

Application for Employment and Training Services

Through federal and state-funded grants, Hired can offer employment and training opportunities to eligible youth between the ages of 14 -24.

If you are eligible for a program through Hired WIOA/MYP, you will work with an employment counselor to identify specific job-related goals and training opportunities available to you. Examples of employment and training activities may include paid work experience, funding and guidance for your education path, GED or pursue higher education including college classes, and job search assistance.

Please answer all questions on the application, and sign and date pages 5, 6, and 8. If you are under the age of 18, a parent/guardian signature is required.

Please provide a copy of the following documents with your application:

- A copy of your Social Security Card (must be signed to be accepted) or W2
- Verification of your date of birth (copy of your driver's license or State ID)
- If you are not a United States citizen, provide verification of your immigration status (copy of your Lawful Permanent Resident card or other INS documentation)
- If you are a veteran, provide a copy of your DD214 to receive priority for services


Please return your completed application to:

Hired

800 East Minnehaha Ave Suite 200
St Paul, MN



We will contact you (via email or mail) to inform you of the status of your application. If you are eligible for services, you will be invited to attend an overview of services available through Hired WIOA/MYP.

If you have any questions on the application process or programs offered, call 612-558-4319 

Please read the Minnesota Data Practices Act on the back side of this page and keep for your records.

MINNESOTA DATA PRACTICES ACT

YOUR RIGHT TO PRIVACY

As an applicant for or participant in the Hired WIOA/MYP, you will be asked to provide information that is classified as private data. Under the Minnesota Government Data Practices Act, you have the right to know what use will be made of the private information you provide.

AUTHORITY TO COLLECT DATA

Hired, as a recipient of federal and state funds, operates programs in Ramsey County to help eligible individuals in getting jobs or training for jobs. As part of its responsibilities as a recipient of these funds, Hired is authorized to ask applicants and participants for information that is necessary to determine their qualifications to participate in the program.

PURPOSES AND USES OF DATA COLLECTED

The information asked for will be used by the program's staff to determine your eligibility for participation and to help you find a suitable job. The information will be entered into a record keeping system and staff whose jobs reasonably require it will have access to the information to provide the best possible training and service to you. Other government agencies, including the Minnesota Departments of Employment & Economic Development, Human Rights, and Human Services, the United States Departments of Health and Human Services, Labor, Housing and Urban Development and Agriculture, and the Legislative Audit Office may examine the information for program monitoring, evaluation, or audit purposes.

Employment and training data may be given to other employment and training service providers to coordinate the employment and training services for you or to determine your eligibility or suitability for services from other programs. It may also be given to local and state welfare agencies for monitoring your eligibility for any assistance programs, or for any employment or training program administered by those agencies. Any other uses of the information provided will be for statistical or research purposes only and will not disclose any personal identifying information about you.

EFFECTS OF NON-DISCLOSURE

You may be asked to provide data that you are not required to give to qualify for job training services. Failure to complete these items will not adversely affect your eligibility. However, you are encouraged to complete all the items to allow for a more complete assessment by staff.

Intentional misrepresentation of information about income or employment will result in termination from enrollment in any Hired program with Ramsey County.

WAGE DETAIL FILES

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

SAVE THIS PAGE FOR YOUR RECORDS

- Summer Program
- Year-Round Program

Referral Source: _____

Section #1: PERSONAL INFORMATION

Date: _____

Legal Full Name

Last _____ First Name _____ Middle _____

Street Address _____ Apt. # _____

City _____ County _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____

(By providing your email address, you give Ramsey County WFS permission to correspond with you via email)

Social Security # ----- Age _____ Date of Birth ____/____/____

How did you hear about our program? _____

Gender: Male Female

Ethnicity: Hispanic or Latino

Race: (Check all that apply)

- American Indian/Alaskan Native
- Black/African American
- White
- Asian
- Hawaiian Native/Pacific Islander

Veteran Status: Yes No

Selective Service (18 & older males only)
Are you registered with the Selective Service?
 Yes No

Authorization to Work Status: Check one

- U.S. Citizen
 - Eligible Non-Citizen
 - Non-Citizen: Not authorized to work
- Alien Reg. # _____
Expiration Date: _____
Permanent

