

CONGRATULATIONS on taking your first step toward enrollment in the Workforce Innovations and Opportunities Act (WIOA) program by completing the orientation workshops. Please gather the requested items in the checklist and complete this full intake packet. Program registration cannot be completed unless you have provided all required verifications and documents. You may either securely upload your documents into NEWorks or email them to OmahaEligibility@nationalable.org.

PLEASE COMPLETE THIS QUESTION FIRST:

Have you ever been enrolled in the Workforce Investment Act (WIA) and/or the Workforce Innovation Opportunity Act (WIOA)?

Yes No Not Sure

If you selected YES, and are seeking to enroll again please complete THE FORM FOUND AT THIS LINK (CLICK HERE) and DO NOT PROCEED to the next step in this application until you have communicated with a staff member. Thank you!

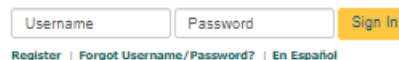
DISCLAIMER: There is usually a lifetime limit of ONE WIA/WIOA training per person. It is rare to be approved for a second training if you've already participated in a WIA/WIOA training. In each case, there is strict criteria that must be met. Requests for second training must be approved by the funder, and we cannot guarantee approval.

If you selected NO or NOT SURE, please proceed to the following section. Thanks!

NEWorks

You must also register at [NEWorks.nebraska.gov](https://neworks.nebraska.gov). Please ask our staff for assistance if needed.

1. Click this link or enter this link in your browser of choice: [NEWorks.Nebraska.gov](https://neworks.nebraska.gov)
2. Click Register, located under the Username box near the top of the screen (*see image below for screenshot*)



3. Scroll down to Option 3 – Create a User Account and Select Individual
4. Click “I Agree”
5. Select Comprehensive Registration
6. Answer the question “Are you attempting to file and Unemployment Insurance Claim at this time?”
7. Begin entering your information and follow the prompts

***NOTE:** After registering on NEWorks, you may complete the WIOA Pre-Application and securely upload your documents. The Pre-Application can be found under “What would you like to do next?” or on the Dashboard under “My Benefits Plan.”

Assessment

In addition, we will need you to complete an assessment. This assessment can be completed online at any time. National Able utilizes Career Scope for this assessment. **If you have completed a CareerScope, CASAS, TABE, or similar assessment in the past SIX months, please let us know as we may be able to accept it.** If you have a college degree, you may provide us with documentation of your degree which will waive the assessment requirement.

1. Click this link or enter this link in your browser of choice: <https://able.careerscope.net/assessment>
2. Click the text that reads “**Click here to enter the assessment portal**”
3. Select “**New Evaluatees Register Here**”
4. Create a username and password (confirm password)
5. Enter your name, date of birth, education level, and select “**Specialist Assessment**” under “Who is your Specialist?”
6. Audio guide on how to navigate the assessment will start playing. When finished, click **Next** to begin the assessment.

This is a timed assessment. Be mindful of how much time you are spending to complete each segment.

After you have completed the CareerScope Assessment, we will be able to access your scores to include with your intake packet. Please let us know when you have completed it.

Please feel free to utilize the computers in our Resource Room to complete the assessment. If you have technical difficulties or have issues registering, please ask one of our staff for assistance.

Eligible Training Provider List

If you are interested in training/school, please keep in mind that WIOA utilizes The State of Nebraska Eligible Training Provider List to determine whether the Program is eligible for WIOA training funds. You may access the Eligible Training Provider List through NEWorks.

1. Click this link or enter this link your browser of choice:
NEWorks.Nebraska.gov
2. Scroll down to the Job Seekers box and select “**Training Services**” (see image above for screenshot)
3. Select “**ETPL Approved Programs**”

Job Seekers	
Find a Job	➤
Create a Résumé	➤
Unemployment	➤
Training Services	➤

Please keep in mind, the costs listed on the site are **estimated costs of the overall program and are not indicative of what the program can pay. If you do not see your program of choice on the list, please contact us.*

National Able Network Application Form

Program: Workforce Innovation and Opportunities Act (WIOA)	Local Area/Region: 7 Omaha, NE Heartland Workforce Solutions
	Date attended orientation: _____

Tell Us About YOU

Full Name (First, Middle, Last): _____

Social Security Number (SSN): _____ Date of Birth: _____

Address ☐ Homeless (Staying in a Shelter, Vehicle, Couch Surfing)

Street Address: _____

Apt/Unit: _____ County: _____

City: _____ State: _____ Zip: _____

Preferred Method of Contact

What is your preferred method of contact? _____

Primary Phone Number: _____ Ext: _____

Primary E-mail: _____

Facebook: _____ LinkedIn: _____

Demographic Information:

Race - please check all that apply:

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

Prefer not to answer

Ethnicity

- Hispanic
- Not Hispanic
- Prefer not to answer

Gender: _____

If born male, have you registered with the Selective Service?

