



383 Broadway, Fort Edward, NY 12828  
 Phone (518) 746-2391  
 Fax (518) 746-2392  
**Youth Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

**Ethnicity:**

White (not Hispanic)       Black, or African American       Hispanic or Latino

Alaskan / American Indian       Asian (not Hispanic)       Other

*NOTE: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. No penalty for refusal to answer.*

**Education:**

Highest grade completed? \_\_\_\_\_ Grade you are in right now? \_\_\_\_\_

High School Graduate       GED/TASC       College Student

If you are attending a secondary, vocational, technical or academic school full-time, or if you are between terms, do you plan on returning?  Yes  No

Name of School presently attending? \_\_\_\_\_

Are you receiving Special Education or Resource Room assistance?  Yes  No

**Employment:**

Are you employed?  Yes  No

Employer? \_\_\_\_\_

**Additional Eligibility Information:**

What is your Disability status?  Disabled  Not disabled

**Please check any that apply:**

- Pregnant or parenting Youth  Homeless or Runaway
- Foster Care  High School Drop Out
- Subject to the juvenile or adult justice system  At Risk Youth
- Veteran
- Males 18 years of age and older: Are you registered with Selective Service?  Yes  No
- Any members of your 'immediate family a US Military Veteran?  Yes  No \_\_\_\_\_

**Are you or any members of your household receiving?**

- Yes  No **TANF**  Yes  No **HEAP**
- Yes  No **Medicaid**
- Yes  No **SNAP benefits**  Yes  No **Safety Net**
- Yes  No **SSI Recipient**

**Work History:**

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Address: \_\_\_\_\_

Wage: \$ \_\_\_\_\_ (per hr/wk/mo/yr) Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Address: \_\_\_\_\_

Wage: \$ \_\_\_\_\_ (per hr/wk/mo/yr) Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Job and Other Skills:**

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I authorize the \_\_\_\_\_ School District, CWI, The Department of Social Services and other involved agencies to exchange information regarding my child with LEAP. I further authorize the E&T office to release information to the school district, CWI, DSS and other involved agencies. The information will be used to determine eligibility and appropriateness for E&T services and programs. It may also be necessary for my child to attend workshop{s} given by the E&T office to meet year-round program requirements. I understand that the E&T office may need to obtain information and school records regarding my child to comply with follow up services for at least one year. Information that may be exchanged includes, but is not limited to:

- |                                     |                |  |                          |
|-------------------------------------|----------------|--|--------------------------|
| Date of Birth (certificate)         | Address        | Academic Scores/Report Cards             | Standardized Test Scores |
| Attendance Records                  | Health Records | CSE Classification & IEP                 | Counseling Services      |
| Academic Intervention Svcs.         | Psychological  | Math/Reading Levels                      | Free Lunch Eligibility   |
| Food Stamp/ Public Assistance Info. |                | Employability Skills/Interests/Aptitudes |                          |

I understand that all information released is confidential. I understand that information requested by the E&T office is for the purpose of determining eligibility and appropriate program services.

Family Members	Relationship	Sources	Income/last six months (Only if requested)
	<i>self</i>		
		(or) 6 month Income=	\$
		Annualized Income=	\$

I certify that the information provided is true to the best of my knowledge and that there is no intent to commit fraud. I am also aware that the information that I have provided is subject to review and verification I will have to provide documentation to support this information. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I understand that falsification is grounds for termination from Washington County Employment & Training programs and may result in action to recover any monies expended on my behalf or paid to me while participating in the program.

Both the applicant and parent/guardian authorize the use of the participant's name and picture in any informational or promotional literature concerning the Employment & Training program participated in. (Cross off this statement if permission is not given).

I have read and understand the grievance procedure on the other side of this application.

My (applicant) signature below indicates that I have been informed of and understand the eligibility information provided on all pages of this application. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I certify that the information provided on this application is true and correct.

\_\_\_\_\_  
*Signature of Applicant*                      *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*                      *Date*

\_\_\_\_\_  
*Staff Signature*    *Date*

**L.E.A.P. is an Equal Opportunity Employer/Program.  
Auxiliary aids and services are available upon request  
to individuals with disabilities.**

**Staff Use Only**

Income is below:

- 70%LLS     100%  
 200%TANF     5% Window

**WIOA Barrier Eligible:**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GRIEVANCE / COMPLAINT PROCEDURE**

If a Workforce Innovation and Opportunity Act (WIOA) participant or other interested person has a complaint or grievance, he/she has the right to proceed through the following steps.

Step 1: Discuss the problem or complaint with the WIOA staff or partner program involved. If the dispute is not resolved, a written and signed statement must be submitted to the Grievance Resolution Officer of the WIOA Service Area or partner agency. Non-criminal complaints must be filed within one year of the alleged occurrence.

Step 2: The Grievance Resolution Officer shall log and review all complaints. Non-WIOA related complaints would be referred to the appropriate agency or agencies for resolution. WIOA related complaints would be acknowledged and investigated. If a resolution is not reached, a hearing will be held within 30 days of the filing of the grievance. The complainant shall receive written notice, seven days prior to the hearing, of the date, time, and place of the hearing. The Hearing Officer will issue a written decision to the complainant within 60 days of the filing of the complaint.

Step 3: The complainant has the right to request a review by the Governor if:

- (I) The complainant has not received a written decision within 60 days of filing the complaint;
- or (II) The complainant has received an adverse decision.

The complainant must file the request for review within 10 days of receipt of the adverse decision, or 15 days from the date on which the complainant should have received a written decision from the Hearing Officer. The Governor shall issue his/her decision within 30 days of receipt of the request for a review.

Step 4: If the complainant does not receive the Governor's decision, he/she has the right to request a review by the United States Department of Labor (USDOL) Secretary. The request must be filed within 10 days of the day that the complainant should have received the Governor's decision. The USDOL Secretary shall act within 120 days of the receipt of the request.

All complaints involving fraud, abuse, or other criminal activity should be reported immediately to the Director, Civil Rights Center, U.S. Department of Labor, Room N4123, 200 Constitution Ave. NW, Washington

D.C. 20210. All discrimination complaints should be filed directly with the Dept. of Equal Opportunity Development (DEOD) NYSDOL, State Campus, Building 12, Rm. 586, Albany, NY 12240. DEOD shall investigate the allegation of discrimination, issue a finding/determination within a 60 day period from receipt of the complaint, notify the complainant of such findings, and where necessary, advise the complainant of their right to file with USDOL.

**Grievance Resolution Officer**

Gretchen Steffan, Executive Director  
Saratoga-Warren-Washington, Workforce Development Board  
333 Glen Street, Suite 200D, Glens Falls, New York 12801  
518-824-8883

**Program Complaint Resolution Officer**

Nancy Warnock, Career and Family Services Director  
L.E.A.P.  
383 Broadway, Fort Edward, New York 12828  
518-746-2391

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For any questions or to submit your application please mail, fax, or email your application to:

**Eric Brayman, Youth Employment Counselor**

Career and Family Services

L.E.A.P.

383 Broadway Suite B003A

Fort Edward, NY 12828

Office: 518.746.2391 ext. 3

Fax: 518.746.2392

[Eric.Brayman@LEAPservices.org](mailto:Eric.Brayman@LEAPservices.org)