Notes: _____

Section #2: FAMILY STATUS INFORMATION

Family Size: *Include all relatives who are/or would be included on family tax return (include yourself).*
Living with:

- Both Parents
- Mother
- Father
- On my own
- Foster Care
- Group Home
- Homeless
- Relative: _____
- Other: _____

Section #3: FAMILY INCOME

Financial Assistance:

My family **DOES** receive the following types of assistance (add Maxis # where ** appears):

- MFIP/TANF Grant** _____
- General Assistance (GA)** _____
- Food Stamps** _____
- Refugee Assistance** _____
- Child Support
- Social Security
- Pension
- Supplemental Security Income SSI
- Unemployment Insurance
- Free School Lunch
- Veterans Disability

My family **DOES NOT** receive any financial assistance.

Family Income:

Please indicate the entire family income and sources for the last 6 months prior to date of this application. This section must be completed unless the young adult can document that he/she provides more than 50% of his/her own support. Sources of income include: gross wages and tips, social security (indicate type), pensions, alimony, child support and other periodic income such as rental income and regularly paid insurance premiums.

<u>Name of family member</u>	<u>Relationship to you</u>	<u>Type of Income</u>	<u>Received in Past 6 months</u>
1. _____	Self (applicant)	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Total Amount: _____

Section #4: HEALTH/PERSONAL ELIGIBILITY

Are you homeless or a runaway? Yes No

Do you have a disability? If yes, check **all** that apply:

- Physical Impairment Mental Impairment Learning Disability Emotional Disability
- Behavioral Disability Choose not to disclose any disabilities

If disabled, do you feel your disability is a barrier to employment? Yes No

I am or have struggled with chemical dependency Yes No

I am a child of Drug/Alcohol Abusers Yes No

I am behind 1 or more Grades Yes No

I am a High School Dropout Yes No

I am behind in Reading and/or Math Skills Yes No

I have limited English Abilities Yes No

I am an offender or in a Diversion Program Yes No

I am a Foster child or live in a Group Home Yes No

I am a Parent or Pregnant # of children _____

Yes No I am a Potential Dropout (must fit at least one of the following):

- Poor school attendance Enrolled in a public alternative school
- Dropped out & returned to school Assessed as chemically dependent

Notes: _____

SECTION #5: EDUCATIONAL STATUS

Educational Status:

- I am in the _____ grade at _____ school.
- I am a high school graduate (or received my GED) and plan to attend college or technical school.
- I am a high school graduate (or received by GED) and plan to look for a job.
- I did not complete high school and am not in school now. The last grade I completed _____
- I am currently attending college. Name of college: _____ Year _____
- I will be attending Summer School. Are you missing any credits? Yes No Unsure

IEP: Have you ever had an Individual Education Plan through your school? Yes No Unsure

Education	Name of School	Dates Attended	Last Grade	Major
Junior High School				
Senior High School				
Post-Secondary				

Section #6: EMPLOYMENT STATUS

Are you currently working? Yes No Part time Full time Temp

My last day of work was: _____ Are you eligible for or receiving unemployment? Yes No

Section #7: EMPLOYMENT HISTORY List your last three employers, starting with the most recent job.

To-From Dates	Name and City of Employer	Wage & Hrs/wk	Job Title	Supervisor's Name	Reason for leaving

Section #8: CAREER INTERESTS

What are your career interests?

Automotive Construction Hospitality Manufacturing Healthcare

Business Human Resources Information Technology

Section #9: TRANSPORTATION

How will you get to work?