Yes: Registration # _____

No: If you are under age 26, please register.

If you are over 26, you **must** have a Status Information Letter (<https://www.sss.gov/verify/sil/>) or a documented exemption from registration

- Born prior to 1960
- Entered country after 26th birthday
- Veteran

Language:

What is your primary language? _____

Are you multilingual? ☐ Yes ☐ No

If Yes, what languages? _____

Will you need an English translator? ☐ Yes ☐ No

Citizenship Status

<input type="checkbox"/> Citizen of US or US Territory	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> US Permanent Resident	
<input type="checkbox"/> Alien/Refugee Lawfully Admitted to US	
<input type="checkbox"/> None of the Above	
USCIS Number: _____	Expiration Date: _____

How did you hear about the WIOA Program? _____

Household Information

☐ Pregnant/Parenting Youth (under the age of 24) ☐ Single Parent Household

Number of Individuals (significant other and dependents) living in your household (including self) _____

Total income earned within the last six months \$ _____

Please list **ALL** Members of the **HOUSEHOLD**
(List yourself first.)

Name	Relationship	Age	Income	Frequency	Income Type
	Self				

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may impact program eligibility.

Applicant Signature _____ **Date:** _____

Emergency Contacts — Please list two people (not living with you) for emergency contacts only.

Name _____ Email _____
Relationship _____ Phone _____
Address _____

Name _____ Email _____
Relationship _____ Phone _____
Address _____

Are you working with any other programs?

Agency: _____ Program Name: _____

Contact: _____ Phone/Email: _____

Agency: _____ Program Name: _____

Contact: _____ Phone/Email: _____

The release of emergency contact information is voluntarily given in accordance with the WIOA of 2014 Public Law 113-128. My signature authorizes follow-up in accordance with services provided by Heartland Workforce Solutions – National Able Network.

Applicant Signature _____ **Date:** _____

Public Assistance (Please provide answers to the following questions if any apply within the last 6 months)

Has your household received Temporary Assistance for Needy Families (TANF) payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP, formerly known as food stamps)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received General Assistance Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received Refugee Cash Assistance Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been supported through the State's Foster Care System?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Barriers to Employment

Are your basic needs being met? If no, what do you need? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License? What is your primary mode of transportation? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependable childcare if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently used a substance that might show up on a drug test? If yes, what: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
What do you believe is the main reason you cannot find employment? _____	

Disability

Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer
If yes, please explain: _____
Are you receiving SSI or SSDI? <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Application Submitted <input type="checkbox"/> N/A
Have you had an IEP in school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require assistive technology? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is most helpful to you: _____
Do you have any physical job limitations or restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____
Have you applied for services through Voc Rehab? <input type="checkbox"/> Yes <input type="checkbox"/> No

Criminal Background Information

Have you ever been convicted of: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Driving Charges
If yes, summary of charges & Month/Year of conviction: _____ _____
Are you on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give parole/probation officer's name and contact information: _____ _____
Are you currently involved in or pending any lawsuits or charges? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____
Do you currently have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____
Are you on the state registry for abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____
How could any of the above legal issues affect your career goals? _____ _____ _____

Education Information

Are you attending school? ☐ Yes ☐ No

If yes, school and program: _____

Attained High School Diploma: ☐ Yes ☐ No GED completed: ☐ Yes ☐ No

Highest Grade Completed:

No School

HS Sophomore (10th)

Some College/Trade

Masters

1st – 8th

HS Junior (11th)

School Associates

Doctorate

HS Freshman (9th)

HS Senior (12th)

Bachelors

Bachelor/Master's degree area of study: _____

Is there an education goal you would like us to help you with? ☐ Yes ☐ No

If yes, please list: _____

If you are approved to attend training, how will you pay your bills during that time? _____

