

<b>PERSONAL BUDGET FORM</b>			
<b>PERSONAL BUDGET</b>		<b>NAME:</b>	<b>PID:</b>
<b>INCOME</b>			
Source 1		Income Total	
Source 2		Expense Total	
Other Sources		Difference	
<b>HOME EXPENSES</b>		<b>LOANS/CREDIT CARDS/MISC.</b>	
Rent/Mortgage		Student Loans	
Electric		Personal Loans	
Gas		Home Equity Loan	
Water		Credit Cards	
Phone		Personal Care	
TV/Cable/Wi-Fi		Child Care	
Insurance		Personal Care	
Taxes		Clothing	
Repairs		Tax Penalty Payment	
Home Owner Assoc Fees		Supplies	
Food		Other	
<b>AUTO/TRANSPORTATION EXPENSES</b>		<b>MEDICAL EXPENSES</b>	
Auto Payment		Insurance	
Insurance		Medication	
Gas		Co-pay	
Repair/Maintenance		Other	
<b>Participant Signature</b>	<b>Date</b>	<b>Case Manager</b>	<b>Date</b>
<p><b>Instructions:</b> Fill in participant name and ID# in the appropriate box. Identify income sources and fill in the appropriate box. Fill in dollar amount of all expenses in the box next to the appropriate listed expense. Expenses not listed should be filled in as other. Total all income sources and list the dollar amount next to the Income Total box. Total all expenses and list the dollar amount next to the Expense Total box. Subtract Income Total for Expense Total to calculate the Difference and enter the dollar amount in the appropriate box.</p>			



## SUPPORTIVE SERVICE NEEDS CHECKLIST

*Check any issues for which you have a need at this time.*

- |   | <i>Yes</i>               | <i>No</i>                |
|---|--------------------------|--------------------------|
| 1. Assistance with transportation                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assistance with child care or dependent care                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Assistance with housing  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Referral to medical assistance                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Assistance with uniforms or other work attire                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Assistance with tools, equipment, or supplies                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Assistance with eye glasses and/or protective eye glasses          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Need special adaptation for work or training because of disability | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Assistance with family or personal issues                          | <input type="checkbox"/> | <input type="checkbox"/> |

*Indicate any concerns not addressed in the above list:*

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Equal opportunity employment/program. Auxiliary aids and services are available upon request to individuals with disabilities.

# Notice of Grievance Procedures for Nondiscrimination Complaints

The Northeast Workforce Development Board (NEWDB) has selected Odle Management, Inc as a provider of services under the federal Workforce Investment Act (WIOA) of 1998. As a recipient of federal financial assistance, Odle Management, Inc has made assurances that it will comply with the requirements of the WIOA law and regulations.

We strive to deliver high-quality workforce development services in a manner that is completely consistent with the WIOA law. If you believe that the rules of the WIOA law or its regulations have been violated in any way, please let us know. You have a right to be heard.

## **Notice of Grievance Procedures**

Every applicant, participant, employee or other interested party shall have the right, without fear of reprisal, to present a complaint or grievance.

Grievances are divided into two areas. If a complaint is lodged on grounds of race, color, religion, sex (including pregnancy), national origin, citizenship or status as a lawfully admitted immigrant authorized to work in the United States, age (40 or over), disability or genetic information, political affiliation or belief, it is an equal opportunity or discrimination complaint. Please see our "Discrimination Complaint Processing Procedures" with local contact information for further information.

If the complaint is based on grounds other than those listed above, it is considered a non-discrimination complaint. If you believe that the rules of the WIOA have been broken, it is your right to file a complaint and you cannot be penalized in any way for filing a complaint.

You can learn more about our grievance procedures by contacting the following individual:

Northeast Workforce Development Board  
Jeremy Frutchey, EEO Officer  
5238 OK Highway 167; Catoosa, OK 74015  
405-269-2821 TDD 800.722.0353

The procedures describe the steps you must take in order to file a formal complaint, including:

- Time limits for filing: Generally, you have 15 days from the date of the violation to file a grievance;
- How to describe your complaint, including the alleged violation of the law;
- How to request an informal resolution of your grievance;
- Your right to a written determination; and
- Your right to file an appeal to the Oklahoma Department of Commerce.