Bike Ride Walk Other _____

Is there a business in your neighborhood that you would be interested in working at? If so, what business? _____

THIS SECTION IS TO BE COMPLETED BY SCHOOL, AGENCY OFFICIAL or ANOTHER REFERRAL SOURCE

*Please check the categories that apply to this student/applicant that you can verify per your records.
For verification purposes, a parent/legal guardian cannot complete this form.*

Name of Applicant: _____ Date of Birth: _____

Social Security#: _____ Do your records verify this applicant's date of birth? Yes No

Reading grade level: _____ Test name: _____ Test date: _____
Math grade level: _____ Test name: _____ Test date: _____

PLEASE INITIAL ALL THAT APPLY TO THIS STUDENT

- () Physical Disability _____
- () Mental Disability _____
- () Learning Disability _____
- () Emotional Disability _____
- () Assessed as Chemically Dependent
- () Basic Skills Deficient
- () Offender/Diversion Program
- () Education attainment is below one or more grade levels appropriate to age
- () Pregnant/Parenting
- () Foster Child
- () Homeless or Runaway
- () Limited English Proficiency
- () Child of Drug/Alcohol Abusers
- () High School Dropout
- () Receives Public Assistance

If you have a disability, please comment on how it is a barrier to employment: _____

_____ certify that the above information is based on School/Agency Records

(PRINT NAME)

_____ <i>School/Agency Staff Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>
_____ <i>Agency</i>	_____ <i>Phone</i>	_____ <i>Date</i>

Please email completed form to

CERTIFICATION STATEMENT/RELEASE OF INFORMATION

I hereby give permission for this applicant to participate in WIOA/MYP programs operated by Hired. I certify that the information that I have provided on this application is true to the best of my knowledge. I also understand that this information is subject to review for verification purposes, and that it will be used to determine my eligibility for the Hired WIOA/MYP Program. I further understand that the income information will be kept confidential and is subject to audit by program officials.

I understand that I am subject to immediate termination from the Hired WIOA/MYP Program if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury and forfeit any money earned but not yet received if, I have intentionally falsified information on this application. I also understand that false information regarding household size, age, and income may be subject to immediate termination and prosecution.

I understand that **completing this application does not guarantee** that I will be enrolled in the Hired Program.

I have read and understand the **Minnesota Data Practices Act** explanation provided with this application.

SIGNATURE OF YOUNG ADULT APPLICANT

Date

I give my consent for my daughter/son/ward to participate in the WIOA/MYP program operated by Hired.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

Date

Hired staff signature

Date

RECERTIFICATION

SIGNATURE OF YOUNG ADULT APPLICANT

Date

I give my consent for my daughter/son/ward to participate in the U LEAD program operated by Workforce Solutions.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

Date

Hired Staff Signature

Date



**CONSENT TO COLLECT
WAGE AND EMPLOYMENT DATA ON
INDIVIDUALS**

Minnesota CareerForce

The Minnesota CareerForce is asking for your consent to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data (wage and employment information) we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time during this period. If you want to stop your consent, you must write to Rachel Grosskurth, Hired, 800 East Minnehaha Ave, Suite 200, St Paul, MN 55106 and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to a Hired WIOA/MYP Representative before you sign.

- I give my consent for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release my wage and employment records
- I agree to let DEED UI release this data to the CareerForce/Hired for up to three years
- I understand that the Hired/CareerForce needs to collect the data to determine outcomes for workforce development programs
- I understand that, whether this data is released to the Hired, it will not affect my participation in Hired WIOA/MYP program

Signature of Customer _____ Date Signed _____
Print Name _____

Signature of Parent or Guardian _____ Date Signed _____
(If customer is under 18)

Signature of Person Explaining this Form _____ Date Signed _____

AGENCY COPY



Consent to Share Wage & Employment Information

In accordance with the Minnesota State Statute on Data Privacy, M.S. § 268.19, Subd.(1b), I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state’s Wage Detail files to Workforce Development, Inc.

I understand that this is private information and my decision to refuse to provide consent to share this information will not have an affect on my participation in the program.

I understand that Workforce Development, Inc. will use this information ONLY for the following four purposes:

1. Preparing required reports
2. Auditing Hired Youth Programs or Workforce Development, Inc.
(Program Name)
3. Reviewing my eligibility for Workforce Development, Inc. employment and training programs, and/or
4. Learning how well the Hired Youth Programs is helping people like me.
(Program Name)

I understand that Minnesota state law does not allow Workforce Development, Inc. to use this information for any other purpose.
(Agency Name)

This information may not be shared by Workforce Development, Inc. without my consent.
(Agency Name)

This consent goes into effect today. This approval expires after three years from the time I leave Hired Youth Programs.
(Program Name)

I may cancel this consent in writing at any time.

