

**REGIONAL MEMPHIS YouthBuild Application**

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

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| **Please List *ALL* Members in Your Household** |
| **Name** | **Relationship** | **Age** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **TennCare Participant****Yes󠆹 󠆹󠆹 󠆹 No**  | **DHS Assistance** | **DHS Caseworker** |
| **Housing Status****Rent** **Own** **Other**  | **Has Applicant Ever Been Enrolled in Job Corps?****Yes**  **No**  | **Is Applicant Receiving HUD?****Yes**  **No**  |
| **Needs (check all that apply)** | **Barriers (check all that apply)** |
|  Educational Counseling Alternative School Services High School Proficiency Tutoring Jr. High School Proficiency Tutoring Adult Education and Literacy Activities Needs Work Experience *Child Care Assistance* Family Counseling Mental Health Counseling |  Occupational Skills Training Job Readiness Training On the Job Training Skill Upgrade/Retraining Summer Employment Opportunities Internship Adult Mentoring Leadership Development Entrepreneurial Training *Alcohol & Drug Counseling* |  TANF Exhaustee *Pregnant* *Parenting Teen* *Victim of Domestic Violence* *Homeless/Runaway* *One or more of applicant’s parents received welfare assistance* *Learning Disability* *Poor Work History* |  Foster YouthYear State  Gang Affiliation *Transportation Issues* At Risk of Dropping out of School HS Grad with Difficulty Completing an Educational Program HS Grad with Difficulty Obtaining Employment One or more parents are incarcerated |
| **Name of School Attending or Last Enrolled In** | **Last Grade Completed** | **School Drop Out**Yes  No  |
| **Reason for Drop Out:** |
| **High School Graduate/GED****Yes**  **No**  | **High School Graduate with Employment Difficulties****Yes**  **No**  | **High School Graduate with Basic Skills Deficit**Yes  No  |
| **Veterans** |  |  |
| **Branch of Service Service from to**  | **Veteran Status: <=180** **Veteran Status: > 180** **Recent Separation****Campaign Veteran** |  **Vietnam-era** **Disabled Veteran** **Special Disabled** |
| **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** |  |  |

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| **Labor Force Status****Employed** **Unemployed** | **Does Applicant have any previous Work****History? Yes**  **No**  | **Has Applicant Worked in a Subsidized Work Program? Yes** **No**  |
| **Number of Weeks Not employed**  | **UI Claimant Yes**  **No**  |
| **Work History-For Last 2 years** |  |  |
| **Dates Worked (Month/Date/Year)*****to*** |  | **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)*****to*** |  | **Company** |  |  | **Job Title** |
| **Address** |  | **Supervisor** |  |  | **Hours Worked Per Week** |
| **City, State, Zip Code** |  | **Phone Number** |  |  | **Wage/Salary** |
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| **City, State, Zip Code** |  | **Phone Number** |  |  | **Wage/Salary** |
| **Reason for Leaving** |  | **Duties** |  |  |  |
| **Dates Worked (Month/Date/Year)*****to*** |  | **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** |

**Referred By**



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| **YOUTHBUILD Income Eligibility** |  |  |
| **Earned Income** |
| **Household Income** *List Family Members that are Working* | **How many weeks on Job?** | **Hourly Rate of Pay** | **Normal Hours Worked Per Week** | **Paid? Daily, Weekly, Bi- Weekly, Monthly** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **Total Income** | **\*\*\*Add additional family members on back of this page** |
|  |
| **Family Size (2009)** | **Allowable Income** |  |
| **1** | **$ 28,750** |  |
| **2** | **$ 32,900** |  |
| **3** | **$ 37,000** | ***FY 2009 80% Low Income Limits for Garfield County,*** |
| **4** | **$ 41,100** |  | *Oklahoma, HUD* |
| **5** | **$ 44,400** |  |  |
| **6** | **$ 47,700** |  |  |
| **7** | **$ 50,950** |  |  |
| **8** | **$ 54,250** |  |  |
|  |
| **Additional Sources of Financial Support** |
| **Financial Support** *List Family Members* | **Type of Support (SSI, SSDI, etc.)** | **Amount/Timeframe** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **Total Additional Financial Support** | **\*\*Add additional income on back of this page** |
| **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 every day you worked in agriculture** |  |  |
| **Full-time student who traveled with a group, other than family, to work in agriculture** |  |  |

# Certification

**I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination from services.**

**Signature of Applicant Date**

**Signature of Parent/Guardian Date**

**Signature of Interviewer Date**

# ACKNOWLEDGEMENT OF UNDERSTANDING AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

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

* ***Shelby Couth Schools***
* ***Workforce Midsouth***
* ***Memphis Workforce Investment Network***
* ***Tennessee Department of Human Services***
* ***US Department of Labor***
* ***Urban Strategies, Inc.***
* ***LeMoyne-Owen College***
* ***Southwest TN Community College***
* ***Tennessee Job Corps***
* ***Memphis Police Departments Selective Service officials***
* ***Veterans Administration officials***
* ***Tennessee Department of Vocational Rehabilitative Services Court officials***
* ***Employers (past, present, future)***
* ***Shelby County Juvenile Services***
* ***Alcohol/Drug Rehabilitation Agency officials Shelter officials***
* ***Medical professionals’ Vocational Technical school***
* ***Others as deemed appropriate for each Applicants needs***

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

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

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

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

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

**Signature of Applicant Date**

**Signature of Parent or Guardian Date**

**EQUAL OPPORTUNITY STATEMENT**

E Q U A L O P PO R T U N I T Y I S T H E L A W

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, based on 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), based on 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 about, 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

Participant Signature Date

Parent or Guardian Signature if Under 18 Date

# GRIEVANCE POLICY

**What is a Participant Grievance?** An expression of dissatisfaction relating to any service provided by the South Memphis Renewal Community Development Corporation, 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. South Memphis Renewal Community Development Corporation 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 South Memphis Renewal Community Development Corporation. 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 raided 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

1. *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.

1. *Step I-Formal Grievance*-If a Participants’ 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.

1. *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 appear, 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**