Sector Interests

Select up to three Employment Interests

Business Professional

Maintenance

Social Services

Clerical/Office Admin

Manufacturing

Tech Sector

Education

Medical

Transportation

Financial Services

Security

Warehouse

Hospitality

Skilled Trade

Other (specify) _____

Is there an employment goal you would like us to help you with? ☐ Yes ☐ No

If yes, please list: _____

What have you done to work toward this goal? _____

Employment Information

Do you have an updated resume? ☐ Yes ☐ No Are you currently looking for work? ☐ Yes ☐ No

When was the last time you had an interview for employment? _____

Are you familiar with the different types of interviews being used in the business world today? ☐ Yes ☐ No

Current Employment Status: ☐ Working Full Time ☐ Working Part Time ☐ Not Working
☐ Never Worked ☐ Working Temp/Seasonal

Type of Employment you are seeking: ☐ Full Time ☐ Part Time ☐ I do not plan to work

Are you Currently Associated with a Union? ☐ Yes ☐ No

If Yes, Union Name: _____

Union Local # _____

Union Specialty: _____

Unemployment Eligibility Status?

☐ Claimant (Currently filing)

☐ Exhaustee (No longer eligible)

☐ Neither Claimant nor Exhaustee

Within the last 12 months, have you received a notice of layoff from your job or received documentation that you are separating from military service? Yes ☐ No ☐

Date of Layoff, Termination, or Military Separation: _____ (mm/dd/yyyy)

Military Service - (Veterans and their spouses may be entitled to State and Federal Benefits)

Have you ever served in the United States military?

If you have served in the United States Military, please provide the following details:

Branch: _____ Service Dates: Start _____ End _____

Nature of Discharge: Honorable

Less than Honorable

Medical

Dishonorable

Other than Honorable

Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? ☐ Yes ☐ No

Are you the spouse/family caregiver of an individual who is currently or has previously served in the military?

Military Spouse

Family Caregiver

Employment History

List your last three (3) jobs. Please begin with your most recent/current.

Company Name _____ Job Title _____
Company Address _____ City _____ State _____ Zip _____
Type of Employment (i.e. - Seasonal, Temporary, Regular) _____
Full or Part Time? _____ Hourly Wage/Salary _____ Start Date: _____
Last Day Worked: _____ Reason for Separation: _____
Job Duties: _____

Company Name _____ Job Title _____
Company Address _____ City _____ State _____ Zip _____
Type of Employment (i.e. - Seasonal, Temporary, Regular) _____
Full or Part Time? _____ Hourly Wage/Salary _____ Start Date: _____
Last Day Worked: _____ Reason for Separation: _____
Job Duties: _____

Company Name _____ Job Title _____
Company Address _____ City _____ State _____ Zip _____
Type of Employment (i.e. - Seasonal, Temporary, Regular) _____
Full or Part Time? _____ Hourly Wage/Salary _____ Start Date: _____
Last Day Worked: _____ Reason for Separation: _____
Job Duties: _____

STAFF USE ONLY

Do you feel participant may need supportive services: ☐ Yes ☐ No Comment: _____

NEWorks User Consent

As a registered user of NEWorks you will have access to staff-assisted services such as resume development, job search skills, job referrals, labor market information, and other workforce services. The information you provide to create your NEWorks account can be used in the following ways:

- Your resume, work history, and contact information are available to staff at workforce service agencies. Staff members may view your resume and work history to match you to jobs for which you may be qualified. Staff may contact you directly about a job opportunity or pass your resume, work history, and contact information on to an employer.
- Workforce partners, including WIOA and Nebraska Department of Labor (NDOL), may work with researchers to analyze the quality and effectiveness of programs and services offered through NEWorks. This may involve information about you and the services you are provided going to a researcher. All researchers working within NEWorks must commit to strict confidentiality agreements and data protection standards. Neither WIOA/NDOL, nor its research contractors, will ever publicly release information specifically about you. Additionally, you may be contacted to participate in evaluations and/or customer satisfaction surveys.
- Equal Employment Opportunity is the Law. All agencies providing services through NEWorks must follow local, state and federal equal opportunity and nondiscrimination laws.
- Your contact information will not be sold and will not be used to send junk email.
- Use of NEWorks constitutes acceptance of all the terms and conditions of the privacy policy.
- Use of NEWorks constitutes acceptance of all Terms of Use. By checking "I agree" and signing below, you agree to all of the above terms and conditions of NEWorks.

