



CNY WORKS
(Onondaga County Workforce Development Board)

REQUEST FOR PROPOSAL (RFP)

**Applicant and Participant Management System
for Youth Summer Employment Program
and
Customer Relationship Management System**

Issue Date: Friday, September 16, 2022

Responses Due: Tuesday, October 11, 2022, by 11:59 pm

Anticipated Award Notification: November 1, 2022

Anticipated Initial Contract Period: 12 months

Total Renewable Contract Period: Annual

Anticipated Number of Contracts: 1

CNY WORKS REQUEST FOR PROPOSAL

PART ONE: BACKGROUND INFORMATION

CNY Works, Inc. (hereafter referred to as CNY Works) is a not for profit 501(c)(3) corporation and serves as the Onondaga County Workforce Development Board (OCWDB). CNY Works has been designated by local government (City of Syracuse and Onondaga County) to administer the workforce development funds targeted for Central New York. CNY Works receives funding from federal workforce development grants, state and local government grants, nonprofit organizations, and donations. CNY Works functions as the apolitical convener of business, economic development, and community agendas to define workplace system goals, garner resources, and support growth and development of the local and regional economy.

On an operational level, the CNY Works Career Center (the Center), a proud partner of the American Job Center (AJC) Network, has been designated as the One-Stop Delivery System's comprehensive career services center in Onondaga County. Services are delivered on site at the Center, via remote delivery, and via connections to services and resources provided by One-Stop System partners and community-based organizations. High-quality career services and comprehensive supportive services include individual and team case management, workshops, and other services aimed at development of job seekers' skills for employment success. The CNY Works Career Center's strong business development strategies support job seekers and businesses in matching qualified candidates to the available jobs within the regional economy.

CNY Works engages in regional sector initiatives and strategies with public workforce system partners, non-profit partners, and employers and industry partners with the goal of providing skilled workers for every employer and sustainable employment for every job seeker. CNY Works Inc. provides free basic career services to all residents of Onondaga County and free hiring and training assistance to businesses located within Onondaga County. Basic services include initial assessment of program eligibility, job searching, access to current labor market information, development of an Individual Employment Plan (IEP), resume writing, and interview preparation.

The youth workforce development system links services to local labor market needs, community youth programs, and services that have strong connections between academic and occupational learning. All services provide for youth holistic development. Program activities also address "career pathways" for eligible youth, and priority is placed on providing services to youth with disabilities and other employment barriers. CNY Works collaborates with organizations that have a successful record of serving youth and in creating effective, performance-based services as an important step towards building a system of integrated youth services within CNY. These services provide Onondaga County Youth with the necessary skills and opportunities to succeed in education, at work, and as members and leaders in their communities.

CNY Works is designated as the agent to provide the framework and to design youth career services for the in-school youth (ISY) and out-of-school youth (OSY) populations, aged 14 to 24. Framework services include determining youth eligibility for program services; conducting employment assessments; developing an Individual Service Strategy (ISS)—a written plan of

career pathway goals, objectives, and educational, occupational, or vocational and supportive service needs—for each youth participant; providing case management services to eligible youth; and referring youth for program services delivered by partners and contractors that include one or more of the Fourteen WIOA Youth Program Elements (identified in Section 129(c)(2) of the federal WIOA and in Training and Employment Guidance Letter 21-16).

In-School Youth (ISY) programming (secondary and post-secondary) provides long-term comprehensive career services building on the existing services available to youth currently attached to an educational (school) entity. Plans outlined in the youth’s ISS are designed to provide services to motivate youth to complete school while linking their education goals to workforce development strategies and goals upon attaining their high school credential. Out-of-School (OSY) programming provides comprehensive, long-term career services for youth who are not currently attached to an educational (school) entity or the labor force. For youth who have not completed secondary school, the ISS addresses secondary school credential attainment combined with a strong workforce development strategy.

CNY Works, in partnership with the City of Syracuse, Onondaga County, and On Point for College, has provided summer jobs to 500-1000 youth ages 14-20 for over 25 years. The Summer Youth Employment Program (SYEP) connects youth with a summer job combined with work readiness and financial literacy training. CNY Works annually contracts with over 100 local employers and various organizations to provide work experience opportunities.

