

**WORKFORCE INVESTMENT BOARD
OF SOUTHEAST MISSOURI
PY2009 Forms**

**CAP (Career Assistance Program)
File Check List**

- Employment Plan (Completed, signed and dated)
- CAP Assessment (Completed, signed and dated)
- Complaint & Grievance Form (Signed and dated at I.E.)
- Release of Information Form (Signed and dated at I.E.)
- AWE/CWEP Work Site Agreement (If applicable, signed and dated)
- AWE/CWEP Participant Agreement (If applicable, signed and dated)
- TRE (Back up documentation and verification of TRE receipt form)
- WRE (Back up documentation)
- Subsidized Employment Agreement (If applicable signed and dated)
- Subsidized Employment Time Sheets (If applicable, signed and dated)
- OJT Contract (If applicable, signed and dated)
- OJT Time Sheets (If applicable, signed and dated)
- Work History (Verify)
- Domestic Violence (Screening/Assessment if applicable, signed and dated)
- Missouri Career Source account
- Any other signed documents (envelopes from returned letters: documentation of Temporary Waiver; other assessment instruments).

Declaration Statement
WORKFORCE INVESTMENT BOARD of SOUTHEAST MISSOURI

Do you have any relatives or household members working for _____, or any department of this agency?

Yes _____ No _____

If yes, please give name and relationship.

Name

Relationship

Do you have any relatives working for the Southeast Missouri Workforce Investment Board?

Yes _____ No _____

If yes, please give name and relationship.

Name

Relationship

I declare that the information above is true and accurate to the best of my knowledge.

Applicant Signature

Date

Staff Signature

Date

MAINTAIN MONTHLY CONTACT WITH YOUR CASE MANAGER

This will be your responsibility. You can do it by phone or by visiting the office. It will be important to report things like **change of address, telephone number or if you became employed or changed jobs**. We want to help you succeed. This requires excellent communications and contact. So please, help us help you.

Acknowledgement of Receipt
Of
Complaint & Grievance Pamphlet

I have received a copy of the WIA Complaint/Grievance Procedure pamphlet, have been given an opportunity to ask questions, and by my signature below, I declare that I fully understand the procedure.

Signature

Date

Signature of CAP Staff Issuing Pamphlet

WIB RELEASE OF INFORMATION
Workforce Investment Board of Southeast Missouri

To be completed in applicant's own handwriting. All names must be written as they appear on Social Security Card. All adults must sign their own name.

I, _____, D.O.B. _____

Address _____

SSN _____, Age _____

do hereby authorize any agencies, offices, groups, organizations, landlords, or business firms to release to the Workforce Investment Board of Southeast Missouri any information which is deemed necessary to complete my application for participation, maintain my continued eligibility, and/or increase my opportunity for success in the programs of the Workforce Investment Board of Southeast Missouri. These organizations include, but are not limited to: Financial Institutions, Child Support Payers, Division of Workforce Development, Past or Present Employers, Past or Present Landlords, Social Security Administration, Family Support Division, Veteran's Administration, Utility Companies, Worker's Compensation payers, Hospitals, Public or Private Retirement systems, Law Enforcement Agencies, Attorneys, Departments of Probation and Parole, Departments of Health, School Districts, Institutions of Higher Learning, and Vocational/Technical Schools.

I agree to hold harmless the Workforce Investment Board of Southeast Missouri and/or any agency, office group, organization, or individual releasing information. I further agree that a copy of this authorization may be used as an original.

This authorization shall continue for one (1) year from the date of signature or until such time the Workforce Investment Board of Southeast Missouri is notified in writing by participant that the authorization is cancelled.

(Applicant Signature) (Date)

(Parent or Guardian) – Needed if Applicant is under 18 years old (Date)

(Staff Signature) (Date)

APPLICANT STATEMENT
WORKFORCE INVESTMENT BOARD of SOUTHEAST MISSOURI

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

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

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 PENALITES AS SPECIFIED BY LAW.

APPLICANT'S SIGNATURE and DATE

CORROBORATING WITNESS TO APPLICANT

APPLICANT'S ADDRESS

WITNESS' RELATIONSHIP TO APPLICANT

The above applicant statement is being utilized for documentation for the following eligibility criteria:

SIGNATURE and DATE OF CERTIFYING OFFICIAL

On-The-Job Training/ Work Experience Plan
WORKFORCE INVESTMENT BOARD of SOUTHEAST MISSOURI
 (Part 1 of 2)

Employee Name:		SSN:	
OJT Employer Name:		OJT Job Title:	
OJT Employer Address:		OJT Begin Date:	
City	State	Zip Code	OJT Ending Date:
Name and Title of Trainer:		ONET Code:	
		SVP Level:	
Hours per week (Number of hours the trainee will work while in training.)		Initial wage rate (and scheduled raises, if any.)	
Job Description (Attach ONET analysis or company job description, or describe the nature of the work and give examples of specific duties.)			
Job Skills to be Attained (List the job skills the employee will attain through this training.)			
Job Specific Skills (List of specific skills or tasks the employer agrees to provide to the participant.)			
Employee Signature:	Print Name:	Phone Number:	Date:
Employer Signature:	Print Name:	Phone Number:	Date:

On-The-Job Training/ Work Experience Plan
WORKFORCE INVESTMENT BOARD of SOUTHEAST MISSOURI

(Part 2 of 2)

Describe any other services or training to be provided by employer:

Plan Status: (Initial the appropriate line.) _____ **Approved** _____ **Denied**

Staff Signature:

Print Name:

Phone Number:

Date:

Reason for denial:

	Contract Service Representative Signature	Office Name & ID No.	Date	
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TRANSFER CAP CUSTOMER RECORD

Referral Stage

- Address Change**
- Customer Request**
- Relocation Outside of Region**

Reason for request:

Recipient

Date

Transferring Case Manager/Provider

Date

Receiving Case Manager/Provider

Date

Copy in recipients file
Copy to receiving Case Manager/Provider