☐ I agree

Participant

Signature _____ Date _____

Witness:

Career Coach

Signature _____ Date _____

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

_____ ,

and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name (First, Middle, Last)

Participant Signature

Date

CONFIDENTIAL RELEASE and CONSENT

Name: _____ Last four of SS#: _____

Address: _____

Program: **Workforce Innovation & Opportunity Act (WIOA)** DOB: _____

HWS-National Able Network is hereby authorized to receive and disclose the following information from the above stated individual. The following identifying information from record in their/our possession may be disclosed and/or received. Please mark yes next to the information that will be requested and no to items that are not included in this request:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Exit or Discharge Summaries	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	Medical Information /History	<input type="checkbox"/>	<input type="checkbox"/>	Financial Aid
<input type="checkbox"/>	<input type="checkbox"/>	Work History	<input type="checkbox"/>	<input type="checkbox"/>	Tuition and Fee Account Information
<input type="checkbox"/>	<input type="checkbox"/>	Social History	<input type="checkbox"/>	<input type="checkbox"/>	Grades
<input type="checkbox"/>	<input type="checkbox"/>	Vocational Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)

Yes	No	<input type="checkbox"/> <input type="checkbox"/> I hereby authorize HWS/National Able Network to verify employment, contact my employer to provide information regarding my current employment status. I understand that a Career Services Specialist will contact my employer upon employment and during follow up to verify my employment. I further understand that this information is for the express use of the Partners, and will be used for statistical tracking.
Yes	No	<input type="checkbox"/> <input type="checkbox"/> I hereby grant to HWS/National Able Network DOL/HWS, the right and permission to use any photograph, video footage and/or story, or any other likeness HWS-National Able Workforce Services has of me for <i>marketing publications, website use, success story spotlight, training materials, and other promotional and advertising mediums</i> . I hereby grant to HWS-National Able Workforce Services the right and permission to use my name in connection with the photograph or other likeness if it so chooses. If applicable, I also grant HWS-National Able Workforce Services the right to use any Name, Mark or Logo, whether or not registered, in any manner consistent with the balance of this Release of Information. I hereby grant permission to put the finished video, pictures, negatives, reproductions and copies of the original prints, or negatives of me in any legal usage.

This authorization to verify employment/educational records/medical records and other such information may be revoked at any time except to the extent that the action has already been taken; otherwise, this authorization will expire three years from the date signed. I understand information in my file may be reviewed by state and/or federal compliance staff or local Workforce Innovation & Opportunity Act Board members.

Participant Signature Date

Parent/Guardian (if applicable) Date

Career Coach Specialist Date



National Able Network
5752 Ames Ave
Omaha NE, 68104

The National Able client named below is enrolled as a job-seeking customer. In order to update our records, we need employment verification. Please complete and sign this form and send it to the staff member listed below. Thank you for your cooperation.

Permission for Release of Information: Employment Verification

Name: _____ Social Security No: _____

Still employed? ☐ Yes ☐ No

Start Date: _____

End Date: _____

Wages: _____ per ☐ hour ☐ week ☐ month ☐ year

Full time? ☐ Yes ☐ No

Hours per week: _____

Benefits: _____

Job title: _____

Job duties: _____

Employer: _____

Address: _____

Phone number: _____

Fax number: _____

Email address: _____

H.R. Printed Name: _____

H.R. Signature: _____

Date: _____

I, _____, hereby authorize you to confirm or release to the National Able Network the above information regarding my employment.

Client Signature: _____

RETURN TO:
Career Coach:

Email: _____

Phone #: _____

Fax #: _____



Client Release of Unemployment Information

To: Nebraska Department of Labor
Unemployment Insurance (UI) Benefits Staff

YOU ARE HEREBY AUTHORIZED to release to:

- Heartland Workforce Solutions/Dynamic Educational Systems, Inc. (DESI) Youth Services
- National Able Network
- Nebraska Department of Labor, Employment and Training Staff
- ResCare Workforce Services

A copy of any and all documents, notes, records, reports, communications, memoranda or other writing provided by me in connection with my Unemployment Insurance claim(s).