- Yes, I agree to the sharing of wage and employment information.
- No, I do not agree to the sharing of wage and employment information.

Participant’s Name (Print or Type)

Date

Participant’s Signature

Participant’s WF1 Number

Parent/Guardian Signature (If Applicable)

Date

FOR AGENCY USE ONLY

Please complete the **Wage Detail** field on the Application Information form (#88) or MFIP Short Application (#34). Enter a “Y-YES” or “N-NO” as indicated by the checked box above consenting to share their wage and employment information.

NOTE: THE PARTICIPANT MAY CANCEL THIS AUTHORIZATION OF CONSENT AT ANYTIME WITH A WRITTEN REQUEST.



Consent for Release of Information and Transport Permission

Participant Name: _____

This document will authorize: _____ Hired staff
_____ Schools, Probation, County Staff
_____ Community Partners
_____ Employers or potential employers
_____ Other: _____

To release to: _____ Hired staff
_____ School, Probation, County Staff
_____ Community Partners
_____ Employers or potential employers
_____ Other: _____

Release Agreement:

This will authorize HIRED to exchange or receive client records with individuals or agencies indicated above.

I understand that I may revoke this consent at any time and that one year from the date signed or upon fulfillment of the above stated purpose(s), whichever occurs earlier, this consent will automatically expire without my expressed revocation.

Transport Permission Agreement: This will authorize Hired Staff to transport the minor participant, in privately owned vehicles, while enrolled in Hired Youth Programs. By signing this agreement, signer releases Hired from injury liability except in the case of negligence.

Hired Counselor Signature of Participant

Date Signed Date Signed

Signature of Parent (If under 18 years old)

Date Signed

How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide eligibility for services and service you are eligible for, and coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the next page). I understand that I have the right to file a complaint of discrimination.

_____ Name (Print)	_____ Signature	_____ Date
_____ Name (Print)	_____ Signature of Parent/Guardian (if applicant is under 18)	_____ Date

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This material is available in alternative formats, such as large print, Braille, or audio tape.

EQUAL OPPORTUNITY IS THE 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 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);

WIOA EO Officer: Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), Karen.Lilledahl@state.mn.us

State EO Officer: Heather Stein, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), heather.stein@state.mn.us

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](http://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.

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hired

Photograph & Story Release

Having been photographed and/or interviewed by Hired, I hereby release and grant to Hired exclusive right to the photographs, interview material and resulting story. This release includes reproduction of such photographs, interviews and resulting stories, or any part by any method for informational or publicity pieces, including print and electronic publications, that Hired may develop now or in the future.

Hired shall have exclusive control, title to, and right of copyright to all photographs and articles which bear my name or likeness in the productin of this project.

It is agreed that this release and grant extends to reasonable use of the photographs, interviews and resulting story. Such release and grant shall not protect Hired from liability, should there be any malicious use by Hired.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Consent of Parent/Guardian

For participants under the age of 18, this form must be co-signed by a parent or guardian.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Hired Staff Verification

Signature _____ Date _____

Name _____

Title _____

Hired Youth Program Participant Guide

Summary of Policies in attached document:

You are enrolling in a Hired Youth program, funded by federal, state and/or local dollars. The agency that you are working with is providing services to you as a subcontractor for Dakota County, Ramsey County, The City of Minneapolis, or Suburban Hennepin County.

General Responsibilities:

- It is expected that you will actively work towards your employment plan goals, communicate regularly with your case manager, and exhibit behavior appropriate for a work setting.
- Chemical use is prohibited on the premises of any program partners.
- Dislocated workers may hold a part-time or interim job while participating in the program under certain circumstances. You will have to check with the DW Program to see if this information is still correct.
- You are responsible for reporting any changes in your name, address or contact information.
- Your Case Manager can provide you information about supportive services and training possibilities.
- Leaving the program will result in the closure of your record. Please talk to your Case Manager about any situations that may prevent you from successfully completing the program.

