



Office of Economic Development
Division of Workforce Development
Youth Services
1391 N. Speer Blvd Suite 520
Denver, CO Zip 80204
P: 720-865-5700
F: 720.865-5681
www.milehigh.com

EQUAL OPPORTUNITY IS THE LAW NOTICE TO CUSTOMERS

The Colorado Department of Labor and Employment (CDLE), Division of Employment and Training is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, and for beneficiaries only, citizenship or participation in programs funded under the US Department of Labor (USDOL) in admission or access to, opportunity or treatments in, or employment in the administration of or in connection with any USDOL funded program or activity. If you believe you have been discriminated against under a USDOL funded program or activity, you have a right to file a complaint.

Complaints must be filed within 180 days from the date of the alleged violation at one of the following locations:

Colorado Department of Labor and Employment
Joanna Miller, Equal Opportunity Officer
303-318-8441
633 17th St. Suite 200
Denver, Colorado 80203

Directorate of Civil Rights (DCR)
US Department of Labor
200 Constitution Avenue, NW
Room N-4123
Washington, DC 20210

Customer Signature

Date





DENVER
THE MILE HIGH CITY

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2008 Release of Information

I _____, Participant, hereby authorize the Office of Economic Development (**OED**) Division of Workforce Development (**DWD**) or otherwise known as Youth Services as well as its contracted partners or organizations currently and formerly contracted with OED and DWD; to share confidential information for the sole purpose of providing and coordinating services. Authorizations granted by the above said Participant are checked below and any information shared is solely on a "need to know" basis for case management purposes. All releases will be in effect as long as the above said Participant is enrolled in a Youth Program offered by (**OED/DWD/Youth Services and/or contracted partners**). Any alterations or erasures to this document by anyone other than the above said Participant are deemed fraudulent and, therefore, considered to be null and void.

- _____ Child Welfare: case files of social worker(s), education, medical, psychological, consultation, court, adoption, and relinquishment reports.
- _____ Education: communicate with educational institutions for the purpose of status and/or disbursement of fees incurred by the Participant as a result of attending an educational institution, which pertain but are not limited to, one or more of the following: financial aid; scholarships; grants; loans; grades; report cards; attendance; counseling, learning disabilities, disciplinary actions, and standardized test scores.
- _____ Eligibility: authorization to contact references to verify eligibility which may include one or all of the following: proof of residency, income, employment check stubs, TANF, Food Stamps, and Social Security Benefits.
- _____ Employment: authorization to communicate with employers; verification of employment, and discuss overall work place performance.
- _____ Juvenile: authorization to request arrest and criminal records, probation reports, social and clinical studies, and law enforcement records in general.
- _____ Media: authorization to use the Participant's name, pictures, voice and video recordings taken at events and may be used for editorial, educational, promotional, and recruitment purposes.
- _____ Medical and Mental Health: which shall pertain to, but is not limited to, medical and psychological records and reports of patient history which may include diagnosis, evaluations, recommendations, and treatment including those related to developmental disability.

I have read the above statements and understand all of its provisions. I hereby willingly agree to share the information as described above.

Participant

Date

Parent/Guardian (If under 18 years of age)

Date

Staff

Date

Agency

Date



**Colorado Department of Labor and Employment
Workforce Development Programs
AFFIDAVIT OF IMMIGRATION STATUS**

Social Security Number: _____

Print Your Name: _____

Are you a United States (U.S.) citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, verify or provide your alien permit number.	Alien Permit Number _____
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If you are not a U.S. citizen, are you in satisfactory immigration status? Yes No

In accordance with the Colorado Revised Statutes 24-76.5, you must possess **one** of the following forms of identification (ID). Check the appropriate box and provide the ID number. If you do not possess one of the forms of ID listed and do not provide the requested information, your benefits may be denied. If you do not possess one of the listed forms of ID, check “**Other**,” specify another type of ID, and provide the ID number.

<input type="checkbox"/> Colorado Driver’s License ID Number _____	<input type="checkbox"/> Colorado Identification Card ID Number _____
<input type="checkbox"/> U.S. Military Card ID Number _____	<input type="checkbox"/> Military Dependent Identification Card ID Number _____
<input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card ID Number _____	<input type="checkbox"/> Native American Tribal Document ID Number _____
<input type="checkbox"/> Other Type _____ ID Number _____	

Affirmation

I affirm under penalty of perjury that the above information is true to the best of my knowledge. I understand that my lawful presence in the U.S. will be verified before workforce program services can be provided. I affirm that I am a U.S. citizen, legal permanent resident, or am otherwise lawfully present in the U.S. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to obtain or increase workforce program services. I authorize the release of all information to determine my eligibility for workforce program services. I understand this may include release of information from former employers, verification with the U.S. Bureau of Citizenship and Immigration Services, and sharing of information with other public agencies in the performance of their public duties in accordance with the Colorado Employment Security Act 8-72-107.

