

**TOWN OF HEMPSTEAD/HEMPSTEADWORKS  
OSY ELIGIBILITY DOCUMENTATION AND ENROLLMENT FORMS**

CUSTOMER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

***Coordinator: \* Be sure all fields on forms are filled in/ signed and copies of documents are in the file. Please submit folders with papers in sequence indicated above and check column to indicate presence of that form/document.***

**Eligibility Items**

- When applying to program
  - HempsteadWorks Career Center Registration
  - WIOA Eligibility Criteria w/Documents
  - Income Status Questionnaire
  - US Birth Certificate/US Passport/Alien Reg. /US employment authorization
  - Social Security Number (Legal Document)
  - State Photo ID W/Address
  - Educational Status /HS Diploma or Equivalent, College Degree, Drop out letter
  - Selective Service Registration Printout (males, 18 or older)
  - DOOR Registration Supplement and Release Statement
  - EO and Non-Discrimination Policy/the Law
  - Interagency Release of Information
  
- When accepted into program
  - Enrollment Letter
  - Youth Assessment and Individual Service Strategy
  - Program Incentive Plan Contract

Eligibility Interviewer \_\_\_\_\_

Council Members  
DOROTHY L. GOOSBY  
ANTHONY P. D'ESPOSITO  
DENNIS DUNNE, SR.  
THOMAS E. MUSCARELLA  
CHRISTOPHER CARINI  
MELISSA MILLER

KATE MURRAY  
Town Clerk

JEANINE C. DRISCOLL  
Receiver of taxes

ERIC C. MALLETTE  
Commissioner

# Town of Hempstead Department Of Occupational Resources

50 CLINTON STREET, HEMPSTEAD, NY 11550-4201  
(516) 485-5000 FAX# (516) 485-2865



DONALD X. CLAVIN, Jr.  
Supervisor

## WIOA Youth Program Incentive Plan Contract

Youth Name: \_\_\_\_\_  
Youth NYID: \_\_\_\_\_  
Date: \_\_\_\_\_

### **Purpose of Plan Contract**

- 1) To provide an incentive payment to participants who achieve certain program goals
- 2) The achievement can be documented and provides evidence that the achievement was earned

### **Eligibility Criteria**

Youth eligible to receive incentive payments are:

- Enrolled in a WIOA Youth Program
- Are active or in follow-up
- Are in good standing with a program, including regular contact with program staff
- Have achieved an outcome listed as a goal within their ISS

### **Incentives**

- Upon attaining a GED/H.S. Diploma, I may earn \$150
- Upon completing an Internship or On-the-Job Training Program, I may earn \$100
- Upon enrollment in College/University, I may earn:
  - \$100 as a full-time student (enrolled in 12 credit hours or more)
  - \$75 as a part-time student (enrolled in under 12 credit hours)
- Upon successful completion of an Occupational Skills Training program, I may earn \$100
- Upon obtainment of a Measurable Skills Gain (limit one per program year), I may earn \$50
- Upon obtainment of an Industry-Recognized Credential, I may earn \$100
- Upon retaining unsubsidized employment, I may earn:
  - \$50 for 30 days of employment
  - \$100 for 90 days of employment
  - \$150 for 6 months of employment
  - \$200 for 12 months of employment

**Agreement**

I, \_\_\_\_\_, understand and acknowledge that by participating in the Workforce Innovation and Opportunity Act (WIOA) Youth Program, I may earn incentives as outlined in the above contract. I understand that incentives are not an entitlement and are subject to both availability of funding and my good standing in the program.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TOWN OF HEMPSTEAD DEPARTMENT OF OCCUPATIONAL RESOURCES (DOOR)  
EQUAL OPPORTUNITY (EO) AND NONDISCRIMINATION POLICY**

