

PARENT/GUARDIAN PROGRAM PARTICIPATION CONSENT FORM

This form is to be completed by all parent(s)/guardian(s) of youth / applicants under the age of eighteen (18), prior to enrollment and participation in the WIOA Youth Employment & Training Program.

In order to support obtaining a (GED/HiSet), entry into college/university, and career readiness, the program shall provide occupational elements consisting of the following:

- (A) Paid and Unpaid Work Experiences that have as a component academic and occupational education, which may include—
- (B) Occupational Skill Training, which shall include priority consideration for training programs that lead to recognized postsecondary credentials that are aligned with in-demand industry sectors or occupations in the local area involved, if the local board determines that the programs meet the quality criteria described in Section 123;
- (C) Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;
- (D) Leadership Development Opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate;
- (E) Supportive Services;
- (F) Adult Mentoring for the period of participation and a subsequent period, for a total of not less than 12 months;
- (G) Follow Up Services for not less than 12 months after the completion of participation, as appropriate;
- (H) Comprehensive Guidance and Counseling, which may include drug and alcohol abuse counseling and referral, as appropriate;
- (I) Financial Literacy Education;
- (J) Entrepreneurial Skills Training;
- (K) Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services; and

I certify that I am the parent/guardian of the youth / participant whose signature appears below. I give my consent to have my child be enrolled in and participate in one or more of the above activities of the WIOA Youth Employment & Training Program. I understand that my child will be subject to all federal child labor laws while participating under this program. I further understand that my child may not be enrolled in the youth program if I do not give my consent for my child to participate.

Parent/Guardian's Signature

Date

Youth's Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

To whom it may concern:

I, _____, (if under 18 years of age, please see Parental Consent below), being familiar with my right to privacy under the Federal Privacy Act of 1974, and the Montana Right of Privacy Provisions in Article II, Section 10 of the Montana Constitution, do hereby waive my right to privacy and specifically authorize and request that you release the following specific information from my file in your agency:

- (1) Education Records (including: Enrollment, Grades, Attendance, Etc.);
- (2) Employment Verification: Wage & Attendance Records;
- (3) Income Verification (Household and/or Individual, Etc.), and other information as needed.
- (4) Other : _____

Please provide this information to:

Action for Eastern Montana
 Youth Employment & Training
 2030 N. Merrill Avenue; P. O. Box 1309
 Glendive, MT 59330

Participant's Signature: _____
 Last Four of SS#: _____
 Complete Address: _____

 City State Zip

If Applicant is under 18 years of age, their parent / guardian must sign this Parental Consent For Release of Information.

Signature of Parent/Guardian

The Parent/s / Guardian's signature must be witnessed or notarized

Witness: _____

Title: _____

FOR OFFICE USE ONLY.

The above information was sent as requested this ____ day of _____, 201____.

(Signature)

(Title)

EQUAL OPPORTUNITY IS THE LAW

Section 188 of the Workforce Innovation and Opportunity Act prohibits the exclusion of an individual from participation in, denial of the benefits of, discrimination in, or denial of employment in the administration of or in connection with, any programs and activities funded or otherwise financially assisted in whole or in part under Title I of WIOA because of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship status, or participation in a program or activity that receives financial assistance under Title I of WIOA.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA 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.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think 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 State WIOA Title I Equal Opportunity Officer
Joe Rangitsch, Montana Department of Labor and Industry
P. O. Box 1728, Helena, Montana 59624
e-mail address: jrangitsch@mt.gov
(406) 444-4093 / TDD/TTY (406) 444-0532
Fax: (406) 444-3037

OR YOU MAY CONTACT THE CIVIL RIGHTS CENTER BY WRITING: The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the state, you must wait either until a written Notice of Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If you do not receive a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for that Notice before filing a complaint with CRC. 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 you receive a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your complaint with CRC within 30 days of the date on which you received the Notice of Final Action.

I have read and understand the above policy

Print Name of participant

Signature of participant

Date

Alternate Format for Visual Impairment? Yes ___ No ___ N/A ___

DOLI is an Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities

APPLICANT STATEMENT

WIOA.18

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I _____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

Applicant's Signature Date

CORROBORATING **WITNESS** SIGNATURE

Applicant's Address: _____

WITNESS' RELATIONSHIP TO APPLICANT

City State Zip

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following priority for service criteria:

Case Manager – or - Youth Employment & Training Program Director

Date