## DISCRIMINATION COMPLAINT PROCESSING PROCEDURES

**It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:**

- Against any individual in the U.S., on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information, political affiliation, or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I financially assisted program or activity.
- The recipient must not discriminate in any of the following areas:

Deciding who will be admitted or have access, to any WIOA Title I 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 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 the recipient's Equal Opportunity Officer or person who has been designated for this purpose whose name, address and phone number is listed below, **OR** the Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

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

If the recipient does not give you 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 the recipient to issue 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 the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Northeast Workforce Development Board,  
Jeremy Frutchey, EO Officer  
5238 OK Highway 167, Catoosa, OK  
405-269-2821 or TDD 800-722-0353**



# Northeast Workforce Development Board

**AUTHORIZATION FOR: Request and Release of Confidential Information  
Grievance Procedures  
Discrimination Complaint Processing Procedures**

One of Northeast Workforce Development Board's (NEWDB) goals is to make services more accessible. In order to accomplish this goal and better serve you, it is necessary for agencies to share certain information about you. Please read this form very carefully and ask any questions you may have before signing it.

I agree that the service provider of the NEWDB may release any information furnished by me or resulting from my participation in WIOA sponsored activities and requested by prospective employers, educational institutions, social service agencies or military service.

I further authorize the release of any information requested by the service provider of the NEWDB from past or present employers, educational institutions, social service agencies or military services. This information will be used for determining eligibility, statistical reporting, employment verification, skills attainment and measuring performance of Workforce Centers.

I understand that my records are protected under State and Federal law and cannot be disclosed without my written consent unless otherwise provided for in State and Federal law.

I understand that by signing this form I am agreeing to the sharing of my information. I understand that I may cancel my consent at any time by delivering a written notice of my cancellation to the NEWDB service provider office. A copy of this consent for sharing of information is considered valid.

I hereby certify that I have been informed and given a copy of the NEWDB complaint procedures regarding discrimination, non-discrimination and equal opportunity to file a complaint.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian (if applicant is under age 18)**

\_\_\_\_\_  
**Date**

**Jeremy Frutchey, EEO Officer; Northeast Workforce Development Board, Inc.  
5238 OK Highway 167  
Catoosa, OK 74015  
The Director, Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue  
NW, Room N-4123, Washington, DC 20210**





## NEWS MEDIA AND MEDIA PRODUCTION RELEASE OF INFORMATION

<b>Name:</b> _____			<b>Date:</b> _____
First	Middle	Last	
<b>Address:</b> _____			
Street or Post Office Box			
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____	
<b>Participant ID:</b> _____		<b>Telephone Number:</b> _____	

I, \_\_\_\_\_, do hereby give the Oklahoma Employment Security Commission (OESC), Local Workforce Investment Board (NEWDB), and/or WIOA Service Provider full permission to use or release the information in the categories checked below. I understand the information about me will be used to promote public awareness and educate persons with an interest in utilizing the services of the OESC, NEWDB, and/or WIOA Service Provider to find employment, obtain training, and participate in the many other services provided by the OESC, NEWDB, and/or WIOA Service Provider. The information may be included in a newspaper article written by a reporter, who is not employed by the OESC, NEWDB, and/or WIOA Service Provider or public awareness material produced by the OESC, NEWDB, and/or WIOA Service Provider. I further understand that the OESC, NEWDB, and/or WIOA Service Provider does not have any control over the information included in a newspaper article, including the caption under the pictures or the headline used for the article. I further understand that I will not receive any fee or compensation for the use of this information, nor will receive any royalty for its use. I further understand that the information, in written, oral, picture, or video form is prohibited from use for commercial or political purpose.

