



## **Workforce Innovation and Opportunity Act (WIOA)**

### ***Eligibility Requirements for job training grants***

The Workforce Innovation and Opportunity Act (WIOA) funds grants to eligible adults for job skills training. If you're looking to upgrade your skills, we can help find the funding. There are two ways to establish eligibility:

1. Dislocated worker: If you've lost a job through no fault of your own (company closure, laid off, military spouse relocation), you can qualify. Your prior income has no bearing on your eligibility if you're a dislocated worker.
2. Adult income-eligible: If your household income is less than 250% of the Federal Poverty Level, you may qualify to have your training funded through WIOA.

## **Workforce Innovation and Opportunity Act (WIOA)**

WIOA is the Federal Workforce Innovation and Opportunity Act of 2014, and offers workforce activities and services to employers, job seekers, laid off or incumbent workers, youth, veterans, displaced homemakers, self-employed individuals, and persons with significant barriers to employment. The purpose of WIOA activities is to increase job retention, earnings, occupational skills, reduce welfare dependency and improve the quality of the workforce.

## **Services**

- Free services offered to individuals that meet certain eligibility guidelines may include:
- Funds for education/training (books, tuition, lab fees, testing and equipment)
- Individual career guidance and counseling
- Labor market information
- Relocation assistance
- Skill upgrades

## **WIOA Statement of Understanding**

- The WIOA Program is a federally funded employment program and that the main focus of this program is to assist me with becoming job ready and obtaining employment that will lead to self-sufficiency.
- The WIOA Programs offers services designed to assist me in identifying a career goal, becoming job ready, and finding employment opportunities.
- I am responsible to complete certain activities as identified, in collaboration with my assigned Workforce Development Employment Team Member, that will assist me in becoming job ready and identifying employment opportunities that match my qualifications.
- Not every customer will need services at every level in order to find employment leading to self-sufficiency and I will work with my Workforce Development Employment Team Member to identify the WIOA path appropriate for me.
- I am required to actively seek employment and document my job search while participating in the WIOA Program and the job search process will be ongoing until I have found employment, and/or it has been determined that I am unable to find employment, leading to a self-sufficient wage with the skills and qualifications I currently possess.
- It is my responsibility to submit updated job search logs upon request.
- I am required to provide documentation of employment obtained at any time after beginning the WIOA process. I will submit an employment verification or pay stub as soon as one is available.



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- I am responsible for attending each scheduled appointment or contacting my Employment Team Member in a timely manner to reschedule if I am unable to attend a scheduled appointment.
  - My active participation in the WIOA Program does affect my appropriateness for certain services.
  - Training services and work-based training is possible under WIOA services.
  - **WIOA training services are not an entitlement and are, under no circumstances, a guarantee that I will be approved for WIOA Scholarship funds.**
  - It is my responsibility, in order to be considered for WIOA training services, to complete all required steps in the WIOA process.
  - I understand that I am not, under any circumstances, to start a training program under the assumption that I will receive WIOA funding. I further understand that if I begin a training program prior to receiving notification of approval I assume all financial responsibility.
  - I understand that WIOA Scholarship funds cannot be applied retroactively or as reimbursement for any reason.
  - I understand that, if I intend to apply for WIOA scholarship funds, it is my responsibility to check on the status of any existing student loans and that if I have a loan in default, I am responsible for contacting my loan holder and applying for deferment or scheduling an acceptable payment arrangement and providing documentation of my loan status.
  - I understand that if I intend to apply for WIOA Scholarship funds, it is my responsibility to complete the Free Application for Federal Student Aid (FAFSA) and document the status of my financial aid eligibility.
  - I understand that I may only apply for WIOA Scholarship funding in approved occupations identified as high growth industries and at WIOA approved training providers.



**OhioMeansJobs|Fulton County offers a variety of services that will give you the tools to enhance your skills and abilities to obtain and retain employment.**

For fastest processing, please turn in the following documents with your WIOA application.