With the assistance of the Mayor’s Office, CNY Works, Syracuse’s philanthropic and corporate leaders, the program is expanding efforts to provide stronger work readiness training and offer more employer support and better coordination across summer job opportunities in Onondaga County. The 2023 SYEP will employ 550 youth and young adults, ages 14–24, using a “Hub & Spoke” system. During SYEP 2023, CNY Works plans to accomplish the following:

- Connect youth and young adults to meaningful summer employment opportunities
- Introduce employers to the next generation of Syracuse Talent
- Introduce youth to professional networks that can support their career goals
- Improve financial literacy, encourage use of banking, direct deposit, and having a savings goal

Along with summer job placements, the 2023 CNY Works Youth Program will focus on:

- Data Management, Technology, and Tracking Youth Outcomes: Track and analyze data across placements and over the long term to help the City of Syracuse and Onondaga County make data-driven decisions on a wide range of issues, around employment, training, and economic security.
- Coordination and Systems Alignment: Building a better infrastructure for youth employment across the various agencies, non-profits, and private employers.
- Employer Outreach & Career Pathway Development: Build and strengthen relationships with the business community, with a focus on developing talent pipelines for emerging industries.

PART TWO: SERVICES REQUESTED AND REQUIREMENTS

A. REQUEST FOR PROPOSAL (RFP) OVERVIEW

CNY Works uses technology to maximize the accessibility and effectiveness of the local workforce development system for employers, workers, and job seekers, including by: (1) Facilitating connections among the intake systems of the One Stop partner programs to support a comprehensive workforce development system in the local area; and, (2) Facilitating access to services provided through the one-stop delivery system involved, including access in remote areas, among other strategies (WIOA sec. 107(d)(7) and 20 CFR 679.370(h)).

CNY Works uses Microsoft SharePoint for document storage and sharing among staff within the Center and Microsoft Outlook for email and calendar. CNY Works uses the One Stop Operating System (OSOS) as its data and case management system. CNY Works does not have a comprehensive data management system for its Summer Youth Employment Program (SYEP), which is funded by Temporary Assistance for Needy Families (TANF). In addition, CNY Works currently does not have a customer relationship management system.

CNY Works has identified two areas of need for technology support:

Component 1: Summer Youth Employment Program (SYEP): The SYEP, which is primarily supported by TANF, has distinctive technology needs that extend beyond the needs of other programs administered by CNY Works. The SYEP currently does not have an existing data management system. Consequently, CNY Works seeks a comprehensive technology solution to support the SYEP. Required and preferred features are outlined in Section E, Scope of Work, to meet the needs of the Summer Youth Employment Program to deliver high quality service to youth and employers, analyze data across placements each year, and create longitudinal tracking and reporting capabilities to help the City of Syracuse and Onondaga County make data-driven decisions on a wide range of issues around employment, training, and economic security.

Component 2: CNY Works also seeks a supplemental technology solution to help CNY Works and its partners streamline electronic applications, cross-organizational intake, and referral of individuals across partners and other programs to create a more seamless experience for job seekers, workers, and employers and to continue building system-wide capacity to help customers to achieve their goals. This technology solution is intended to **complement and not replace** existing systems used by CNY Works and its partners. The technology solution is intended to introduce new functionality, as outlined in *Section E, Scope of Work*, to support referrals and coordination across programs and partners not currently supported by existing systems.

B. CONFIDENTIALITY

CNY Works will treat as confidential any non-public information that we receive from you in our discussions about the transaction contemplated by your proposal (other than information we also receive from other, non-confidential sources, or that we independently develop ourselves).

C. ELIGIBLE PROVIDERS

Contractors may be a public, private, for profit or not-for-profit entity. Contractors must have at least 3 years of experience providing the proposed products/services to public agencies, non-profit organizations, federal grant recipients and organizations of similar scope and size. Contractors must possess the capability to deliver a system that meets the required features specified in Section E (Scope of Work). In addition, contractors must meet the following:

- Possess all required licenses, bonding, equipment, and identified core personnel necessary to perform the work as required in the RFP.
- Be financially and operationally stable and must possess sufficient scale in terms of staff and other resources to support CNY Works throughout the term of the contract, if awarded as the result of this RFP.
- If awarded the contract, must be able to comply with insurance requirements, as necessary based on the nature of the particular contract. Required coverage may include: Commercial General Liability Policy (at \$3,000,000 per occurrence) with the following coverages: Broad form property damage, Premises/Operations, Independent Contractors, Broad Form Contractual, Personal Injury.
- Prior to a contract award, must demonstrate and agree to comply with all applicable federal and state regulations and requirements and demonstrate the ability to meet security requirements.
- All data entered in the system will remain owned by CNY Works. Prior to contract award, the vendor must agree to provide a copy of data entered into its system in a mutually agreeable format at the conclusion of the anticipated agreement.

