maintenance and repair workers, general; waiters and waitresses; cooks, restaurant

Insurance Carriers and Related Activities: insurance sales agents; claims adjusters, examiners, and investigators; customer service representatives; software developers; business operations specialists, all other

Computing Infrastructure Providers, Data Processing, Web Hosting, and Related Services: software developers; computer and information systems managers; general and operations managers; managers, all other; computer systems analysts

2023 - 2025

Short-term Employment Projections



Georgia jobs expected to be in highest demand over the next two years

GEORGIA'S TOP JOBS BY EDUCATION AND MOST EXPECTED ANNUAL OPENINGS FOR 2023-2025

Over the 2023-2025 projection cycle, Georgia is forecasted to add jobs to its economy at the rate of 1.48 percent annually. Health care and social assistance along with accommodation and food services will lead the job growth in the state. This two-year job projection is relatively strong with most major industries in the state adding workers through 2025.

Over this short-term projection period, we project that almost 243,000 occupational separations will arise each year due to labor force exits. We also estimate that about 309,000 occupational separations will occur each year because of occupational transfers. Labor force exits are workers who leave the labor force permanently and includes retirees while occupational transfers leave a job for a different occupation. During this 2023-2025 projection cycle, Georgia occupational openings (sum of net employment change and occupational separations) will approach 626,000 annually while total employment is projected to increase by over 148,000 from 2023-2025.

This brochure lists jobs that will be in most demand from 2023- 2025. Tables show occupations with the most annual occupational openings by education level. Annual occupational separations from labor force exits and occupational transfers, along with annual wages from the 2022 Edition of Georgia Wage Estimates, are also displayed. Shown lastly are industries with the most job growth and the main occupations within them.

Doctoral or Professional Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Lawyers	530	340	1,320	\$133,000
Postsecondary Teachers, All Other	460	360	970	\$76,400
Health Specialties Teachers, Postsecondary	260	200	640	\$121,100
Pharmacists	240	140	600	\$119,700
Physical Therapists	150	100	420	\$94,000
Physicians, All Other	180	50	370	\$259,500
Dentists, General	90	30	180	\$165,200
Nursing Instructors & Teachers, Postsecondary	70	50	170	\$59,700
Veterinarians	60	20	160	\$105,400
Chiropractors	70	20	140	\$57,200

Master's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Ed, Guidance, & Career Counselors & Advisors	350	470	1,010	\$60,100
Nurse Practitioners	200	200	860	\$109,600
Instructional Coordinators	340	290	720	\$70,500
Healthcare Social Workers	230	290	680	\$54,700
Education Admin, Kindergarten through Secondary	220	310	620	\$96,700

Master's Degree Continued

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Physician Assistants	120	140	430	\$108,300
Librarians & Media Collections Specialists	210	140	390	\$66,300
Speech-Language Pathologists	120	110	370	\$78,400
Occupational Therapists	110	90	300	\$87,300
Counselors, All Other	100	120	280	\$57,700

Bachelor's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
General & Operations Managers	2,610	5,620	9,800	\$102,200
Business Operations Specialists, All Other	2,620	4,080	8,030	\$72,400
Registered Nurses	3,040	1,880	6,690	\$75,400
Managers, All Other	2,060	2,820	6,180	\$106,100
Accountants & Auditors	1,430	2,100	4,230	\$79,500
Software Developers	870	1,800	4,210	\$114,700
Elementary School Teachers, Exc Special Education	1,620	1,590	3,770	\$63,900
Market Research Analysts & Marketing Specialists	850	1,570	3,020	\$71,400
Human Resources Specialists	870	1,500	2,720	\$63,900
Middle School Teachers, Exc Special & Career/Tech Ed	980	960	2,280	\$64,500

Associate's Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Preschool Teachers, Exc Special Education	640	830	1,950	\$38,100
Paralegals & Legal Assistants	460	770	1,430	\$53,300
Physical Therapist Assistants	170	300	590	\$59,500
Radiologic Technologists & Technicians	240	170	560	\$59,800
Dental Hygienists	280	140	520	\$73,100
Computer Network Support Specialists	120	200	380	\$68,000
Respiratory Therapists	150	90	370	\$60,300
Architectural & Civil Drafters	130	160	350	\$61,000
Veterinary Technologists & Technicians	100	160	350	\$37,600
Human Resources Assistants, Exc Payroll & Timekeeping	130	200	350	\$39,100

Postsecondary Nondegree Award

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Heavy & Tractor-Trailer Truck Drivers	3,710	4,810	10,090	\$49,700
Medical Assistants	1,340	2,300	4,320	\$35,500
Automotive Service Technicians & Mechanics	920	1,320	2,450	\$46,100
Licensed Practical & Licensed Vocational Nurses	1,030	890	2,380	\$47,400
Hairdressers, Hairstylists, & Cosmetologists	750	940	2,000	\$37,400
Dental Assistants	620	900	1,690	\$39,900
Heating, Air Cond, & Refrig Mechanics & Installers	420	690	1,430	\$49,100
Firefighters	300	550	930	\$40,500
Phlebotomists	300	470	910	\$37,500
Telecom Equip Installers & Repairers, Exc Line Installers	260	480	830	\$59,600

Some College, No Degree

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Bookkeeping, Accounting, & Auditing Clerks	2,770	2,170	5,120	\$42,600
Computer User Support Specialists	640	1,070	1,890	\$57,600
Tutors	540	460	1,090	\$42,100

