



Work Experience Participant Application

To be eligible for the Experience Works! Program, youth must be:

- ✓ A U.S. Citizen or qualified non-citizen
- ✓ Be between the ages of 16 and 18 years
- ✓ Have his/her identity verified through SSN
- ✓ A resident of Westmoreland or Fayette County
- ✓ Meet TANF Guidelines

Follow these steps to complete the application process:

1. Complete Entire Application. Use “Not Applicable” when appropriate.
2. Submit all required documentation with the application.
3. Return application and documentation to youth program provider or local CareerLink® Location prior to the start date of the program.

Openings are limited and failure to provide ALL required documentation will result in processing delay. Each Youth that applies will be contacted with more details.

Additional applications can be downloaded from the WIB Website at www.westfaywib.org or picked up at local CareerLink® Locations!

Local PA CareerLink® Locations:

- ❑ PA CareerLink® Westmoreland: 151 Pavilion Lane, Youngwood, PA 15697
- ❑ PA CareerLink® Alle-Kiski: 1150 5th Ave, Suite 200, New Kensington, PA 15068
- ❑ PA CareerLink® Fayette: 112 Commonwealth Drive, Lemont Furnace, PA 15456



Provider Name: _____
Program Type: <u>PWE</u>
Program Address: _____
Contact Person: _____
Phone Number: _____

TANF PROGRAM APPLICATION

Application Date: ____/____/____

PLEASE PRINT USING BLACK OR BLUE INK PEN

ALL APPLICANTS MUST PROVIDE PROOF OF IDENTIFICATION AND SOCIAL SECURITY CARD WITH APPLICATION!			
Last Name:	First Name:	Middle Initial:	Social Security #:
Street Address:		County:	
City:	State & Zip Code:	Email Address: _____ <input type="checkbox"/> <input type="checkbox"/>	
Date of Birth: _____ <input type="checkbox"/> _____	Age: _____	Gender: _____ Male Female	
Race: _____ <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian		Home Phone#: _____ Cell Phone #: _____ Facebook: _____	
Demographic Data: (Check all that Apply)			
<input type="checkbox"/> High School Dropout <input type="checkbox"/> Homeless/Runaway/Foster Child <input type="checkbox"/> Out of School Youth <input type="checkbox"/> In-School Youth <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Adjudicated or at-risk of being court involved <input type="checkbox"/> Incarcerated Parent (s) <input type="checkbox"/> Migrant <input type="checkbox"/> Pregnant or Parenting <input type="checkbox"/> English Language Learner			
EDUCATION INFORMATION			
Current High School:		Present Grade:	Graduation Year:

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

APPLICANT'S SIGNATURE and DATE

PARENT/GUARDIAN'S SIGNATURE and DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request the disclosure to the TANF Youth Development Program (YDP) service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP provider.

APPLICANT'S SIGNATURE and DATE

PARENT OR GUARDIAN'S SIGNATURE and DATE

STAFF SIGNATURE and DATE





STATEMENT OF FAMILY SIZE/FAMILY INCOME

Name: _____

NOTICE: The household includes **only** the **TANF YDP participant**, as well as the prospective participant's legal spouse and/or children, if applicable. List TANF YDP participant's household members 6-month income. **Parent(s) information and income of the prospective TANF YDP participant is not required.**

Household Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last Six Months)
Total Number in Family:			Total Income: \$ 0.00

Sources of income: Employment, Self-Employment, Pension, Alimony, Worker's Compensation, and Social Security Retirement/Survivor Benefits

*****You MUST include copies of proof of income such as pay stubs, social security benefits, public assistance records, etc.*****

Additional Sources of Family Income not included in Income Eligibility: (validation documentation must be included)

- Does your family currently receive Cash Public Assistance? Yes No
- If not, did your family receive Cash Public Assistance within the last six (6) months? Yes No
- Does your family receive Food Stamps? Yes No
- If not, did your family receive Food Stamps within the last six (6) months? Yes No
- Does anyone in your family receive Supplemental Social Security (SSI)? Yes No
- Does anyone in your family receive Social Security Disability Income? Yes No
- Do you receive child support? Yes No

I attest to the best of my knowledge that the information above is true and correct.

Signature of Applicant **Date**

Signature of Parent or Guardian **Date**

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 the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA 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 WIOA 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.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA 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 or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above.)

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

FOR INFORMATION OR TO FILE A COMPLAINT, CONTACT

**LWDA/PA CAREERLINK®/UCSC
EQUAL OPPORTUNITY OFFICER**

STATE AGENCY

**JAMES J. KAYER
jkayer@pa.gov**

**DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF EQUAL OPPORTUNITY
651 BOAS STREET, ROOM 1402
HARRISBURG, PENNSYLVANIA 17121-0750
PHONE: 717-787-1182 OR 800-622-5422
TDD/TTY: 800-654-5984 FAX: 717-772-2321**



**STATEMENT OF RECEIPT
APPLICANT/PARTICIPANT
RIGHTS FORM**

I hereby certify that I have received, read and understand my "Civil Rights" as an Applicant/Participant of the WIOA program and acknowledge so with my signature.

Applicant/Participant Signature

Date Signed

Witnessed by WIOA Representative

Date Witnessed

Witnessed at (name and address where the document was received, signed and dated).

Note: This document must be retained in the Applicant/Participant file.

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