- 1 Driver's License or State / Federal ID
- 2 Birth Certificate
- 3 Social Security Card or Authorization to work in the United States
- 4 Selective Service Registration (if applicable)
- 5 Proof of Veteran Status (if applicable)
- 6 Last 30 days' worth of income for all household members  
(the immediate 30 days prior to the date you signed the WIOA Application)
- 7 Unemployment Compensation Determination Letter (If applicable)
- 8 School Status Verification (if applicable)
- 9 Desired Training Information and Cost
- 10 Resume
- 11 Job Search Log
- 12 Financial Aide Award Letter (if applicable)
- 13 Signed Application Packet
- 14 Create an OhioMeansJobs.com Account ([www.OhioMeansJobs.ohio.gov](http://www.OhioMeansJobs.ohio.gov))
- 15 Complete the Career Assessments on OhioMeansJobs.com

**Please ensure that all required signature fields in the application packet are completed; there should be four signature locations. Additionally, kindly upload all applicable items listed in the upload section at the end of the application.**

**If you have any questions or need further assistance, please contact us via email at [FultonWorkforce@jfs.ohio.gov](mailto:FultonWorkforce@jfs.ohio.gov) or by phone at (419) 337-9215.**



# Application for WIOA Services

### Name

First Name, Middle Initial

Last Name (Suffix)

Social Security Number

### Address

Street Address

City, State, Zip Code

Phone Number  
messages?

Does this number receive text

Email address

### Race / Ethnicity

American Indian or  
Alaska Native

Asian

Black of African  
American

Hispanic or Latino

Native Hawaiian or Other  
Pacific Islander

White

### Are you a Veteran?

Yes

No

### If YES, Dates of Service, & Branch:

### Spouse of a Veteran:

Yes

No

### Primary Language

English

Spanish

Other

### Gender assigned at birth:

Female

Male

### Are you registered for the selective service?

Yes

No

Not applicable



### Education Status

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Master's degree                                       | <input type="checkbox"/> Bachelor's degree                                   | <input type="checkbox"/> Associate degree     |
| <input type="checkbox"/> Some college (no degree)                              | <input type="checkbox"/> High School Diploma or GED                          | <input type="checkbox"/> 11th Grade Completed |
| <input type="checkbox"/> 10th Grade Completed                                  | <input type="checkbox"/> 9th Grade Completed                                 | <input type="checkbox"/> Still in School      |
| <input type="checkbox"/> Did not finish HS, List highest grade completed _____ | <input type="checkbox"/> Other license / certification, please explain _____ |   |

**Household Status:** Please list yourself and everyone in your home or anyone you pay child support for.

	First and Last Name	Relationship	Date of Birth	Monthly Income
You				
Household Member				
Check this box if there are more members living in your house.				

### Employment Status:

- |  |  |
|--|--|
| <input type="checkbox"/> Employed                                  | <input type="checkbox"/> Employed but received notification of termination |
| <input type="checkbox"/> Not employed (and RECEIVING unemployment) | <input type="checkbox"/> Not employed (and NOT RECEIVING unemployment)     |
| <input type="checkbox"/> Not employed (and Exhausted unemployment) | <input type="checkbox"/> Not employed (and referred by RESEA)              |



## Employment Status

Employer Name

City

State

Zip Code

Job Title

Pay rate

Hours per week

State date

End date

Reason for leaving

## Public Assistance - Please check any that you have received in the past 6 months:

- |   |   |                              |
|---|---|------------------------------|
| <input type="checkbox"/> TANF / Cash Assistance | <input type="checkbox"/> SNAP               | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Refugee Assistance     | <input type="checkbox"/> Trustee Assistance | <input type="checkbox"/> PRC |
| <input type="checkbox"/> None                   |   |                              |

## Barriers - Please check all that apply to your past and present:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Homelessness         |
| <input type="checkbox"/> Justice Involvement    | <input type="checkbox"/> Parenting                | <input type="checkbox"/> High School Dropout  |
| <input type="checkbox"/> Pregnant               | <input type="checkbox"/> Lack of Transportation   | <input type="checkbox"/> Paying Child Support |
| <input type="checkbox"/> Displaced Homemaker    | <input type="checkbox"/> Runaway                  | <input type="checkbox"/> Poor Work History    |
| <input type="checkbox"/> Is/Was in Foster Care  |   |   |

## Disability Status:

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I have a disability   | <input type="checkbox"/> No, I do not have a disability  |
| <input type="checkbox"/> I am enrolled with OOD (Opportunities for Ohioans with Disabilities) | <input type="checkbox"/> I have applied with OOD (Opportunities for Ohioans with Disabilities) |



## Program Eligibility:

	Yes	No	Date
Do you provide more than 50% of your own support?	<input type="radio"/>	<input type="radio"/>	
Are you married (if married enter date) or separated but not divorced	<input type="radio"/>	<input type="radio"/>	
Do you have children who receive more than half of their support from you?	<input type="radio"/>	<input type="radio"/>	
Are you currently paying child support?	<input type="radio"/>	<input type="radio"/>	
Do you have dependents (Other than your children or spouse) who live with you and receive more than half of their support from you?	<input type="radio"/>	<input type="radio"/>	
Do you live in your own residence or in a residence without support from a parent(s) or guardian(s)?	<input type="radio"/>	<input type="radio"/>	
Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training?	<input type="radio"/>	<input type="radio"/>	

<https://wiet.ohio.gov/wiet/index.xhtml>

**CONFLICT OF INTEREST ACKNOWLEDGEMENT:** Do you have a business or personal relationship with any Fulton County OMJ Center staff, Elected Official(s), or any other individual(s) or Organizations(s) that directly or indirectly manage the Workforce Innovation and Opportunity Act Program?