Equal Opportunity/Affirmative Action Policy:

Hired considers applicants without regard to race, color, creed, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency) age, political affiliation or belief, marital status, disability, familial status, or status with regard to public assistance. It is our policy to abide by all federal, state, and local laws concerning discrimination.

Complaint Process:

If you feel that anyone has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance.

I have reviewed the Hired Youth Program Participant's Guide with a member of the Program staff. I understand all of the policies and procedures in the Guide and agree to follow them as long as I am involved in the program.

Participant signature: _____ Date: _____

Staff signature: _____

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Welcome to Hired Youth Programs

You are enrolling in a program that is **funded by The County of Ramsey/ State of Minnesota** with federal, state and/or local funds. This organization, **HIRED**, is providing these services to you as a subcontractor for The County of Ramsey.

The goal of our programs is to help you, the participant, to find and keep a permanent, full-time job. Your Case Manager will provide you with support and encouragement throughout the job seeking process. He or she will help you decide on a career and then create a step-by-step action plan to help you meet your goals. Your Case Manager may offer suggestions and ideas and where needed, assist you by providing referrals to information and locating resources. Your Case Manager will also share appropriate job leads.

Client Responsibilities

General Conduct

- You are expected to take a proactive and self-managing role in seeking employment and if available, in seeking out applicable training information.
- You are expected to contact your Case Manager on a regular basis, at a minimum, at least once a month.
- You are expected to be on time for all classes, appointments and training sessions. If you are unable to make a scheduled appointment, you should call or email no later than 1 hour prior to your scheduled meeting. If you are ill, you should try to hold a phone meeting or reschedule the meeting for another time.
- Your behavior must be appropriate for a work setting.

Chemical Use

- Hired prohibits the use of mood-altering substances (drugs or alcohol) on the premises of any of our program partners.
- Violation of this policy or behavior which suggests that you may be abusing alcohol or chemicals may result in your being referred for a chemical use assessment.
- Refusal to accept a referral for an assessment may result in your termination from the program.
- If you want to talk about chemical use, your program counselor can refer you to a chemical dependency counselor.

Working While in the Program

- You may hold a part-time or interim job (if you are in the Dislocated Worker program) while you participate in Hired Youth Programs, as long as the job does not interfere with your training.
- If you are enrolled in the Dislocated Worker program, interim employment is a job that provides essential, temporary income while you participate in the program. Interim employment must not be with the employer that originally dislocated the worker, nor with that employer via third party contract or any other basis, except for temporary recalls. Interim employment must be temporary, with a clear intent to leave the work at the completion of the program in favor of permanent, unsubsidized employment. Interim employment does not have to be part-time.
- No Hired Youth Program (work experience site) shall allow youth workers to provide services or engage in political or religious activity as part of the work assigned.

Program Administration

Information Updates

- You are responsible for notifying your program counselor about changes of address, legal name, or social security number.
- You must report to your counselor if you start or stop receiving welfare benefits while participating in a Hired Youth program, or if you accept a job and leave the program.

Supportive Services

- Hired Youth Programs may offer limited supportive services, such as transportation, for those who are most in need. See your Case Manager for more information.

Training

- Training funds may be available (in some programs) on a case-by-case basis. Training funds are intended to help participants overcome barriers to employment or re-employment and require pre-approval by your counselor. You may be required to apply for financial aid before receiving program funds.
- Training funds are limited (if available) and cannot be guaranteed from year to year.
- If you are unable to complete or begin an approved training program, you must notify your Case Manager immediately.
- You must agree to provide a copy of your grades within 2 weeks of receipt and completed certifications or degrees following completion of the program within 2 weeks of receipt of certification/degree.
- Since the goal of these programs is successful employment, before any training funds are approved, it must be clearly demonstrated that the training will likely lead to the achievement of this goal.

Release of Information

- The information that you provide to Hired about yourself will be shared among partner agencies to help you participate in the program and to gain employment.
- Private information will not be released outside of Hired without your written consent.

Leaving the Program

When you leave a Hired Youth program, your case record is closed and you are no longer a participant. Please provide your Case Manager with your updated contact information when you exit the program. There are several different ways that you might exit the program...your success is our success.