High School Diploma or Equivalent

Occupation	Annual Occupational Separations		Annual Openings	Annual Wage
	Labor Force Exits	Occupational Transfers		
Customer Service Representatives	6,050	8,480	14,690	\$36,100
Office Clerks, General	4,350	4,230	8,820	\$35,700
Home Health & Personal Care Aides	3,350	2,790	7,330	\$25,200
Supervisors of Food Prep & Serving Workers	2,080	3,960	7,110	\$35,900
Secretaries & Admin Assistants, Exc Legal, Medical, & Executive	3,430	3,100	6,510	\$36,000
Miscellaneous Assemblers & Fabricators	2,210	3,290	6,100	\$33,800
Receptionists & Information Clerks	2,490	2,740	5,740	\$30,900
Childcare Workers	2,200	2,850	5,460	\$23,900
Supervisors of Retail Sales Workers	1,820	2,760	5,110	\$42,800
Maintenance & Repair Workers, General	2,110	2,190	4,960	\$40,400

For more information contact Workforce Statistics Division at (404) 232-3875 • Fax (404) 232-3888 • Email: Workforce_Info@gdol.ga.gov

<https://explorer.gdol.ga.gov/vosnet/Default.aspx>

Equal Opportunity Employer/Program • Auxiliary Aids and Services Available upon Request to Individuals with Disabilities

PLAN YOUR CAREER AND SUCCEED!



**We envision employees with quality jobs
and employers with qualified employees.**

WORKFORCE UNITED

LET US HELP YOU:

- Find employment
- Identify training programs that will prepare you to meet the needs of today's careers and employers
- Help you develop the skills needed to gain employment

For more information,
please call:

770.229.9799

For the Hearing Impaired, please call:
Toll Free TTY: 1-800-255-0056

WHO IS ELIGIBLE?

The Workforce Innovation and Opportunity Act (WIOA) provides funding for services to adults, dislocated workers, and youth.

We serve the 10-county region
(see map above)

FOR ELIGIBLE INDIVIDUALS, WE PROVIDE:

- Job Search Assistance
- Individualized Career Counseling
- Budgeting & Financial Planning
- Skills Assessments
- Résumé Preparation
- Pay the cost of training including:
 - Tuition
 - Books
 - Required equipment
 - Uniforms
 - Daily travel allowance
 - Childcare needs

FOR EMPLOYERS, WE ASSIST WITH:

- On-the-Job Training
- Customized Training
- Incumbent Worker Training
- Skilled Workforce Recruitment
- Apprenticeship

FOR ELIGIBLE YOUTH, WE PROVIDE:

- Tutoring & Mentoring
- Leadership Development
- Work Experience
- Community Service
- Financial Literacy
- GED Preparation & Alternative Secondary School Service

Griffin Career Center
1534 Hwy. 16 West
Griffin, GA 30223
770-228-7226

LaGrange Career Center
1002 Longley Place
LaGrange, GA 30240
770-845-4000

**West GA Technical College
Campus Central Education**
160 MLK Jr. Drive
Newnan, GA 30236
770-755-7414

Carroll Career Center
275 Northside Drive
Carrollton, GA 30116
770-836-6668

ADULT DISLOCATED WORKERS



The Workforce Innovation and Opportunity Act (WIOA) offers various types of services for Adults and Dislocated Workers, connecting talent with opportunity.

1

Participant Eligibility

GENERAL REQUIREMENTS FOR ADULT, DISLOCATED WORKERS

- Must meet draft registration requirements (males only)
- Must be eligible to work in the US
- Reside within the 10-county region (see map above)

ADULT ELIGIBILITY

- Adults are individuals age 18 or older who at the time of application are unemployed, OR
- Who are under-employed, OR
- Whose family meets adult low income

DISLOCATED WORKER ELIGIBILITY

- Terminated or laid off, or has received a notice of termination or layoff from employment
- Eligible for or has exhausted unemployment insurance
- Unlikely to return to a previous industry or occupation
- Terminated due to a permanent closure or substantial layoff
- Employed at a facility where employer has announced the facility will close within 180 days
- Was self-employed but unemployed now due to economic conditions
- A displaced homemaker who is an adult that is unemployed or under-employed and has not worked a full-year or more in the labor force or worked primarily without wages to care for the home and family

2

Individualized Career Services

The Adult and Dislocated Worker program funds careers and training services for eligible Adults and Dislocated Workers. There are three types of career services: basic career services, individualized career services, and follow-up services.

WIOA SERVICES

- Basic career services may include: labor exchange services, information on programs and services, and program referrals
- Individualized career services are available and customized to each Individual Employment Plan (IEP) development, counseling, and work experiences (including transitional jobs), etc.
- Follow-up services include monthly connections to employed individuals with continued support and resources needed to retain employment for up to 12 months. Included during this time, we assist the job placement to ensure participants meet outcomes and performance

3

Training Services

Training Services may be determined after conducting an interview, an evaluation, assessment, and career planning, that training is necessary to assist a participant according to locally determined criteria. Training is available through Eligible Training Provider List (ETPL) and must be provided by an eligible training provider, except for On-the-Job Training (OJT), Incumbent Worker Training (IWT), and Customized Training.

TYPES OF TRAINING THAT MAY BE PROVIDED INCLUDE

- Occupational skills training, including training for nontraditional employment
- Incumbent Worker Training
- Programs that combine workplace training with related instruction, which may include cooperative education programs
- Training programs operated by the private sector
- Skill upgrading and retraining
- Entrepreneurial training
- Job readiness training provided in combination with the training services or transitional jobs
- Adult education and literacy activities, including activities of English Language acquisitions

For more information, please call:

770.229.9799

For the Hearing Impaired, please call:
Toll Free TTY: 1-800-255-0056

Babel Notice Vital Information

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (770) 229-9799** for assistance in the translation and understanding of the information in this document.