D. MAXIMUM FUNDING

Component 1 - Summer Youth Employment Program: CNY Works, Inc. plans a phased approach to this project and anticipates awarding up to **\$50,000** for the Summer Youth Employment Program for system services and features to be delivered in Phase 1, with additional features and services incorporated through contract modification in later phases, pending successful delivery and outcomes achieved as a result of Phase 1, and as additional funds become available.

Component 2: CNY Works, Inc. has not set a cap on funding associated with development and implementation of the complementary intake, referral, and associated communications functions or for all required and requested features.

Contractors are encouraged to propose a complete solution to address as many required and preferred features as the contractor has the capacity to deliver and to identify the associated costs for Phase I, as well as the costs associated with the full scope of services.

E. SCOPE OF SERVICES

CNY Works requests that this application be based on a Software as a Service (SaaS) platform,

CNY Works is soliciting proposals for a technology solution that meets one or both of the following two categories of need:

(1) Comprehensive solution to support all phases of the Summer Youth Employment Program; and,

(2) Supplemental technology solution that complements existing systems, streamlines intake and referrals across partners, and supports communications and cross-partner electronic customer relationship management to increase the capacity of partners to efficiently connect job seekers, workers, and employers to services and resources to meet their needs and help them attain their goals.

CNY Works, Inc. plans a phased approach.

Component 1 - Phase 1 (Summer Youth Employment Program) will support development, testing, and implementation of features and services required to support the Summer Youth Employment Program to address the first programmatic need for a comprehensive technology solution that supports all phases of the Summer Youth Employment Program.

CNY Works plans to incorporate additional features, modules, and services in later phases, based on successful delivery of Phase 1 features and services, and as additional funds become available.

Component 2 -Phase 2 (Cross-partner electronic intake, referrals, customer relationship management): CNY Works seeks a technology solution that streamlines intake and referrals, complementing existing systems. A top priority is to create an electronic intake form and workflow based on the New York State Department of Labor (NYSDOL) Career Center Customer Registration Form (ES-100) and the Supplemental Information form (ES-102), as well as data and forms required by partners to facilitate intake, registration, and referrals across partners.

Required and preferred features for all phases are outlined below. Vendors are encouraged to submit bids for Phase 1 that address as many required and preferred features as they are able to provide up to the funding cap, and outline additional features that may be available to support the SYEP and/or Component 2-Phase 2.

Required Features

- (1) **Security:** System must have the technical infrastructure, including encryption, and procedural controls to provide the highest level of protection for personally identifiable data and documents stored in the system and in transit. System must be compliant with WIOA, HIPAA, and FERPA, and comply with TEGL 39-11. System must allow for administrators at CNY Works to assign and restrict access to records and data among partners and individual staff members/roles based on the level of access required and allowed. System must have the ability to redact personal information if requested by an individual. The vendor should include the following: Sufficient security to protect Personal Information; high availability for a minimum uptime of 99%; backup and recovery including data retention in alignment with CNY Works' Records Retention Policy and NYSDOL TA#16.2; and secure access that includes multifactor authentication.
- (2) **Documents, Forms, Data:** System serves as a comprehensive data management system for the Summer Youth Employment Program. It must have the capacity to upload existing documents and forms provided by applicants and partners and digitally sign and store documents; create customized forms, including registration/intake forms; and convert data entered into the system by applicants and CNY Works administrators or partners into electronic forms that can be stored in multiple formats and digitally routed and signed.
- (3) **Communications:** Generate, log, store text messages and emails sent by administrators via the system and log replies sent by participants.
- (4) **Workflow:** Generate and track tasks, due dates, and completion status for targeted populations (e.g., track an employment plan) and have the capacity to route documents and forms for approval and signature, as required.
- (5) **Referrals:** Allow for administrators at CNY Works to refer individuals to programs and services within the One-Stop Career Center system and to programs and services provided by external organizations, and track referrals made by CNY Works and other organizations. The System should have the capacity to set different permission levels and referral processes or instructions for different organizations and users within those organizations.
- (6) **Reporting and dashboard:** Generate standard and customized reports developed by the Contractor and/or CNY Works administrators and summarize individual, departmental, organizational caseloads, tasks, and outcomes in a customizable dashboard. System should have the capacity to generate reports based on populations, programs, and organizations.
- (7) **Staff Training and Technical Assistance and Support:** Services should include training and related training/system documentation, and ongoing technical assistance to support staff to administer the system. Services must include implementation and data ingestion for the project.