- I. DOOR prohibits discrimination against all individuals on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I – financially assisted program or activity.
- II. DOOR and the WDB will not discriminate on any prohibited grounds to registrants, applicants, and eligible applicants/registrants; participant applications for employment and employees; unions or professional organizations holding collective bargaining or professional agreements with the recipients; and members of the public including those with impaired vision or hearing.
- III. DOOR and the WDB will not discriminate in any of the following areas:
  - a. Deciding who will be admitted or have access to DOOR’s programs and activities;
  - b. Providing opportunities in, or treating any person with regard to, such programs and activities; or
  - c. Making employment decisions in the administration of, or in connection with, such a program or activity.
- IV. DOOR will take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, DOOR will provide appropriate auxiliary aids and services to qualified individuals with disabilities.
- V. Services and information will be provided in languages other than English when there is a significant number or proportion of the population eligible to be served or likely to be directly affected by DOOR that may need services or information in a language other than English.
- VI. DOOR will monitor the EO compliance status of its subrecipients and contractors annually. Periodic on-site reviews of subrecipients will be conducted to assess their EO compliance posture, the results of which are communicated to the subrecipient and contractor in writing.
- VII. If you think that 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:  
  
DOOR’s Equal Opportunity Officer: Sal Scibetta, 50 Clinton Street, Suite 400, Hempstead, NY 11550, (516) 485-5000 ext. 1205; or the [Director](#), Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the [CRC](#) Web site at [www.dol.gov/crc](http://www.dol.gov/crc).
- VIII. DOOR is able to and will comply with the policy as stated above and on the attached [Equal Opportunity is the Law](#) publication. I acknowledge that I have read and understood this information:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

**TOWN OF HEMPSTEAD DEPARTMENT OF OCCUPATIONAL RESOURCES  
REGISTRATION SUPPLEMENT & RELEASE STATEMENT**

PARTICIPANT'S NAME: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Please Print

**CERTIFICATION**

- A.
1. I make this application & statement in order to be found eligible to receive services paid for by Federal and/or State funds. I understand that the Department of Occupational Resources (DOOR.) will rely on the information I supply to them. I certify that all such information given by me shall be true, accurate and complete.
  2. I request services under a program created under, resulting from or derivative of funds obtained from the United States Department of Labor and the State of New York & other funding sources.
  3. I agree to participate in all assigned and required activities. I agree to accept a suitable job offer as defined herein. A suitable job offer is one which offers appropriate working conditions and is comparable with my levels of experience and skills, and is either within commuting distance as determined by the DOOR, or is accessible by public transportation.
  3. I agree that upon completion of a training course, I will be required to take a certification exam.
  4. I understand that my participation in the program may end or be terminated if employment has been or can be secured in the private sector. I agree to notify the DOOR if I secure private employment.
  5. I understand that my participation in any program as described in paragraph 1 herein may be terminated if my participation and/or performance is determined to be unsatisfactory, or if I am no longer eligible to participate in such programs, or for any other reason at the discretion of DOOR, regardless of how long I have been in the program.
  6. I understand that any benefits I receive may terminate without any prior notice if program funding is reduced or canceled, if the regulations or applicable laws are changed, or if I cease to be eligible to participate. I understand that as part of my participation, in accordance with the Privacy Act of 1974, the Town of Hempstead and/or its contractors require disclosure of my Social Security number as well as other documents and information.
- B.
1. I give permission to the agents, servants, employees and/or officers of the Town of Hempstead, the New York State Department of Labor, or the U.S. Department of Labor to take any such actions as they deem appropriate to verify all statements made herein, separately, or at any future date, in connection with my participation in or eligibility for the program. Such actions may include, but shall not be limited to securing and obtaining copies of my income tax records and returns, all records filed with the New York State Department of Labor, the Nassau County Department of Social Services, the United States Social Security Administration, any prior, present, future or potential employers, and agencies providing public assistance, including TANF, General State or Local Cash Assistance, Supplemental Security Income, and Food Stamps or other such agencies. I authorize each of the aforementioned agencies to release information concerning me to the Town of Hempstead, the New York State Department of Labor, or the U.S. Department of Labor, and agree to cooperate with the release of information, including providing additional authorizations as may be required.
  2. I understand that while a participant, I may not engage in partisan or non-partisan political activities during hours for which I receive program funds. I agree not to engage in such activities during the prescribed hours. I agree not to engage in partisan or non-partisan activities in which I represent myself as a spokesperson of the program. I certify that I was not referred to this program by any political organization or its representatives. I understand and agree that I may not and will not, during working hours under the program attempt to influence in any manner a member of Congress or any State legislator concerning any legislation or appropriation before or by such legislator.
- C.
- If my application shows that I am a disabled individual by reason of alcohol and/or drug addiction, which I believe is or will be lessened, alleviated, or cured by out-patient treatment at a rehabilitation facility, I irrevocably waive any privilege or confidentiality pertaining to records or documents of treatment or my alcohol or narcotics problem, to the extent that representatives of the U.S. Department of Labor, N.Y. State Department of Labor and/or DOOR are granted irrevocable permission to examine and photocopy such records held by any government agency, physician, hospital or rehabilitation facility. I understand that if any records are examined or photocopied, it will be done for the sole purpose of determining my eligibility for the program or for an evaluation of the type of activity or program that is best for me. I further understand that information obtained as a result of my release or waiver of confidentiality shall not be made public or disclosed to any potential employer, and that all such confidential information shall be kept in a confidential file, by agents, employees and officials of the Town of Hempstead. I authorize any government agency, physician, hospital, or rehabilitation facility or program to release medical and/or treatment information to the Town of Hempstead, the New York State Department of Labor, or the U.S. Department of Labor. I agree to cooperate with the release of such information, including but not limited to providing additional authorizations to said agencies.