Spanish

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (770) 229-9799** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional

重要須知！ 本文件包含**重要資訊**，事關您的權利、責任，和／或福利。請您務必理解本文件所含資訊，而我們也將使用您偏好的語言，無償為您提供資訊。請致電**(770) 229-9799** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese

LƯU Ý QUAN TRỌNG! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (770) 229-9799** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog

MAHALAGA! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (770) 229-9799** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

French

IMPORTANT! Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au (770) 229-9799** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

Haitian Creole

ENPÒTAN! Dokiman sa a gen enfòmasyon enpòtan ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (770) 229-9799** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese

IMPORTANTE! Este documento contém informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (770) 229-9799** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Arabic

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك و/أو فوائده. من الأهمية بمكان فهم المعلومات الواردة في للحصول على مساعدة **(770) 229-9799** هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم في ترجمة المعلومات الواردة في هذا المستند وفهمها.

Russian

ВАЖНО! В настоящем документе содержится важная информация о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (xxx) xxx-xxxx** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 중요한 정보를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(770) 229-9799로 전화하여** 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.

DRUG-FREE WORKPLACE

Three Rivers Workforce Development Board recognizes that a drug-free workplace encourages employee productivity and promotes the accomplishment of the agency's mission and goals. In accordance with the Drug-Free Workplace Act of 1988 and the state Drug Free Public Workforce Act of 1990. The THREE RIVERS WORKFORCE DEVELOPMENT BOARD hereby declares that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, marijuana or dangerous drug is prohibited for all THREE RIVERS WORKFORCE DEVELOPMENT BOARD supported employees at any anytime. Possession, use and distribution of alcohol on any THREE RIVERS WORKFORCE DEVELOPMENT BOARD premises or at any WORKSOURCE THREE RIVERS activity is prohibited.

For purposes of this policy, the following definitions shall apply. A controlled substance is defined as those drugs or substances listed in schedules I through V of the federal Controlled Substance Act, including but not limited to marijuana, cocaine, heroin, opiates, and amphetamines. Not included are substances used in accordance with a valid prescription. The workplace is defined as a geographic location at which an employee performs work pursuant to his or her employment with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD, including any travel while in travel status. A dangerous drug is any drug or substance defined as such in O.C.G.A. 16-13-71. Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence or both by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. A criminal drug statute is defined as a federal or non-federal criminal statute involving the manufacture, distribution, dispensing, used of possession of any controlled substance, marijuana, or dangerous drug. Employee includes an employee of a contractor directly engaged in the performance of work under a contract with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD. Individual means an offeror/contractor that has no more than one employee including the offeror/contractor.

Each employee shall be given a copy of this policy. As a condition of employment, employees will abide by the terms of this policy and shall notify the agency Director in writing of any criminal drug statute conviction not later than five calendar days after such conviction. The THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall notify the appropriate federal agency within 10 days after receiving notice of the conviction from the employee or otherwise after receiving the actual notice of such conviction.

Within 30 days of notification by the employee or otherwise receiving actual notice of such conviction, the THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall, with respect to any employee so convicted:

- Take appropriate personnel action against such an employee, up to and including termination; or
- Require such employee, as a condition of further employment, to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such

purposes by a federal, state, or local health, law enforcement or other appropriate agency.

The Executive Director shall develop a drug-free awareness program to inform employees of the following:

- The danger of drug abuse.
- THREE RIVERS WORKFORCE DEVELOPMENT BOARD policy Drug-Free Workforce and any accompanying department administrative procedures concerning the maintenance of a drug-free workplace.
- Any available drug counseling, rehabilitation and employee assistance programs.
- Any penalties to be imposed upon employees for drug abuse violations occurring in the workplace.

Entities contracting with THREE RIVERS WORKFORCE DEVELOPMENT BOARD shall, as a condition of the contract, assure a drug-free workplace. For contracts a drug-free workplace means a geographic location at which individuals are directly engaged in the performance of work pursuant to a contract with the THREE RIVERS WORKFORCE DEVELOPMENT BOARD. Ref. O.C.G.A. 20-2-11; 16-13-71; 45-23-1 et seq. 21 U.S.C. 812

This is to certify that I have received a copy of and read the WORKSOURCE THREE RIVERS BOARD Drug Free Workforce Policy. As a condition of employment, I will abide by the terms of this policy and shall notify the Director of any criminal drug statute conviction not later than five days after such conviction.

Complaint & Grievance Procedures & Equal Opportunity Policy

For Applicants and Participants

DEFINITIONS

A **complaint** is an allegation of discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, or participation in the program, and is covered by the nondiscrimination and equal opportunity provisions at 29 CFR 37.30. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under Workforce Innovation and Opportunity Act (WIOA) will be processed as a **complaint**.

A **grievance** is a complaint about services, working conditions, wages, work assignment, etc., arising in connection with (WIOA) programs operated by WIOA recipients including service providers, eligible training providers, and other contractors.

GENERAL POLICY

Individuals applying for or receiving services through the WIOA Title I paid for by Three Rivers Regional Commission Workforce Development (TRRCWD) and/or the Three Rivers Regional Commission Board will be treated fairly. If any individual, group or organization has a complaint, the problem should first be discussed informally between those involved before a grievance is filed. Grievances should be filed in accordance with the written procedures established by TRRCWD. Signed and dated grievance forms will be included in all participant case files. **If you believe you have been harmed by the violation of the Workforce Innovation and Opportunity Act or regulations of the program, you have the right to file a grievance.**

EQUAL OPPORTUNITY POLICY

TRRCWD adheres to the following United States 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 (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of WIOA, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. References include: USDOL Regulations Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2014.