- |  |  |
|--|--|
| <input type="checkbox"/> Name  | <input type="checkbox"/> Voice                                   |
| <input type="checkbox"/> Business or occupation  | <input type="checkbox"/> Photographs, video or digital images    |
| <input type="checkbox"/> Other, specify: _____   | <input type="checkbox"/> Address (street, city, town, or county) |
| <input type="checkbox"/> I do not give my permission to use or release any of my information for any news media or media production purpose. |  |

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18)

\_\_\_\_\_  
Date

### *Approval*

\_\_\_\_\_  
Authorized WIOA Representative

\_\_\_\_\_  
Date



Applicant Name: \_\_\_\_\_

## CONTACT INFORMATION

Workforce Oklahoma WIOA must occasionally contact you, both during and after participation on our programs, to provide you with follow-up information and assistance critical to your employment and training needs. Please list three individuals who may help us locate you in the event that we are unable to contact you at your current phone number or address. Contact information should be different from your personal information. Please list 3 individuals who will probably always know how to contact you.

Contact 1:

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Email: \_\_\_\_\_

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Contact 2:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Alternate \_\_\_\_\_

Email: \_\_\_\_\_

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Contact 3:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_



A proud partner of the [AmericanJobCenter](#) network

Equal opportunity employment/program. Auxiliary aids and services are available upon request to individuals with disabilities.

**EMPLOYMENT HISTORY**  
(Present to Past)

Job Title: _____		Duties: _____									
Employer/Company: _____		Phone #: _____									
Address: _____											
Contact Person: _____		Title: _____									
Start Date: _____		End Date: _____									
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Hourly</td> <td style="text-align: center;">Weekly</td> <td style="text-align: center;">Monthly</td> <td style="text-align: center;">Annually</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Hourly	Weekly	Monthly	Annually				
Hourly	Weekly	Monthly	Annually								
Reason for Leaving: _____											

Job Title: _____		Duties: _____									
Employer/Company: _____		Phone #: _____									
Address: _____											
Contact Person: _____		Title: _____									
Start Date: _____		End Date: _____									
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Hourly</td> <td style="text-align: center;">Weekly</td> <td style="text-align: center;">Monthly</td> <td style="text-align: center;">Annually</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Hourly	Weekly	Monthly	Annually				
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Address: _____											
Contact Person: _____		Title: _____									
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Job Title: _____		Duties: _____									
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Address: _____											
Contact Person: _____		Title: _____									
Start Date: _____		End Date: _____									
Hours Per Week: _____	Wage: _____	Check One (X)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Hourly</td> <td style="text-align: center;">Weekly</td> <td style="text-align: center;">Monthly</td> <td style="text-align: center;">Annually</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Hourly	Weekly	Monthly	Annually				
Hourly	Weekly	Monthly	Annually								
Reason for Leaving: _____											

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date







## WIOA Youth Income Eligibility Form: Part I

IDENTIFYING INFORMATION			
Applicant's Name:	_____	_____	_____
	Last	First	MI
Participant ID:	_____	Application Date:	_____

**Income Period – From (6 months prior to application):** \_\_\_\_\_ **To (application date):** \_\_\_\_\_

**NOTE – Family Income Calculation:** Complete and attach Part II: Income Calculation, for each family member with earned income during the 6 month income review period. **Documentation of income source(s), family size, and Parts I & II of this form must be in the participant paper case file.**

**Family Composition:** List each family member. Refer to *WIOA Youth Program Eligibility and Data Validation Policy* for help in determining dependent status of applicant. If applicant lives with parents but claims family size of 1 due to providing more than 50 percent of his/her support, then the appropriate section of Attachment C, WIOA Youth Support Form, must also be completed.

Family Member	Name	Relationship	Date of Birth	Age	Income Source(s)	6-Month Income
1		Self/Applicant				
2						
3						
4						
5						
6						
7						
8						

<b>Income Review</b>	<b>Family Size:</b>	<b>Income Limit:</b> <small>* to be taken from 'at or below Poverty Line or 70% LLSIL'</small>	<b>Total 6-Month Income:</b>
			<b>6-Month Income X 2:</b> <small>* to be compared to INCOME LIMIT</small>

<b>Certification</b>	I attest that to the best of my knowledge the above information is true and correct.
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Applicant Signature	Date
Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)	Date
Case Manager Signature	Date