Signature _____	Date _____
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NEW IDENTIFICATION REQUIREMENTS

Colorado law requires all persons 18 years or older to provide proof that they are lawfully present in the United States prior to receiving certain benefits, including Workforce Investment Act (WIA) Program Services. In order to receive WIA Services from the state of Colorado, you must sign an affirmation that you are a United States citizen or a legal resident alien and provide proof that you have one of the following forms of identification (ID):

- A valid Colorado driver’s license or a valid Colorado ID card.
- A United States military ID card or a military dependent ID card.
- A United States Coast Guard Merchant Mariner card.
- A Native American Tribal document

Division of Workforce Development Youth Program Application

Date:

Youth Information	Name:				General Funds <input type="checkbox"/>	
	Last Name		First Name		TANF <input type="checkbox"/>	
			Middle Name		Younger Youth <input type="checkbox"/>	
					Older Youth <input type="checkbox"/>	
	Address			City	State	Zip
	Phone Number		Message		Email	
	Date of Birth		Gender		Social Security Number - -	
	Have you ever been in the military?					
	Ethnic Group Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>					
	Citizenship (check one) U.S. Citizen (C) <input type="checkbox"/> Registered Alien (A) <input type="checkbox"/> Refugee (R) <input type="checkbox"/> Other Legal Alien (L) <input type="checkbox"/> Other Status (O) <input type="checkbox"/>		Selective Service Registration Not Registered (N) <input type="checkbox"/> Registered (Y) <input type="checkbox"/> Exempt (E) <input type="checkbox"/> Registered after applying for WIA <input type="checkbox"/>		Family Status Single Parent (S) <input type="checkbox"/> Parent in 2-parent family (P) <input type="checkbox"/> Family Member, not parent (F) <input type="checkbox"/> Independent <input type="checkbox"/>	
Barrier: Basic Skills Deficient (B) <input type="checkbox"/> Dropout (D) <input type="checkbox"/> Homeless (H) <input type="checkbox"/> Pregnant or Parenting (P) <input type="checkbox"/> Offender (O) <input type="checkbox"/>						
Income: TANF (TA) <input type="checkbox"/> Refugee (RF) <input type="checkbox"/> SSI (SS) <input type="checkbox"/> Food Stamps (FS) <input type="checkbox"/> Income (IN) <input type="checkbox"/> Homeless (HM) <input type="checkbox"/> Disability <input type="checkbox"/> Foster Child <input type="checkbox"/> Individual with a disability (ID) <input type="checkbox"/> 5% window <input type="checkbox"/>						

Personal Life/Social Situation	Do you have a place to stay every night?		Have you ever been arrested?	
	Do you like your living situation?		Have you ever been adjudicated or convicted?	
	What is your Primary Language?			
	Who are the people who you rely on when things get tough?			
	What positive things are going on in your life right now?			
	What things in your life could be better?			
	Are there any opportunities available to you that you need help to access?			
	Do you have any children?		What is your Child Care Plan?	
	Do you currently receive any of the following types of public assistance? TANF – Temporary Aid to Needy Families <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI – Supplemental Security Income <input type="checkbox"/> PELL Grant <input type="checkbox"/>			
	Transportation Options: Bus/Light Rail <input type="checkbox"/> Car (has license) <input type="checkbox"/> Ride from others <input type="checkbox"/>			
Housing Situation: Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Stable Housing <input type="checkbox"/> Living with				
What kinds of things get in the way of your employment goals?:				

Medical/Mental Health	Do you have any concerns about your health?		Do you have Health Insurance?	
			Do you have Dental Insurance?	
	Do you have a diagnosed disability?			
	Do you need any Special Accommodations because of a disability?			
	Are you caring for a disabled family member?			
Do you have a history of Drug/Alcohol Abuse? Do you currently use Drugs or Alcohol?				

Educational/Vocational Background	Education Status: Student, High School or less (S) <input type="checkbox"/> You are attending school or are between terms and intend to return to school next term Student, Post High School (P) <input type="checkbox"/> You are a high school graduate or equivalent attending post-secondary education or are between terms and intend to return next term Out-of-school, High School Dropout (D) <input type="checkbox"/> Out-of-school, High School Graduate <input type="checkbox"/>	Highest Grade Completed: _____ Current/Last School Attended: _____ Do you have a High School Diploma or GED? _____
	Do you have an IEP? <input type="checkbox"/> Have you ever attended special classes or received extra help in school when you had a hard time with a subject?	
	Degrees/Certificates/Special Recognitions:	
	Formal Vocational Training:	
	What subjects did/do you enjoy in school?	
	Are there any subjects you avoided in school?	
	Computer Skill Level: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert <input type="checkbox"/>	

Work Readiness	Most Recent Employer: _____ None <input type="checkbox"/>	Skills Learned
	Job Title: _____	
	Salary Earned _____ per _____	
	Dates of Employment _____ to _____ Start Date End Date	Reason for Leaving
	Most Recent Employer: _____ None <input type="checkbox"/>	Skills Learned
	Job Title: _____	
	Salary Earned _____ per _____	
	Dates of Employment _____ to _____ Start Date End Date	Reason For Leaving
What kinds of things do you like to do in your spare time?		

I certify the information provided in this application is true and correct to the best of my knowledge. I am aware this information is subject to review and verification, and that I may be required to provide additional information and documentation to receive some services. I am also aware that I am subject to immediate termination from any program(s) if I am found ineligible after enrollment and that I may be prosecuted for fraud and/or perjury if the information I have provided is false. I authorize the release of information contained in this application for purposes of verifying my eligibility for services and I understand this information will not be released for any other purpose without my permission. I have been informed of the appeals process that I can follow if I disagree with a WIA service provider's decision(s) based on information contained in this application. I understand that after I leave the program, I will be contacted by telephone and/or mail to answer survey questions regarding my employment status and earnings since leaving the program for a period of one year. I am aware that my answers to these questions will remain strictly confidential and will not affect any other benefits that I may be receiving. I have read and understand Title 29 CFR, Part 37, Section 37.30, Equal Opportunity is the Law.

Applicant's Signature	Date:
Parent/Guardian Signature (if under 18)	Date:
Agency Representative Signature	Date:

For WIA use only	Income Eligible?	
	Projected Services	Census Tract
	YEA Classes	