COMPLAINTS OF DISCRIMINATION

TRRCWD is prohibited from discriminating on the grounds of race, color, religion, national origin, age, sex, disability, political affiliation, or belief and for beneficiaries only, citizenship or participation in programs funded under WIOA, in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity.

If you think that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the TRRCWD, Equal Opportunity Officer, Mandy Nicholson, 120 N Hill Street, Griffin, Ga. 30224, (678-692-0510), mnicholson@threeriversrc.com

If you elect to file your complaint with the Technical College Systems of Georgia, Office of Workforce Development, you must wait until the TRRCWD issues a decision or until 30 days have passed, whichever is sooner, before filing with TCSG, Office of Workforce Development
Attention: Compliance & Legal Affairs Director David Dietrichs
1800 Century Place N.E., Suite 150, Atlanta, GA 30345
Phone (404) 679-1371 Fax: (404) 679-5460 TTY/TDD 1-800-255-0056.
Submissions should be sent to wioacompliance@tcsgeu.edu
<http://www.dol.gov/oasam/programs/crc/Cife.pdf>.

If TRRCWD has not provided you with a written decision within 30 days of the filing of the complaint, you need not wait for a decision to be issued. You may file a complaint with TCSG, Office of Workforce Development within 30 days of the expiration of the 30-day period. If you are dissatisfied with TRRCWD resolution of your complaint, you may file a complaint with TCSG, Office of Workforce Development. Such complaint must be filed within 30 days of the date you received notice of TRRCWD's proposed resolution.

Complaints may also be filed with the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210. Or at the website below
<http://www.dol.gov/oasam/programs/crc/external-enforce-complaints.htm>

COMPLAINTS OF FRAUD, ABUSE, OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644 or inspector.general@oig.ga.gov. Complaint & Grievance Procedures & Equal Opportunity Policy Rev. 09/2015 Equal Opportunity Employer/Program Auxiliary Aides & Services Are Available Upon Request to Individuals with Disabilities

COMPLAINTS AGAINST PUBLIC SCHOOLS

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

FILING A GRIEVANCE (VIOLATIONS OF THE ACT OR REGULATIONS)

A **grievance** is a complaint about customer service, working conditions, wages, work assignment, etc., arising in connection with WIOA Title I funded programs operated by WIOA recipients including service providers, eligible training providers, one-stop partners and other contractors.



FILING A GENERAL GRIEVANCE (violations of the act or regulations not alleging discrimination)

Who May File: Any person, including WIOA program participants, applicants, staff, employers, board members or any other interested parties who believes they have received unfair treatment in a WIOA Title I funded program.

Any person may attempt to resolve all issues of unfair treatment by working with the appropriate manager and/or supervisor and staff member, service provider, or one-stop partner involved informally prior to a written grievance being filed.

All complaints as described in the previous definition may be filed within one hundred twenty (120) days after the act in question by first completing and submitting a written statement or completing the General Grievance Form to:

WIOA Equal Opportunity Officer, Mandy Nicholson
Three Rivers Regional Commission
P.O. Box 818
120 North Hill Street
Griffin, GA. 30224

The written statement must include

Complaints filed with TRRCWD must contain the following:

- A. The full name, telephone number, email (if any), and address of the person making the complaint.
- B. The full name, address and email of the person or organization against whom the complaint is made.
- C. A clear but brief statement of the facts including the date(s) that the alleged violation occurred, including the identification of all relevant parties.
- D. Relief requested.
- E. Complainant's signature and date.

For the grievance submission form, see website: <http://www.threeriversrc.com>

A complaint will be considered to have been filed when TRRCWD receives from the complainant a written statement, including information specified above which contains sufficient facts and arguments to evaluate the complaint.

Upon receipt of the complaint, if the TRRCWD WIOA Equal Opportunity Officer determines that it does not have jurisdiction over a complaint, it must notify the complainant, in writing within five business days of making such determination.

This Notice of Lack of Jurisdiction must include:

- (a) A statement of the reasons for that determination; and
- (b) Notice that the complainant has a right to file a complaint with CRC within 30 days of the date on which the complainant receives the Notice.

Upon receipt of the complaint, the TRRCWD WIOA Equal Opportunity Officer will initiate efforts with the complainant and others involved to bring about a resolution as soon as possible. This will include a meeting of all parties with the hope of reaching a mutually satisfactory resolution. If the complaint has not been resolved to the satisfaction of the complainant within thirty (30) days, the TRRCWD WIOA Equal Opportunity Officer will arrange appointment of a hearing officer to conduct a hearing for settlement of the complaint to be held within sixty (60) days of grievance filing.

Hearing Process

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, TRRCWD shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing; (5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA ; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

The hearing shall be conducted in compliance with federal regulations. The hearing shall have, at a minimum, the following components: (1) an impartial hearing officer selected by TRRCWD; (2) an opportunity for both the grievant and respondent to present an opening statement, witnesses, and evidence; (3) an opportunity for each party to cross-examine the other party's witnesses; and (4) a record of the hearing which TRRCWD shall create and maintain.

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision, which shall serve as TRRCWD's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because he/she have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.



If the complainant(s) does not receive a written decision from the Hearing Officer within sixty (60) days of grievance/complaint filing, or receives a decision unsatisfactory to the complainant(s), the complainant(s) then has/have a right to request a review by the State using the WIOA Complaint Information Form found at:

<http://www.georgia.org/competitive-advantages/workforce-division/technical-assistance/>.

