



Albany | (518) 434-5723 | 175 Central Avenue, Albany, NY 12206
 Rensselaer | (518) 270-2860 | 1600 Seventh Avenue, Troy, NY 12180
 Schenectady | (518) 344-2749 | 797 Broadway, Schenectady, NY 12305

Venture V Programs Application

Name: _____ **Social Security #:** _____ - _____ - _____
Last First MI

Address: _____ NY _____
Street Address & Floor/Apt. # City Zip Code

Phone #: (____) _____ - _____ **E-mail:** _____

Date of Birth: ____/____/____ **Age:** ____ **Gender:** Male Female Other

Ethnicity: (Check all that apply) Black American Indian Asian
 White Alaskan Pacific Islander
 Hispanic Hawaiian Other: _____

Are you a U.S. Citizen? Yes No, _____, _____, _____
Alien # INS form # Date of entry into the U.S.

Are you registered with the Selective Service System? (Required only for males, 18+)
 Yes, receipt #: _____ No Not applicable

Education:
 In Middle or High School Name of School: _____ Grade: _____
 In College/Post-Secondary Name of School: _____
 In HSE/GED/TASC Name of School: _____
 Out of School - High School Graduate or obtained HSE/GED/TASC
 Out of School - Dropped Out or has not attended for the most recent 45-day calendar year quarter
 Last grade completed: _____

APPLICATION CHECKLIST

- Award letter(s) or proof of income (if applicable)
- Copy of Social Security Card
- Completed Application (pgs. 1-6)
- Proof of eligibility (if applicable)
- Copy of Photo ID
- Copy of Birth Certificate

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
Applicant: if you are 18 or older, and your own guardian, you may sign here



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Venture V Programs Application
Emergency Information and Release of Records

Applicant's Name: _____ Date: _____

I understand that my child/I is/am applying to be part of the Workforce Innovation and Opportunity Act Program. I hereby authorize and give my consent to any area medical facility to examine and treat:

_____ Print Applicant's Name

in the event that such employee requests or requires examination or treatment in an emergency.

Worksite Supervisors are responsible for providing/obtaining emergency medical attention for participants at a worksite. The following form might facilitate any emergency situation.

_____ Allergies or Reactions: _____

_____ Prone to Seizures

_____ Medication Required: _____
WIOA/Worksite is not responsible for securing or administering routine medication

_____ Other Medical Concerns: _____

Emergency Contact Name & Relationship	Cell Phone #	Home Phone #	Work Phone #	Address
1. Parent/Guardian				
2.				
3.				

Worker's Compensation Forms must be completed within 24 hours of any accident.
Please alert local Workforce Development Board staff of any emergency immediately.

I understand that the information above will be used in the event of an emergency and will be shared with the youth applicant's Worksite Supervisor. I also consent to release confidential information regarding the youth applicant to support their participation in WIOA programming. I understand that this is a reciprocal release whereby the Workforce Development Board can release information/pictures/video or gather it from another agency as needed. I attest that the above information is complete and accurate.

Parent/Guardian Signature: _____

Applicant: if you are 18 or older, and your own guardian, you may sign here



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Venture V Programs Application Confidential Income Statement

The following information is to be completed by the **PARENT/GUARDIAN** unless the applicant is age 18+. All information is subject to verification. Please answer every question, provide details as requested, and print clearly.

Name of Youth Applicant: _____ # household members: _____

1. Is the applicant currently enrolled in school? Yes No
2. Does the applicant have their high school diploma/equivalency and are they at or below an 8th grade level and/or unable to read/write/compute? Yes No
3. Does the applicant have their high school diploma/equivalency and are they an English language learner? Yes No

***** If ALL answers to questions 1-3 are "NO" – you can skip to page 4*****

Youth applicant is an individual or member of a family who currently receives or has received within the past 6 months assistance through:

4. SNAP (Supplemental Nutrition Assistance Program/food stamps) Yes No
5. TANF (Temporary Assistance/Safety Net/Public Assistance) Yes No
6. SSI (Supplemental Security Income) Yes No

Youth applicant:

7. Out of school and has a disability Yes No
8. In school and has a disability and whose individual income is \$12,329 or less Yes No
9. Is experiencing homelessness Yes No
10. Is in foster care and on behalf of whom State/local funds are provided Yes No
11. Lives in a high poverty area (25+%) according to the guidelines below? Yes No
 - Find census tract based on address: <https://geocoding.geo.census.gov/geocoder/geographies/address?form>
 - Does census tract have a poverty level of 25% or more? <https://www.census.gov/acs/www/data/data-tables-and-tools/narrative-profiles/>

***** If ANY answers to questions 4-11 are "YES" – you can skip to page 4*****

Please complete the following chart regarding **ALL HOUSEHOLD INCOME**

Name	Income Source	Dates Employed	Amount Earned	Received (Check One)		
				Weekly	Monthly	Annually

List all sources of gross income, including wages, social security benefits, public assistance benefits, alimony, etc. received and any other recurring income of a family member. WIOA Youth Programs must include payments for unemployment compensation, child support payments, and old-age survivors' insurance benefits as income. Proof of income may include recent paystubs with year-to-date wage information or a signed statement from the employer stating the worker's gross wages for the last 6 months are required. See page 4 for additional income guidelines and the list of acceptable documentation for proof of income. If you need more space to list all household income, please attach to this application using the chart above as a guide for information required.



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Venture V Programs Application

Confidential Income Statement

Richard B. Russell 2020-2021 National School Lunch Act for Eligibility	
Family Size	Annual Income
1	\$23,606
2	\$31,894
3	\$40,182
4	\$48,470
5	\$56,758
6	\$65,046
7	\$73,334
8	\$81,622

For family units with 8+ family members, add \$8,288 annually for each additional family member.