Preferred Features

- (8) **Integration:** Ideally, the system has the capability to integrate with one or more of the following:
 - a. Outlook to integrate email communication, calendar, and scheduling
 - b. Payroll systems (e.g., Paychex).
 - c. Other case collaboration and referral systems.
 - d. DocuSign.
 - e. Other.
- (9) **Calendar/Events:** Include a calendar function with capability to schedule events.
- (10) **Financial and time tracking:** Track Individual Training Accounts (ITAs), Stipends for training, and wages for work experience. Track time sheets (e.g., participants log into the system to complete timesheets and employer partners approve online).
- (11) **Labor Exchange:** Businesses post jobs and for participants to post resumes. System should include feature to match applicants' skills and experiences to skills and experience identified in job openings.
- (12) **Integrate with Learning Management Systems (or inclusive of an LMS).** The vendor should specify if LMS is included in the proposal or a separate component.

Descriptions of Required Features: The features outlined above are intended to meet the two primary purposes of this request for proposal.

- (1) First, all required and preferred features are intended to create a comprehensive system to support all phases of program administration for the TANF-supported Youth Summer Employment program – including participant recruitment and processing applications, program administration, and post-program monitoring and reporting. The system will facilitate referrals and collaboration among partners at all stages of program delivery to facilitate and increase access to programs and services among youth and employers and promote effective and efficient program delivery, monitoring and reporting.
- (2) Second, selected system features are intended to be applied to support cross-partner referrals and coordination of program service delivery as a **complement** to the One Stop Operating System (OSOS), the core case management and reporting system used to serve programs supported by programs authorized by WIOA and funded by the U.S. Department of Labor, including the Youth, Adult and Dislocated Worker programs.

CNY Works is requesting that this application be based on a Software as a Service (SaaS) platform. The required and preferred features listed above are further described in the section below.

Security: The system must have the technical infrastructure, including the ability to encrypt data while at rest and in transit, and procedural controls in place to ensure the highest level of protection for personally identifiable data and documents. System must be compliant with

WIOA, HIPAA, and FERPA, and comply with TEGL 39-11. System must allow administrators at CNY Works to assign and restrict access to records and data among partners and individual staff members and positions based on the level of access required and permitted for the work being performed. System must have the ability to redact personal information if requested by an individual. The vendor should include: Sufficient security to protect Personal Information; high availability for a minimum uptime of 99%; backup and recovery including data retention in alignment with CNY Works' Records Retention Policy and NYSDOL TA#16.2, including retention of up to 3 years after final report submissions for federal awards, 4 years for non-federal awards, and 5 years for some documentation; and secure access that includes multifactor authentication.

Data, Records; Documents, Forms; Communications; Workflow: The system should serve as a Portal or single point of access to collect and store data and digital documents and records for the Summer Youth Employment Program. The system should enable applicants, participants, CNY Works staff, partners and contractors administering services to enter data, upload documents, and access data and documents based on their respective individual/organizational permissions granted based on their role. The system should support collection of data required for forms for youth that are interested in applying for both the summer youth employment program and year-round youth program. Each year the Summer Youth Employment Program receives approximately 3,000 applications. Applications for Youth who do not enroll in the program need to be retained through the end of the program year. The program typically serves 700 youth per year. Participants' applications and other records need to be retained for three (3) years after the date when final reports have been submitted.

The system should have the capacity to create required electronic forms. In Phase I, the system should support collection of data and forms required for the Summer Youth Employment Program (TANF Youth Services Application). Application data includes but is not limited to contact information, demographic information, location, education/work history, desired industry, future education/work plans.

The system should have the capability to electronically route, export, and print electronic forms for hard copy signature or to digitally sign these forms and save copies of the forms as PDFs or print copies. Ideally, these paper forms will be converted to an electronic form that can be assigned to Workforce Advisors, routed to appropriate departments and partners, and monitored electronically. In addition, the system should have the capability to generate and track follow up tasks related to the applicant's services or documentation. The system should have the ability to create pre-set or notifications at designated intervals. For example, if a participant needs to submit a form within five days, the system generates an automatic reminder in advance of the deadline, and/or automatically sends a follow up communication if the document is not returned by the deadline.

The system should allow *staff* to have administrative access to view each applicant, determine eligibility, and accept participants into the program. They should also be able to communicate with each applicant via email and text messaging to request additional information and documentation. The system should have the ability to set role-based security permissions to restrict documents and data that different positions/roles can access based on the position and the individual's authorization level.

As a preferred feature, the system would allow host *employers* for the SYEP to create accounts and upload documents, such as certificates of insurance and contracts. After approval by CNY Works staff, employers should be able to post available positions funded through the program. They should also be able to view rosters of youth placed at their site. The system should enable CNY Works staff, and partners as applicable, to communicate with employers via email and text messaging.