Karen Kirchler
Deputy Commissioner for Workforce Development
1800 Century Place N.E., Suite 150,
Atlanta, GA 30345
Phone: (404) 679-1371
FAX: (404) 679-5460

The Assistant Commissioner shall act as the Governor's authorized representative. Either an informal resolution or a hearing will take place within 60 calendar days of the filing.

Appeal Process

An appeal to Workforce Development (WFD) of a Local Workforce Development Area's (LWDA) resolution must be filed within sixty (60) days of the date the LWDA issued its written resolution. However, a LWDA that fails to issue a written resolution of a locally filed Complaint within sixty (60) days shall give the Complainant the automatic right to file a Complaint with WFD. Once WFD has received the Complaint form and the local resolution, WFD shall issue its own resolution on the issue being appealed within sixty (60) days of receipt. Any resolution reached by WFD may be appealed to the United States Department of Labor's Employment and Training Administration.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURES.

PARTICIPANT NAME (PRINT)

DATE

PARTICIPANT NAME (SIGN)

DATE

**Parent/Legal Guardian
Signature (if under 18)**

DATE

HOW MAY WE HELP YOU?

Our goal is to provide excellent customer services through our friendly, knowledgeable staff and easy access to all workforce-related services provided in this region. By completing this form, you equip our team to best assist you and to ensure you are aware of, and receive, all available services that may help you achieve your career goals. ***All service provision is contingent upon eligibility determination and availability of the service in your area.***

PLEASE COMPLETE THE FORM BELOW:

Name (Last, First)	Date
City, State of Residency	Zip Code
Email Address	Phone Number

Please Check the Circumstances That Best Describes You and Your Employment Service Needs

- | | |
|--|---|
| I am between the ages 16-24 yrs.* | I am a veteran or spouse of a veteran*** |
| I am 55 + years of age ***** | I have a work/life-related limitation or disability** |
| I am Underemployed (Current job is not self-sustaining)* | |

PLEASE SELECT (✓) ALL SERVICES WHICH MAY BE HELPFUL: Employment Services

- | | |
|---|---|
| Unemployment Insurance (UI)*** | Assistance Choosing the Right Job*** |
| Wages Documentation*** | Exploring "Hot" Jobs*** |
| Assistance Finding a Job*** | Identifying My Skills* |
| Find Job Leads*** | Assess My:* |
| Access to the Internet/phone to Find Job Leads*** | Typing Speed Job Interests |
| Resume and Cover Letter Assistance* | Job Aptitudes |
| Job Application Assistance*** | Exploring Career Options* |
| Interviewing Skills Development* | Learning about Wages*** |
| Information about Employers or Industries* | Setting Goals* |
| Job Retention Services (e.g., Incumbent Worker Training)* | Vocational Rehabilitation Training Services** |

Education & Training Services

GED Prep and/or Attainment****
 Basic Skills Attainment
 (Math/Reading)*
 English as a Second Language Training
 (ESL)****
 Assistance for Improving Skills (e.g.,
 typing, computer or software, soft skills,
 writing, etc.)*
 Training/Education Goals*
 Financial Aid for Education and
 Training*

Certificate Attainment*
 Technical Training****
 Accessibility Assistance to Accommodate a
 Disability during Training or Educational
 Services**
 Work-Based Learning – On-The-Job Training,
 Work Experience, Apprenticeships (*This May
 Allow For Income *A Paycheck* during Training.*)**

Support Services

Clothing – Interview/Professional*
 Healthcare Assistance*
 Transportation Assistance*
 Relocation Assistance for a Job*
 Equipment for Employment (tools,
 uniform, etc.)*

Vocational Rehabilitation Support Services**
**Workplace or Homebased Equipment or Services to
 Accommodate a Disability/Promote Independence
 (Including Sensory, Technological, Physical
 Accommodations and Modifications, etc.)****
**Overcoming background Issues (*TOPPSTEP: The
 Offender Parolee Probationer State Training
 Employment Program, Federal Bonding, etc.*)*****
**Federal Bonding– (*Provides limited liability coverage
 to employers new hires who cannot be bonded,
 including: ex-offender, ex-addict, poor credit record,
 dishonorably discharged from the military, or
 persons lacking a work history*)*****

Workshops & Counseling Services

Resume & Cover Letter Building*
 Applications and Internet Job Searching*
 Financial/Stress Management Counseling*
 Networking*
 Interviewing*
 IT Training*
 Soft Skills Training*

Succeeding/Advancing on a Job*
 Vocational Rehabilitation Counseling**
 Medical Management Counseling*
 Keeping a Job (Job Retention)*
 Keep Me Updated on Other Workshop Options*

Other:

WIOA*
 GVRA**
 GDOL***

Technical College ****
 SCSEP*****

WIOA RELEASE OF INFORMATION CONSENT/CERTIFICATION & ACKNOWLEDGEMENT FORM

Please read carefully, initial each release/acknowledgement, sign and date.

Name: _____ **Date:** _____ **SSN# (last 4 digits):** ____ _

RELEASE INFORMATION FOR ELIGIBILITY

Initial Here

I authorize the release of my information to WorkSource Three Rivers as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act, Adult, Dislocated Worker, and Youth Program and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS), and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information is given with the understanding that the information will be used in a confidential and responsible manner.

RELEASE INFORMATION FOR EDUCATION INSTITUTION

Initial Here

I authorize of my current and past educational records from high schools, colleges, universities, and training schools to WorkSource Three Rivers. Such records to include my current/past enrollment, transcripts, attendance records, graduation and /or completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Workforce Development Division, WorkSource Three Rivers must have written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT

Initial Here

I authorize and release WorkSource Three Rivers to obtain and verify information regarding my income, wages, and employment history from my current and previous employers, financial institutions, and any other relevant sources for the purpose WorkSource Three Rivers of verifying employment, and any other related employment information.