This authorization shall continue in full force and effect until revoked by me in writing.

A photocopy of the Release shall serve in its stead.

_____ Participant Name (Print)	_____ Participant SSN	_____ Participant Signature	_____ Date
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_____ Parent/Guardian Name (if applicable)	_____ Parent/Guardian Signature	_____ Date
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_____ Program Staff Name	_____ Program Staff Signature	_____ Date
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Release for Publication

I, the undersigned, hereby irrevocably grant unrestricted permission for an unlimited time to the following service providers:

- Heartland Workforce Solutions/Dynamic Educational Systems, Inc. (DESI) Youth Services
- National Able Network
- Nebraska Department of Labor, Employment and Training Staff
- ResCare Workforce Services

its legal representatives and assigns, to use remarks, opinions, suggestions, testimonials, photographs, or other forms of expression, recorded by any means, including but not limited to any forms of writing, electronic communication, or other methods of recording and transmission, offered by me regarding any program or instrumentality thereof. The media for such expression made by me that are the subject of this Release include but are not limited to letters, emails, texts, photographs, films, videos, CDs, DVDs, telephone calls, tape recordings, voice mail messages, wave files and postings on social media.

By my permission, the above service providers have the right and license, to use, reuse, publish, and re-publish any such expression offered by me, including but not limited to any accompanying name, image, and likeness, in any of the service provider's materials serving as communication vehicles, both for internal and external audiences. Such materials may include, but are not limited to: reports, books, brochures, blogs, newsletters, news releases, magazines, tape recordings, CDs, DVDs, newspapers, films, videos and postings on Facebook, Twitter, LinkedIn or similar social media sites. I understand published information may be republished by other sources beyond the service provider's control. I waive and relinquish any right to examine or approve the contents of such use of these materials. The provisions of this release document will be binding upon my heirs, legal representatives, and assigns. I represent to the service provider and declare that I am of majority age (which is age 19 in Nebraska) or older, that I have read and understand the contents of this release, and that I am voluntarily signing this release.

Participant Signature	Printed Name	Date
Parent/Guardian Signature (if applicable)	Parent/Guardian Print Name	Date
Address	City, State	Zip

Participant's telephone number: _____

WIOA CLIENT RESPONSIBILITIES & SERVICES

WIOA is a client driven program. Your participation throughout the program will determine your success and set you up for self-sufficiency. Your Career Coach is available to provide you with the tools and knowledge you will need to continue your path once you have exited the program. It is up to you to take full advantage of this opportunity inclusive of the following:

Communication:

- Maintain constant communication at least once every 30 days with your assigned Career Coach by phone, email, or by appointment.
- Meet with your Career Coach in person at least once every 90 days to maintain open WIOA services.
- Career Coach and participant agree to respond to each other's voice and email messages with 2 business days.
- Changes in contact or residency information must be provided to update your WIOA file so we can maintain regular communication.

Employment:

- Active participation in Job Search activities is required until you are employed.
- Verification of employment (copy of check stub or completed employment verification signed by your employer) is required whenever new employment is obtained.
- Any changes in employment status must be communicated to your Career Coach so we can provide assistance, if necessary.

Training:

- You must maintain good attendance and complete coursework as assigned to successfully complete your program with a 2.0 GPA or higher.
- Any changes in your training program selection must be approved in advance by the Site Director
- Once in training, attendance sheets are due every two weeks and must be properly completed.
- Credentials are due upon completion of training: certificates, licenses, diplomas, etc.

Support Services:

- Transportation Assistance is a supportive service that is provided when available.
- If you qualify for training, you must have a primary means of transportation to and from your destination.
- The assistance provided by WIOA is limited and not always available.
- Please DO NOT rely on these services as your only means in attending training and/or interviews.
- Please be aware that these services are not retroactive and have no cash value.
- To receive these services please contact your Career Coach at least two business days in advance. Services are available if:
 - Actively attending an approved training program and submitting attendance records on bi-weekly basis.
 - Attending job interviews and providing proof of the interview (email confirmation, interview details).
 - Attending a required workshop.