D. I hereby certify that I am not the wife, husband, son, daughter, mother, brother, sister, sister-in-law, brother-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent of stepchild of any of the following: any officer or staff member in the Town of Hempstead, Department of Occupational Resources, Supervisor, Town Board; Hempstead Workforce Development Board (WDB), Youth Council, or any other Federal, State, County, City or local government official or their staff members; or any official or staff member of a private-for-profit contractor or sub-contractor of the Town of Hempstead for which I am or can expect to be hired. If I am related to any individual named above, I describe this relationship herewith:

Name of Relative	Relationship (describe in detail)
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In the event that I should become related to any such person, I agree to disclose that information to DOOR.

- E. 1. I have been advised of the Equal Employment Opportunity Policy and Grievance Procedure.  
2. I understand that if I become or am found ineligible after enrollment, I will be terminated and separated from the program.  
3. I agree to notify the program coordinator or DOOR if I become aware of any reasons why I would be deemed ineligible under the program. I understand that in the event that I am terminated as a result of falsifying any information on this application or any other reporting requirements, I may be prosecuted for fraud.  
4. I attest that **all** the information on this application is true to the best of my knowledge and there is no intent to commit fraud. I understand that the information on the application will be used to determine my eligibility, and that I may be required to document the accuracy of the information and that the information is subject to external verification and may be released for such purposes.  
5. I hereby authorize DOOR to contact any individual or appropriate agency to obtain information or verify my status concerning: Receipt of any form of public assistance, unemployment insurance benefits, test scores, test materials and transcripts, medical records, counseling reports, psychological or psychiatric assessment and evaluation material, drug and alcohol related counseling reports. I also authorize DOOR to obtain information regarding financial aid status, award letters or statement for any grant program such as PELL, TAP, SEOG and others, and any information that these awards have been awarded and/or received by me, as well as the amount of any balance check issued by a college or educational institution after my tuition and book store credit has been paid. I agree to cooperate with the release of such information as may be required and to provide the Town of Hempstead, and the Department of Occupational Resources with any authorizations as may be required to obtain such information.
- F. 1. As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CRF Part 85.605 and 85.610:  
2. I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, sale or use of a controlled substance in conducting any activity under the grant and:  
3. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. 20202-4571. I understand that the failure to do so may result in a finding of ineligibility under the grant.
- G. I swear that I have read all parts of and signed this intake record/registration form and state that **all** contents thereof are true. I have read this entire certification statement before signing it and state that its contents are also true.

**I UNDERSTAND THAT IF I HAVE MADE FALSE STATEMENTS IN THIS INTAKE RECORD/REGISTRATION FORM AND CERTIFICATION STATEMENT, I HAVE COMMITTED A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, WHICH IS A CRIME. I UNDERSTAND THAT FALSE STATEMENTS MAKE ME SUBJECT TO OTHER PUNISHMENT UNDER STATE AND/OR FEDERAL CRIMINAL LAWS. I UNDERSTAND THAT THIS STATEMENT IS EQUIVALENT TO A STATEMENT DULY SWORN UNDER OATH.**

Applicant's Signature \_\_\_\_\_ Date Application Signed \_\_\_\_\_

Parental consent is required for all minors except minors who are heads of households.

**SIGNATURE OF PARENT, GUARDIAN, OR RESPONSIBLE ADULT** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me (us) personally came \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_