Family income calculations <b>INCLUDE</b> the following:	Family income calculations <b>EXCLUDE</b> the following:
<ul style="list-style-type: none"> <li>Gross wages and salaries before deductions</li> <li>Net income (gross income minus operating expenses) from a business or other non-farm enterprise</li> <li>Net income from farm self-employment (income from a farm which operates as an owner, renter, or sharecropper, after deductions from farm operating expenses)</li> <li>Social Security Disability Insurance (SSDI)</li> <li>Governmental and non-governmental pensions (including military retirement pay)</li> <li>Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation and training stipends</li> <li>Alimony</li> <li>Merit based scholarships, fellowships, and assistantships i.e. the recipient may be determined by students' athletic, academic, artistic or other abilities</li> <li>Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings</li> <li>Terminal leave pay, severance pay, or a cash out of accrued vacation leave</li> <li>Disaster Relief Employment wages</li> <li>On-the-Job Training (OJT) wages</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment compensation</li> <li>Child support payments and foster child care payments</li> <li>Old age and survivors' insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)</li> <li>Income earned while the veteran was in Active Military Duty, and certain other Veteran's Benefits</li> <li>Federal non-cash benefits such as: Medicare, Medicaid, food stamps, school lunches, and housing assistance</li> <li>Assets drawn down as withdrawals from a bank</li> <li>Public Assistance payments: TANF, SSI, GA, and RCA</li> <li>One time cash payment, which includes: tax refunds, loans, one-time insurance payments or compensation for injury, gifts and lump sum inheritances</li> <li>Job Corps payments</li> <li>Cash value of employer-paid or union-paid portion of health insurance or other employee fringe benefits</li> <li>Cash value of food or housing received in lieu of wages</li> <li>Payments received under the Trade Readjustment Act of 1974</li> <li>Needs-based scholarship assistance</li> <li>Financial assistance under Title IV of the Higher Education Act</li> <li>Stipends received from the following programs: VISTA, Peace Corps, Foster Grandparents Program, Retired Senior Volunteer Program, Youth Works/AmeriCorps Program</li> <li>All WIOA payments except OJT</li> </ul>



## WIOA Income Calculation Worksheet: Part II

IDENTIFYING INFORMATION			
Applicant's Name:	Last _____	First _____	MI _____
Participant ID: _____	Application Date: _____		

**Income Period – From (6 months prior to application):** \_\_\_\_\_ **To (application date):** \_\_\_\_\_

**Family Member:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Straight Pay Method:** Use this method if family member provides all income documents covering income review period.

Employer or Income Source	Pay Date	# Weeks in Time Frame	=	Pay Period Gross Pay
1			=	
2			=	
3			=	
4			=	
5			=	
6			=	
7			=	
8			=	
<b>a) 6-Month Income:</b> Sum of all Pay Period Gross Pays				=

**Average Pay Method:** Use this method if family member provides at least 2 income documents from each source

Employer or Income Source	Pay Date	Gross Pay	÷	# Weeks in Time Frame*	=	Weekly Gross Income
1			÷		=	
2			÷		=	
3			÷		=	
<b>a) Average Weekly Gross:</b> Sum of Weekly Gross Income ÷ # of Pay Stubs						=
<b>b) 6-Month Income:</b> Average Weekly Gross × # Weeks Included During Income Review						=

\* Time Frame: weekly = 1; bi-weekly = 2; monthly = 4.3

**Year-to-Date Method:** Use this method if the family member provides a recent pay stub or income source with the cumulative year-to-date gross income indicated on it.

Employer or Income Source	Pay Date	Cumulative Gross Pay	÷	# Cumulative Weeks	=	Weekly Gross Income
1			÷		=	
2			÷		=	
3			÷		=	
<b>a) Average Weekly Gross:</b> Sum of Weekly Gross Income ÷ # of Income Document						=
<b>b) 6-Month Income:</b> Average Weekly Gross × # Weeks Included During Income Review						=

**Intermittent Work/Other Income Method:** Use this method if the family member has not had steady income from one or more sources during the review period.

Employer	Description of Work	Start Date	End Date	Total Gross Income
1				
2				
<b>a) 6-Month Income:</b> Sum of all Total Gross Incomes				=