	Yes	If Yes, Name	No
Answer	<input type="radio"/>		<input type="radio"/>

**ACKNOWLEDGEMENT:** By signing, I certify that the information I have provided is accurate to the best of my knowledge and that I read through the online orientation prior to completing this application.

<https://www.fultoncountyoh.com/1749/WIOA-Orientation>

**Applicant Signature:**

**Date:**



**OhioMeansJobs.**

Fulton County  
A proud partner of the  
American Job Center network

# Application for WIOA Services

**RELEASE OF INFORMATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION:** I, the undersigned, do hereby authorize any and all persons, firms and entities of any kind or character to release to OhioMeansJobs|Fulton County upon presentation of this authorization, any and all information that such persons, firm or entity may have with regards to me, including, but not limited to, copies of persona files, past history, or present status, this information may be divulged to OhioMeansJobs|Fulton County upon written request that accompanies, a signed copy of this authorization. Any person, firm or entity, governmental or otherwise, releasing information hereunder is hereby released from any and all liability of any kind of character because of such release of OhioMeansJobs|Fulton County. OhioMeansJobs|Fulton County will keep any such record in the strictest of confidence and only for purposes for which OhioMeansJobs|Fulton County has been formed.

**Applicant Signature:**

**Date:**



## Employment Goal

Short term employment goal

Long term goal

Is this job (training) an in-demand occupations?

Verified by

In-demand Job list

	Yes	No	Fill in
Are you able to complete job applications?	<input type="radio"/>	<input type="radio"/>	
Do you have a current resume?	<input type="radio"/>	<input type="radio"/>	
Do you have reliable job references?	<input type="radio"/>	<input type="radio"/>	
Are you registered with OhioMeansJobs?	<input type="radio"/>	<input type="radio"/>	
Can you describe your skills to an employer?	<input type="radio"/>	<input type="radio"/>	
Can you conduct yourself professionally in a job interview?	<input type="radio"/>	<input type="radio"/>	
Do you feel you have enough experience to be hired?	<input type="radio"/>	<input type="radio"/>	
Are you concerned with your academic skills?	<input type="radio"/>	<input type="radio"/>	
Training Goals:	<input type="radio"/>	<input type="radio"/>	
Training Provider:	<input type="radio"/>	<input type="radio"/>	
Training Program:	<input type="radio"/>	<input type="radio"/>	



# Individual Employment Plan (IEP)

Which type(s) of training should participant follow to achieve their occupational goals?

- Academic skills enhancement
- Occupational skills enhancement
- Occupational retraining
- Degree programs
- Not applicable

If applicable, please explain why skills/ certifications need upgraded

If participant has a bachelor's degree or higher, please provide justification for training

**ADDITIONAL ASSISTANCE - Please check any services that you could benefit from:**

- First month's rent and Deposit
- Vehicle Repair/Bus Pass
- Food or Medical Care
- Water, Gas, or Electric Assistance
- Degree / Certification Funding
- Childcare / Back-up Childcare
- Work Clothing (boots, etc.)
- Employment Retention Bonus
- Youth Work Experience
- Not applicable

**STATEMENT OF UNDERSTANDING:** This individual plan has been prepared with my input. Any changes must be discussed with my Career Coach, Failure to do so may be grounds for termination from WIOA services. I understand this Individual Employment Plan and pledge my best efforts to complete the steps in this plan.

**Trainee: Print Name**

**Signature:**

**Date:**

Career Coach:

**Print Name:**

**Signature:**

**Date:**



# Background Information

What are your long-term and short-term goals?

Why are you interested in training?

What skills can you bring to an employer?

What skills would you like to improve?

Have you had any interviews recently? How did they go? Did you receive any feedback?

Please explain what is preventing your from gaining employment?