CERTIFICATION & ACKNOWLEDGEMENT

Initial Here

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date. I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.

AUTHORIZATION TO PUBLISH

Initial Here

WIOA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some cases, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. WorkSource Three Rivers may use my photo in print advertising or on the local area's website.

I AGREE _____ I DO NOT AGREE _____

Signature:

Parental Signature: (if under 18)

All information I hereby authorize to be obtained from this agency will be strictly confidential and cannot be released by the recipient without written consent. I understand that this authorization will remain in effect for the period necessary to complete all transactions in accounts related to services provided to me. I understand that I may revoke this this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

(USE THIS SPACE ONLY IF THE CLIENT WITHDRAWS CONSENT)

(Date Consent is Revoked by Client)

(Client Signature or Authorized Representative)

CUSTOMER AFFIDAVIT FOR PUBLIC BENEFIT ELIGIBILITY

By executing this affidavit under oath, as an applicant for a(n) Workforce Innovation and Opportunity Act, as referenced in O.C.G.A. § 50-36-1, from WorkSource Three Rivers, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires:

FAMILY COMPOSITION

PLEASE READ: Falsification of data on this form is a crime against federal and state laws. Falsification of or concealment of information is punishable by fine or imprisonment or both and will require repayment of any monies paid to or on behalf of the applicant while in a Georgia job training program.

PLEASE SIGN BELOW ATTESTING TO READING AND UNDERSTANDING THIS STATEMENT AND CERTIFYING THE REPORTED FAMILY COMPOSITION AND ADDRESS INFORMATION IS COMPLETE AND ACCURATE.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Applicant Printed Name: _____

Full Physical Address: _____

Name	Relationship to Applicant	Age	Social Security No.	Employer Name or Source of Income	Amount of Income	How often are you paid?
	Applicant					Weekly Bi-weekly Bi-monthly Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly

FOR USE BY WIOA STAFF/REPRESENTATIVE: STANDARD FAMILY COMPOSITION

Type of Income used to certify income eligibility: ☐ Employment ☐ Public Assistance: SNAP TANF High School Drop-out Other _____
(check all that applies)

Total # in Family _____

Total Included Family Income Reported by Applicant (prior 6 months) \$ _____

Total Excluded Family Income Reported by Applicant (prior 6 months) \$ _____

(Using the 6-month income guideline for WIOA, determine the applicable income for the WIOA applicant.)

Total 6-month income from guideline chart \$ _____

Compare to the total INCLUDED Family Income to the total 6-month program guideline:

Subtract Total Included Family Income from 6-month
Income Guideline figure for number in the family

Note the Difference: (+) _____ or (-) _____
(Over Income) (Under Income)

Applicant: Meets Income Eligibility
Does Not Meet Income Eligibility
DW Over Income DW Wages does not count against Eligibility
Participant Eligible due to Public Assistance – Lack Self Sufficiency

(PY 2023-2024) Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 16, 2024			
Family Size	Metropolitan Areas	Atlanta MSA	Nonmetropolitan Areas
1	\$7,530	\$7,530	\$7,530
2	\$10,220	\$10,220	\$10,220
3	\$13,311	\$13,211	\$12,910
4	\$16,434	\$16,304	\$15,842
5	\$19,396	\$19,241	\$18,695
6	\$22,684	\$22,501	\$21,864
7	\$25,973	\$25,760	\$25,032
8	\$29,261	\$29,020	\$28,201
For each over 8, add:	\$3,289/person	\$3,260/person	\$3,169/person

WIOA Staff Signature: _____ Date: _____

FOR USE BY WIOA STAFF/REPRESENTATIVE: LACKS SELF SUFFICIENCY COMPOSITION

Type of Income used to certify income eligibility: ☐ Employment ☐ Public Assistance: SNAP TANF High School Drop-out Other _____
(check all that applies)

Total # in Family _____

Total Included Family Income Reported by Applicant (prior 6 months) \$ _____

Total Excluded Family Income Reported by Applicant (prior 6 months) \$ _____

(Using the 6-month income guideline for WIOA, determine the applicable income for the WIOA applicant.)

Total 6-month income from guideline chart \$ _____

Compare to the total INCLUDED Family Income to the total 6-month program guideline:

Subtract Total Included Family Income from 6-month
Income Guideline figure for number in the family

Note the Difference: (+) _____ or (-) _____
(Over Income) (Under Income)

Applicant: Meets Income Eligibility
Does Not Meet Income Eligibility
DW Over Income DW Wages does not count against Eligibility
Participant Eligible due to Public Assistance – Lack Self Sufficiency

(PY 2023-2024) Six-Month Income Guidelines for WIOA: Low Income Level Figures Effective May 16, 2024			
Family Size	Metropolitan Areas	Atlanta MSA	Nonmetropolitan Areas
1	\$15,060	\$15,060	\$15,060
2	\$20,440	\$20,440	\$20,440
3	\$26,622	\$26,422	\$25,820
4	\$32,868	\$32,608	\$31,684
5	\$38,792	\$38,482	\$37,390
6	\$45,368	\$45,002	\$43,728
7	\$51,946	\$51,520	\$50,064
8	\$58,522	\$58,040	\$56,402
For each over 8, add:	\$6,578/person	\$6520/person	\$6,338/person

WIOA Staff Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER/PROGRAM
AUXILIARY AIDS & SERVICES AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES.
TOLL FREE TDD/TTY: 1-800-255-0056 FOR THE HEARING IMPAIRED

(Additional page to enter family members)

Family Composition:

Applicant Printed Name: _____ Date: _____

SSN: _____ Full Physical Address: _____

Name	Relationship to Applicant	Age	Social Security Number	Employer Name or Source of Income	Amount of Income	How often are you paid?	
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
						<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

Orientation Certification

This is to certify that I have received orientation to WIOA Services and the WorkSource Three Rivers One-Stop System, including performance information.