1. You may leave the program because you have achieved your goals and have obtained and will hold on to your new job. You should notify your Case Manager, within one week, in the event that you accept any part or full time employment. Your Case Manager will need to know the name/address of your employer, job title, starting wage, hours per week, and minimal benefits information. Then, over the next 12 months, in order to measure the effectiveness of the program, we will ask you and/or your employer to provide follow-up information that will be kept strictly confidential. We will contact you to see how you are doing and assist you with questions that you might have as you progress on your job. The information that you will be asked to provide will help us demonstrate the effectiveness of the services provided and is important to the ongoing success of the program. We are required by our funding sources to do follow up with you for one full year after you have begun working.
2. You may need to leave the program without reaching your goals due to other reasons such as medical or family problems. Please talk with your Case Manager about any emergency situations that might prevent you from successfully completing the program. He or she will work with you to decide the best course of action in your particular case.

3. You may be asked to leave the program without reaching your goals of the program. This type of exit from the program may prohibit future enrollment in Hired Youth Programs:
- **Compulsory reasons for disqualifying an eligible customer.** A service provider **must** immediately exit a customer if it discovers any of the following: (1) the customer no longer meets one or more of the general requirements (right to work, military special service act compliance, age); **or** (2) if a Dislocated Worker program participant has undertaken full-time work that does not fall under a reasonable interpretation of interim employment or temporary recall; **or** (3) if a Dislocated Worker program participant, prior to layoff, accepts a buyout package that essentially qualifies the individual as a voluntary quit; **or** (4) if the Adult or Dislocated Worker customer has not been in contact with the counselor for a period of 90 consecutive days; **or** (5) if the customer has provided false or intentionally misleading information that served as the basis for an eligibility determination; **or** (5) the customer who is not in training yet has verifiably stopped a serious search for permanent, full-time work.
 - **Discretionary reasons for disqualifying an eligible customer.** A service provider **may** exit a customer, at its own discretion, if it determines any of the following: (1) the customer presents a direct threat to the health or safety of any employees of the service provider, or any other customers present at the service provider's location; **or** (2) the customer is uncooperative with all reasonable attempts to work with him or her on a successful transition to permanent, full-time work.

Workforce Innovation and Opportunity Act (WIOA)

As a WIOA Title I-B Program Provider, our subcontractors must adhere to the guidelines regarding WIOA Title I-B Program Complaints. WIOA Regulations (20 CFR 667.600, Subpart F) mandate that each WIOA Title I-B Program Provider develop and maintain a procedure for handling grievances and complaints.

Applicants/Participants must be provided information concerning their rights. If you are unhappy with the services, treatment, or if you disagree with the eligibility requirements that you have received under a WIOA Title I-B Program (WIOA Adult, WIOA Youth, Dislocated Worker), or other program that is part of the workforce development system, please ask to discuss the issue with the impartial person designated to explore WIOA program complaints at the local level:

Name/Title:	Karen Lilledahl/DEED
Voice Telephone:	(651) 259-7089
TTY:	(651) 259-7089
FAX:	(651) 297-5343
Address:	332 Minnesota Street E200
City, State, ZIP:	St. Paul, MN 55101
E-Mail:	Karenlilledahl@state.mn.us
<i>Program Provider:</i>	Dakota County/Ramsey County Subcontractor _____

An informal attempt at resolution should take place prior to the filing of a formal written program complaint. Program complaints may be filed within one year of the alleged occurrence. A program complaint contains only an issue (reason for the complaint) concerning a program service or activity. It is processed as a program complaint under the Employment and Training Regulations (20 CFR, Subpart F, 667.600). If you wish to file a formal written WIOA Program complaint, please request a copy of the Minneapolis Employment and Training detailed WIOA Program Complaint Handling Procedures and the WIOA Program Complaint Form.

The local level has sixty days from receipt of a written complaint to issue a decision. A hearing before an impartial hearing officer shall be provided upon request from the complainant within the sixty (60) days allowed for a local level resolution.