Do you need accommodations to successfully complete your training? If so, please explain

Please list training options you are interested in here

PROVIDER NAME	PROGRAM NAME	PROGRAM START DATE	PROGRAM COST BREAKDOWN



Although there are some differences in the established timelines for the processing and resolution of the three types of complaints, it is both the implicit and express interest of this agency that all persons and/or organizations filing complaints shall be afforded fairness and due process in the investigation and resolution of their charges.

## **Your Complaint Rights Under the Workforce Innovation and Opportunity Act (WIOA)**



**As an individual or entity you have certain rights regarding services you have received through the WIOA program. These include the right to file a complaint. There are three types of complaints that can be filed and they must be done within certain time frames.**

### **WIOA Program Complaint -**

You feel a program rule or process was not properly applied to your situation.

### **Discrimination Complaint -**

You feel you have been discriminated against based on your race, age, religion, national origin, sex, political affiliation or belief, disability, or citizenship status, as a lawfully admitted immigrant authorized to work in the United States.

### **Fraud and Abuse Complaint -**

You believe you have information exposing fraudulent activity or abuse of the program.

### **How Do I Resolve It?**

- **A WIOA Program Complaint** can be taken to three levels, at any of which it can be resolved.
- **First - At the Local level with the WIOA agency you are working with**
  - Must file within 1 year from date of incident
  - Upon filing the complaint, an informal conference will be held within 10 days
  - If no informal resolution, a formal hearing will be held and a decision rendered within 60 days of the filing date
  - Decision may be appealed to the State
- **Second - At the State level**
  - File with **Ohio Department of Job & Family Services (ODJFS)  
Office of Workforce Development  
30 E. Broad Street, 37th Floor  
Columbus, OH 43215**

Fulton County Job & Family Services  
TJ Jones, Human Resource Director  
152 S. Fulton Street Wauseon, OH 43567  
Phone: (419) 337-9255

## Any Questions?

Please contact:  
ODJFS, Office of  
Employee and Business  
Services,  
Bureau of Civil Rights  
30 East Broad Street,  
30th floor  
Columbus, OH  
43215-3414  
(866) 227-6353

For more detailed  
information on each step  
please visit:

<https://dam.assets.ohio.gov/image/upload/jfs.ohio.gov/owd/WIOA/docs/WIOA-ComplaintProceduresManualJFS08045.pdf>

Mike DeWine,  
Governor  
State of Ohio

Matt Damschroder,  
Director  
Ohio Department of Job  
and Family Services

JFS 08063  
(Rev. 11/2024)

This institution is an  
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provider and employer.

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network.

- A state appeal of the local hearing decision must be filed within 10 days of that decision
- A Review of the hearing decision will be conducted and a decision rendered within 60 days of the state appeal filing date
- If a complaint was filed at the local level and no decision was rendered within 60 days, a complaint may be filed directly at the state level within one year of the date of original incident

### o **Third – At the Federal level**

- File with **U.S. Department of Labor** (DOL)  
**Office of the Secretary**  
**Attention: ASET**  
**Washington, D.C. 20210**
- If resolution of the initial complaint is not achieved at the local or state level, a final appeal may be made at the federal level

### • **A Discrimination Complaint**

- o File with:  
**Ohio Department of Job & Family Services**  
**Office of Employee and Business Services, Bureau of Civil Rights**  
**30 East Broad Street, 30th Floor**  
**Columbus, OH 43215-3414 (866) 227-6353**  
[jfs.ohio.gov/help-center/civil-rights/02-how-to-file-a-complaint](https://jfs.ohio.gov/help-center/civil-rights/02-how-to-file-a-complaint)
- o May also file with:  
**U.S. Department of Labor**  
**Civil Rights Center**  
**200 Constitution Ave., N.W., Room N-4123**  
**Washington, D.C. 20210**
- o Must be filed within 180 days of the discriminatory act or treatment
- o The complaint will be reviewed and, if accepted, the opportunity for Alternative Dispute Resolution must be provided. If there is no resolution through the alternative dispute resolution process then the Bureau of Civil Rights will investigate.
- o A Final Report must be issued within 90 days from the complaint receipt date

### • **Fraud and Abuse Complaints** must be filed with the Department of Labor’s Incident Reporting System

- o **U.S. Department of Labor Office**  
**Office of Inspector General, Office of Investigations**  
**200 Constitution Ave, NW. Room S 5514**  
**Washington, D.C. 20210**

Please sign below to acknowledge receipt of “Your Complaint Rights Under the Workforce Innovation and Opportunity Act” Form.

\_\_\_\_\_  
Signature of Receipt

\_\_\_\_\_  
Date