The Orientation included the following as I have **initialed** in the space provided:

- _____ Explanation and copy of the Grievance & Complaint form
- _____ Information about WIOA Services and Eligibility Requirements and a summary handout
- _____ Information about growth jobs, wages and training
- _____ Explanation and copy of the Drug Free Workplace Policy

Signature: _____ **Date:** _____

I was asked if I would like to apply for additional WIOA service. I have **checked** my response below.

_____ I wish to see if I qualify for WIOA services.

_____ I am not interested in WIOA services.

Printed Name: _____

Signature: _____ **Date:** _____

Parent or Legal Guardian Signature: _____
(If under 18 years of age)

HOW DID YOU HEAR ABOUT US? (Please circle one)

Internet	Radio	TV	Newspaper	Brochure	DOL
Flyer	Friend	Other: (please specify) _____			



DOL-3404 VETERANS AND ELIGIBLE SPOUSE QUESTIONNAIRE

Name: _____

I. MILITARY/SPOUSE		
1. Are you now serving, or have you served in the active* military, naval, or air service?	Yes	No
2. Were you discharged or released under conditions other than dishonorable? If YES to both 1 and 2 above, complete Section II or III. If NO, then do not complete the remainder of the form.	Yes	No
3. Are you a spouse or caregiver of a veteran? If YES, complete Section IV.	Yes	No
II. VETERANS		
1. Did you serve more than 180 days? If YES, please answer the following questions:	Yes	No
▪ Are you aged 18-24 years old?	Yes	No
▪ Are you or have you ever been incarcerated?	Yes	No
▪ Did you earn a high school diploma or equivalent certificate?	Yes	No
▪ Are you a recently separated service member, who at any point in the last 12 months has been unemployed for 27 or more weeks?	Yes	No
▪ Do you meet the lower level income guidelines (See Income Guidelines for WIOA Low Income Level)?	Yes	No
2. Did you serve in a Reserve Unit during a period of war, campaign, or expedition for which a campaign badge was authorized?	Yes	No
3. Were you discharged because of a service-connected disability?	Yes	No
4. Do you have a VA rated service-connected disability? If YES, <input type="checkbox"/> 10-20% VA rated or <input type="checkbox"/> 30% or greater VA rated	Yes	No
5. Are you a homeless veteran?	Yes	No
III. TRANSITIONING SERVICE MEMBERS (TSM's)		
<i>If you are a transitioning service member, answer questions #1-2.</i>		
1. Will you retire from service within 24 months or separate from service within 12 months?	Yes	No
▪ Were you referred via DD-2958 (Service Member Career Readiness Standards/Individual Transition Plan) or other?	Yes	No
▪ Are you aged 18-24 years old?	Yes	No
▪ Are you being involuntarily separated through a service reduction-in force?	Yes	No
2. Are you a service member who is wounded, ill, or injured and receiving treatment in a Military Treatment Facility (MTF) or Warrior Transition Unit (WTU)?	Yes	No
IV. MILITARY SPOUSES/CAREGIVERS		
<i>If you are a military spouse, answer questions #1-3.</i>		
1. Do you have a letter from the VA stating that you are an eligible spouse?	Yes	No
2. Does your spouse have a total disability resulting from a service-connected disability?	Yes	No
3. Has your spouse been listed as forcibly detained or interred by a foreign government or power, missing in action, or captured in the line of duty for a total of more than 90 days?	Yes	No
<i>If you are the surviving spouse of a veteran, answer questions #4-5.</i>		
4. Did your spouse die of a service-disconnected disability as evaluated by the VA?	Yes	No
5. Did your spouse die while having a total permanent disability resulting from a service-connected disability?	Yes	No
<i>If you are a caregiver of a service member, answer question #6.</i>		
6. Are you a caregiver of a service member who is wounded, ill, or injured and receiving treatment in a Military Treatment Facility (MTF) or Warrior Transition Unit (WTU)?	Yes	No



WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) APPLICATION

Adult Eligibility - Eligibility Date: _____

DW Eligibility - Eligibility Date: _____

Youth Eligibility - Eligibility Date: _____

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Birth Date: _____ Age: _____ Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternative Contact (Please make sure that you provide the name of someone who does not live in the same house with you.)

Name: _____ Relationship to Applicant: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

DRIVERS LICENSE

Do you have a Georgia Driver's License or Georgia ID? Yes No **Class:** A B C
Driver's License Type: Regular Commercial (CDL) CDL Endorsements
Has your license ever been or is currently Suspended or Revoked? ☐ Yes ☐ No

DEMOGRAPHIC INFORMATION

Registered for the Selective Service: Yes No	Race - Ethnicity: African American American Indian/Alaskan Native Hawaiian/Other Pacific Islander Asian White I do not wish to answer
Considered to be of Hispanic Heritage: Yes No	
Authorization to Work in U.S.: Alien/Refugee lawfully admitted U.S. Permanent Resident Citizen of U.S. or U.S. Territory None	

DISABILITY INFORMATION

Do you have a Disability: Yes No **If yes, do you need any accomodations?** Yes No