If a WIOA complaint is not resolved at the WIOA Title I-B Program Provider level, it may be appealed to:

Ann Feaman, State-Level Equal Opportunity Officer	
Minnesota Department of Employment and Economic Development (DEED)	
Office of Diversity and Equal Opportunity	
1st National Bank Building	
332 Minnesota Street, Suite E200	
St. Paul, MN 55101-1351	
Voice Telephone:	(651) 259-7097
FAX:	(651) 651-297-5343
E-Mail:	ann.feaman@state.mn.us

You may file an appeal with DEED if you are:

- dissatisfied with the local decision, or
- if the local level failed to issue the administrative decision within 60 days of the complaint filing date. A total of 120 days from the date the complaint was filed.

You may file an appeal with the Department of Labor (DOL):

- If the state fails to issue a decision within 60 days from their receipt of the appeal
- or if you wish to appeal an adverse decision from the state,
- you can appeal to the Secretary of Labor within 60 days of receipt of the decision being appealed.
- Appeals, where the state fails to issue a decision within 60 days, must be made within 120 days of the filing of the complaint with the state or the filing of the appeal of a local complaint with the state.

Appeals must be submitted by certified mail, return receipt requested to the:

Secretary, U.S. Department of Labor
Washington, D.C. 20210
Attention ASET

The Minnesota Department of Employment and Economic Development WIOA Program Complaint Handling Procedures can be found at: <https://apps.deed.state.mn.us/ddp/PolicyDetail.aspx?pol=312>

Workforce Innovation and Opportunity Act (WIOA) Discrimination Complaints

It is the policy of Hired to assure nondiscrimination and equal opportunity in the operation and administration of all programs, services and activities.

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. Prohibited factors under Minnesota State Law are: marital status, sexual orientation, creed or status in regard to public assistance.

A WIOA discrimination complaint may be filed against any beneficiary of programs financially assisted under Workforce Innovation and Opportunity Act (WIOA) (WIA Adult, WIA Youth, and Dislocated Worker or any workforce program part of the workforce development system).

A discrimination complaint includes both a prohibited basis/prohibited factor and an issue. Who is protected under the WIOA Act? Registrants, applicants, eligible applicants/registrants, participants, applicants for employment, grant applicants, employees, subrecipients that receive WIOA Title I funds.

You may file a written discrimination complaint within 180 days of the alleged discriminatory act with either the:

Local Equal Opportunity Officer	OR	
Equal Opportunity Officer		The Director
Name / Title: Karen Lilledahl		Civil Rights Center (CRC)
Address: 332 Minnesota Street E200		U.S. Department of Labor
City, State ZIP: St. Paul, MN 55101		200 Constitution Avenue NW
Voice Telephone: (651) 259-7097		Room N-4123
FAX: (651) 297-5343		Washington, DC 20210
E-Mail: Karen.Lilledahl@state.mn.us		

WIOA EO Officer	State EO Officer
Karen Lilledahl	Ann Feaman
Minnesota Department of Employment and Economic Development (DEED)	Minnesota Department of Employment and Economic Development (DEED)
Office of Diversity and Equal Opportunity	Office of Diversity & Equal Opportunity
1 st National Bank Building	1 st National Bank Building
332 Minnesota Street, Suite E200	332 Minnesota Street, Suite E200
St. Paul, MN 55101-1351	St. Paul, MN 55101-1351
Voice Telephone: (651) 259-7089	Voice Telephone: (651) 259-7097
FAX: (651) 297-5343	FAX: (651) 297-5343
E-Mail: karen.lilledahl@state.mn.us	E-Mail: Ann.feaman@state.mn.us

If you file your discrimination complaint at the local level, you must allow 90 days for the process (includes the local level (60 days) and the appeal to the state level (30 days)).

You will be offered the choice between Alternate Dispute Resolution/Mediation and a regular Investigation to resolve your complaint.

For detailed information regarding WIOA Discrimination Complaints please ask for a copy of Minneapolis Employment and Training's WIOA Discrimination Complaint Handling Procedures and the WIOA Discrimination Complaint Form. The Department of Employment and Economic Development WIOA Discrimination Complaint Procedures can be found at:

<https://apps.deed.state.mn.us/ddp/PolicyDetail.aspx?pol=300>