Examples of Acceptable Proof of Income	
Income	Proof
Wages/Salary	Six most recent paystubs
TA/SNAP	Award Letter/Budget
SSI/SSD	Award Letter
Alimony	Check stubs or court order
Child Support	Check stubs or court order
Rent (as a landlord)	Rent receipts
DSS Childcare Provider	Authorization with rates
Self-Employment	Tax return

Additional information about the YOUTH APPLICANT to determine program eligibility:

- Pregnant or parenting; (including non-custodial parents)? Yes No
If yes, due date/child(ren)'s ages: _____
- Has a disability? Yes No
If yes, please describe: _____
- Involved in any stage of the justice system (as an offender)? Yes No
If yes, name of P.O.: _____
- Experiencing homelessness or a runaway? Yes No
- Involved in any stage of (including exited) the foster care system? Yes No
If yes, name of caseworker: _____
- Basic skills deficient (at or below 8th grade level/unable to read/write/compute)? Yes No
- English language learner? Yes No

I hereby swear that all of the information provided is true to the best of my knowledge and that there is no intent to defraud. I attest that the above address that I completed is my current legal address. All information is subject to verification and I understand that my participation may be subject to termination after enrollment if found ineligible. In addition, I hereby authorize the County Department of Social Services to release information regarding my public assistance, SNAP, and/or foster care case and probation/parole to release information regarding my case to the Capital Region Workforce Development Board or WIOA subcontractors for eligibility purposes.

Signature of Parent/Guardian _____

Applicant: if you are 18 or older, and your own guardian, you may sign here

Date _____

Relationship to Applicant _____

Note: Nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, gender, sexuality, disability, marital status, criminal record, or political affiliation.



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Venture V Programs Application
Service Delivery Area (SDA) Complaint Guidelines

Anyone may use these guidelines to complain about any WIOA-related activity. The guidelines cover violations of the Workforce Innovation and Opportunity Act and related Federal and State laws, Regulations and Orders. This system does not prevent the use of other available legal avenues. All discrimination complaints must be filed directly with the U.S. Department of Labor, Counsel for Civil Rights, 200 Constitution Avenue, Washington, D.C. 23210.

A grievance officer is available to assist you at all stages. And, while not usually necessary, you may bring an attorney or someone else to hearings. You are entitled to: An impartial hearing officer, Confidential treatment of information in your case, Have copies of relevant records and documents available to you, Bring your own witness, Question witness, Revise a complaint, Cancel a hearing request or seek hearing reschedule under certain circumstances

The Capital District Service Delivery Area (SDA) is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries lies only, citizenship or participation in programs funded under the Workforce Investment Act (WIA) in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIA-funded program, activity, or any activity of the SDA. In addition, Sexual Harassment is prohibited. Sexual Harassment is an unlawful discriminatory practice, appropriate disciplinary action will be taken against individuals and against supervisors and managers who knowingly allow such behavior to continue.

CRIMINAL COMPLAINTS: Report alleged fraud, abuse or other criminal action IMMEDIATELY to: 1) the U.S. Secretary of Labor, Washington, D.C. 20210 and 2) to NYS Department of Labor, Job Service and Training, State Office Building #12, State Campus, Albany, New York 12240.

NON-CRIMINAL COMPLAINTS: Must be made within one year of discovery as outlined below: SEND ONLY CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED. Your notices will be sent the same way.

- 1. INFORMAL LEVEL:** Try to solve problems first by talking with those involved and your immediate Supervisors, Instructors or Counselors. This is the step where most disputes are settled.

IN ALBANY: Commissioner, 175 Central Avenue, Albany, NY 12206.
 IN RENSELAEAR: Deputy Commissioner, Employment and Training, Rensselaer County Office Bldg., 1600 7th Ave., Troy, NY 12180.
 IN SCHENECTADY: Director of Workforce Development, Schenectady Job Training Agency, 797 Broadway, Schenectady, NY 12305.

- 2. COUNTY LEVEL:** An unsatisfactory Step #1 decision is appealed by sending a certified letter return receipt requested within 5 working days to the appropriate County grievance officer as follows: You will be advised when a hearing is scheduled, how it will be conducted and the issue to be decided. A decision is due 5 working days after the hearing.

- 3. SDA ADMINISTRATIVE ENTITY LEVEL:** An unsatisfactory Step #2 decision is appealed by requesting a hearing at this level. Send a certified return receipt requested letter within 5 working days to Commissioner, Rensselaer County Department of Employment & Training, 1600 Seventh Avenue, Troy, New York 12180.

Within 15 working days after the Administrative entity receives your appeal, it will notify you of the hearing schedule, how it will be set up and the issues to be decided. An Administrative entity decision is due no later than 60 days after the formal complaint is filed. A summary of findings, remedies to be applied and reasoning should be included in the decision notice.

- 4. STATE LEVEL:** If a Step #3 decision takes more than 60 days, or is unsatisfactory, you may seek State review of the case. Send certified letter return receipt requested within 10 days to: NYS Department of Labor, Job Service & Training, State Office Building Campus, Albany, New York 12240. The State review and final decision should follow within 30 days.

- 5. FEDERAL LEVEL:** If Step #4 decision takes more than 30 days, you may seek federal review of the case within 10 days of the Step #4 decision due dates. Send a certified letter return receipt requested to: U.S. Secretary of Labor, Washington, D.C. 20210.

I have received a copy of the WIOA Complaint Guidelines.

Signature of Applicant: _____

Date: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP **Employer Completes Next Page** STOP