Customer Signature: _____

Date: _____

Career Coach Signature: _____

Date: _____

Workforce Innovation and Opportunity Act (WIOA) Participant Equal Opportunity Policy and Grievance Procedures

It is against the law for this recipient of federal financial assistance to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

National Able Network Contracting Agency

Participant Complaint

Able is committed to providing an environment that is free of discrimination and harassment. Upon enrollment, every participant will be informed of the grievance procedures to follow should they have a complaint while participating in training or receiving job placement assistance under the Workforce Innovation and Opportunity Act (WIOA). Each individual has the right to file a complaint if s/he feels that s/he is being treated unfairly or if s/he suspects that a violation of his/her rights has occurred. The grievance procedures are as follows:

1. Participants must try and resolve their grievance with the agency. The participant should first address the complaint with his/her Career Coach either by telephone, in writing or in-person (with appointment only), within five (5) business days of the occurrence of the complaint. *This communication process is intended to ensure that complaints receive prompt attention and encourage resolution at the level where it originated.*
2. If a resolution is not reached with the Career Coach, the participant should initiate communication with the WIOA Services Site Director within 10 business days of the occurrence of the complaint.
 - a. The grievance should clearly explain the circumstances around the event and the event itself.
 - b. The grievance should be as detailed as possible, including times, dates, locations and names of people directly involved or witnessing the event.
 - c. The WIOA Services Site Director shall gather details from all parties involved.
 - d. If a resolution is reached, the WIOA Services Site Director shall document the resolution and communicate the outcome to all involved parties.
3. If the grievance cannot be resolved through the informal process, there shall be formal process to resolve the situation.
 - a. All interested and involved parties shall present the grievance to the Vice President of Workforce Services in writing.
 - b. The Vice President of Workforce Services shall conduct an investigation of the grievance and conduct interviews to obtain additional information from both sides, as well as witnesses, through an informal process.
 - c. The Vice President of Workforce Services shall render a decision within ten (10) working days based on all the information gathered.
 - d. The decision, including justification for the decision, shall be documented in writing. Documentation shall be maintained regarding the findings at both the local WIOA site as well as National Able Network headquarters.
 - e. If a solution is not reached or if the complainant is not satisfied with the solution offered, s/he will be advised of the next level of appeal within the agency.

If the grievance is not satisfactorily resolved at the agency level, the complainant will be advised to appeal his/her complaint in writing to Heartland Workforce Solutions.

Erin Porterfield
Executive Director
Heartland Workforce Solutions (HWS)
5752 Ames Avenue
Omaha, NE 68104
(402) 218-1163
eporterfield@hws-ne.org

The participant must complete a **Complaint Form** describing the complaint and actions taken for resolution. (These forms are made available by the EO Officer and the contracting agencies). Complaint Forms should be mailed or delivered to the above address. All such formal complaints must be filed within 180 days of the alleged violations in order to be considered by HWS. The EO Officer within ten (10) days from the receipt of the written complaint will attempt to informally resolve the complaint; the EO Officer will conduct a preliminary investigation by contacting the participant and agency to discuss circumstances underlying the allegations and consider suggested actions for resolution. If the complaint cannot be resolved informally, the complaint process will continue to the next course of either Alternative Dispute Resolution (ADR) or Fact Finding/Investigation, which will begin within fifteen (15) days after receiving the initial complaint, after which a written **Final Notice of Action** will be issued with the required 60-day timeframe.

**Workforce Innovation and Opportunity Act (WIOA)
Participant Equal Opportunity
Grievance Procedures**

*Please keep the previous page and sign below.

I understand that this is the primary grievance procedure for National Able Network and that as a National Able customer I am expected to adhere to the above process.

Participant Signature

Date

Memorandum for the Record

It is important you understand that applying for training assistance does not guarantee you will be accepted into the program. There are many factors to take into consideration and there is a considerable amount of paperwork to complete. To acknowledge this, we are asking you review the statement below and sign that you understand that if you register and attend classes prior to actual enrollment in an approved Workforce Innovation Opportunity Act (WIOA) training program, you will be responsible for any costs incurred.

I understand that the Workforce Innovation and Opportunity Act (WIOA) will provide me a signed Individual Training Account (ITA) once I have been determined eligible for training and they have agreed to assist in paying for my training.

Any classes I enroll in prior to receiving the ITA will be paid at my expense.

(Participant Signature)

(Printed Name)

(Date)

Parent/Guardian Signature (if
applicable)

(Parent/Guardian Print Name)

(Date)