TRANSITIONING SERVICE MEMBER

Type of Transitioning Service: Not Applicable **Transitioning Service Member:** Yes No
 Within 24 Months of Retirement
 Within 12 Months of Discharge **Estimated Discharge Date:** _____

VETERAN INFORMATION

Have you served in the US Military, Navel or Air Service? **Served More Than 1 Tour Duty:** Yes No
 Yes <= 180 Days Yes, eligible Veteran **Military Service Entry Date:** **Military Service Discharge Date:** **Campaign Veteran**
 No Yes, other eligible person Yes No

Homeless Veteran: Yes No	Disabled Veteran Yes, Disabled Yes, Special Disabled (Greater than 30%) No
Recently Separated Veteran (within the last 48 months): Yes No	
Received Services From Veterans Vocational Rehabilitation: Yes No	
Attended a Transition Assistance Program (TAP) Workshop within 3 years: Yes No	

EMPLOYMENT INFORMATION

Employment Status: Business Closed Discharged/or Fired Never Employed Self Employed
Quit/Resigned Laid Off/Lack of Work Retirement Other
Military Separation (ETS, Retirement)

If Employed, Individual is Under-Employed: Yes No

Unemployment Eligibility Status: Claimant Exhaustee Neither

Claimant has been Exempted from Work: Yes No **Date Claimant was Exempted:**

Long-term Unemployment (27 or more consecutive weeks): Yes No

Current or Most Recent Hourly Rate of Pay: \$

Occupation of Most Recent Employment Prior to WIA/WIOA Participation:

Farmworker Status: Yes No

EMPLOYER

Have you received a termination of layoff notice from your last job or job of dislocation? Yes No

Projected Layoff Date: _____

Actual Layoff Date: _____

Attended a group orientation (Rapid Response)?

Yes No

Date Attended: **Rapid Response Event Number:**

Are you a Dislocated Worker?: Yes No

Employer: _____

Employer Address: _____

Employer City, State & Zip: _____

Hourly Wage: \$_____

Did you attend a meeting at your employer to discuss Unemployment Insurance and Workforce training?

Yes No

EMPLOYMENT

List current & previous employers going back 10 years, beginning with your most recent job.

Most Recent Employer: _____ **Type of Business:** _____

Address: _____ **Phone Number:** _____

Job Title: _____ **Main Duties:** _____

Equipment Used: _____

Hours per week: _____ **Shift:** _____ **Paid** **Volunteer** **Internship** **Hourly Pay:** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ **Type of Business:** _____

Address: _____ **Phone Number:** _____

Job Title: _____ **Main Duties:** _____

Equipment Used: _____

Hours per week: _____ **Shift:** _____ **Paid** **Volunteer** **Internship** **Hourly Pay:** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____ Main Duties: _____

Equipment Used: _____

Hours per week: _____ Shift: _____ Paid Volunteer Internship Hourly Pay: _____

Start Date: _____ End Date: _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone Number: _____

Job Title: _____ Main Duties: _____

Equipment Used: _____

Hours per week: _____ Shift: _____ Paid Volunteer Internship Hourly Pay: _____

Start Date: _____ End Date: _____

Reason for Leaving: Laid-off Quit Terminated Other Employment Other

Explain Reason: _____

EDUCATION

Name of High School: _____ High School Diploma or Equivalent Received: Yes No

HIGHEST EDUCATION LEVEL COMPLETED: 1 2 3
4 5 6 7 8 9 10
11 12

If yes, Year Graduated: _____

List the name of other schools attended, include degree/certificates and areas of study:

School	Course of Study	Did you Graduate	Year
_____	_____	Yes No	_____
_____	_____	Yes No	_____
_____	_____	Yes No	_____

I have **attained** the following credential(s): HS Diploma GED Certificate of Completion
Technical School Certificate AA BA/BS MA/MS PH.D None

If available, please provide Three Rivers with copies of your attained credentials.

PUBLIC ASSISTANCE					
Individual or member of a family that is receiving or in the past 6 months has received:					
Are you receiving Supplemental Security Income (SSI):			Yes	No	
Are you receiving Refugee Cash Assistance (RCA):			Yes	No	
Are you receiving Social Security Disability Insurance income (SSDI):			Yes	No	
Are you in a household receiving Food Stamps (SNAP):			Yes	No	
Are you receiving or have you been notified you will be receiving the Pell Grant.			Yes	No	
Are you receiving TANF:			Yes	No	
Are you receiving General Assistance (GA):			Yes	No	
Foster Child: (state or local payments are made for applicant)			Yes	No	
Ticket to Work Holder Issued by the Social Security Administration:			Yes	No	
Receives, or is Eligible to receive Free or Reduced Lunch under the Richard B. Russell National School Lunch Act:			Yes	No	
INDIVIDUAL BARRIERS					
English Language Learner:		Yes	No	Pregnant/Parenting Youth: Yes No	
Basic Skills Deficient/Low Levels of Literacy:		Yes	No	Runaway: Yes No	
Youth in, or aged out of Foster Care:		Yes	No	Are you Homeless: Yes No	
EX-Offender (individual has been arrested/convicted)		Yes	No		
Youth Requires Additional Assistance to Complete a Educational Program or to Secure/Hold Employment		Yes	No		
INCOME INFORMATION					
Due to the Individual's disability, they qualify as a Family of 1:				Yes	No
What is your annualized family income: \$ _____				Family Size: _____	
<p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be considered justification for dismissal if discovered at a later date.</p> <p>I acknowledge that my Personally Identifying Information (PII) and assessments will be used for grant purposes only.</p>					
_____ Applicant Signature		_____ Date		_____ Parent or Guardian Signature (if under 18yrs old)	
				_____ Date	