For Component 2-Phase 2, the system should have the capability to create a custom intake form that will collect data and documents required to verify an applicant's eligibility for programs and create NYSDOL Career Services ES100 and NYSDOL Career Services ES102 forms. In Phase 2, the system should have the ability to create other forms, such as those required to support Individual Training Accounts (ITAs) and On-the-Job Training (OJT). ITA documentation includes the ITA application, ITA Cost Breakdown Form, ITA letter, and Continuing Education Check List, including education and training provider name, program start and end dates, cost per session, and number of sessions. OJT forms include the OJT Check list.

Referrals: The system should have the capability to enable CNY Works staff to refer customers to partners and accept referrals from partners. In addition, the system should allow a CNY Works to grant permission for approved partners to access certain records, documents, or data required, based on permissions granted, to support referrals, service coordination.

Reporting and Dashboards: The administrative dashboard should allow administrative staff to monitor applicants, staff and employer progress, warehouse resumes, distribute employer/customer evaluations, and record employment information.

The dashboard ideally will have the ability to summarize documents by group, and within group, summarize by the status. For example, within Youth applications, the system ideally will summarize which documents are required for that constituent group, and summarize the status of the documentation (e.g., collected or missing).

Staff Training and Technical Assistance and Support: The provider should have the ability to provide staff training for all staff on how to use all the aspects of the system. This training can be provided in person or online through webinar or video tutorials. The provider should assign subject matter experts to provide this dynamic staff training with the objective of engaging the staff in the program and making sure they know how to use the system. Certain staff should also have administrative access and should be trained on how to generate reports and view participant activities on the site. The provider should introduce the content by giving staff an overview followed by an in-depth training on modules and functions and use.

The vendor must be responsible for the maintenance and Helpdesk support of all features and solutions proposed. All proposed solutions must be implemented with minimum effort on the part of CNY Works. The basic systems and features should be robust enough to support CNY Works' current needs and provide the option to expand service offerings or features and functionalities over time, based on CNY Works programmatic and service delivery requirements to maximize the quality and efficiency of service delivery and enhance the experience of individuals served.

Descriptions of Preferred Features:

Integration: The system should integrate with outlook and text messaging platforms to integrate email communications, text messaging, and calendar functions generated via the outlook and text messaging platforms into the system and integrate communications and appointments generated by the system into outlook. Ideally the system will have the functionality to integrate with other systems, including the ability to integrate with CNY Works' identified payroll system, currently Paychex, and include data such as pay rate and payment method. The system should have the ability to support electronic approvals and signatures and ideally integrate with DocuSign or similar product. The system will complement and not duplicate existing information management and case management systems used by partners.

Calendar and Events: The system should include a calendar feature and have the ability to schedule appointments and events for individual customers or groups of customers. The calendar should have the ability to invite prospective participants for events scheduled for designated dates and times, remove dates or block appointments or scheduling options when events or appointments are full, or all timeslots are booked. In addition, ideally the system will include a client portal to see events/opportunities.

Digital Timesheets and Payments for Stipends, Work Experiences, OJT: After participants are placed with an employer and assigned a start date for a youth work experience or on-the-job training, the system should trigger a timesheet to be available for the participant to fill out on a bi-weekly basis. The total amount of hours for the week and day should be calculated on the timesheet utilizing the 7-minute rule. At the end of the pay period, the participant should be able to sign off on their timesheet and submit it to their worksite supervisor. The worksite supervisor should have the ability to log in, review the hours, and approve the hours entered (or adjust as required). The final approval should be performed by a CNY Works administrator before the timesheet can be exported and sent to payroll for processing. The system also should have the ability to track attendance for training and to integrate with payroll systems, (e.g., Paychex).

As a non-profit organization, our funding requires strict compliance and fund distribution. As such, the system should be able to give our staff the ability to easily assign and track funding streams as needed for segments of our participant population. This information should align with our HR function's need to manage CNY Works payroll. This includes the ability to assign wages by various indicators such as age, program, and job type. Additionally, youth should have the ability to input their own hours that are then approved by a supervisor. The system also should include the ability to select a pay method and enter direct deposit information.

Labor Exchange: The system should enable employers to post jobs and applicants to post resumes. The system should include a job matching feature that filters for student age, location, and work interests. All data captured will be owned by CNY Works. The administrative portal should also allow for different administrators and partners to have different levels of access based on permission levels set by CNY Works to refer participants to each other. The system should allow CNY Works to suppress access to some of the resumes and some individual job postings or categories of postings, such as postings that are reserved for youth program participants. This feature should include a reporting function to generate standard and custom reports to enable CNY Works administrators to easily generate real time, anytime data on jobs and applicants.

Learning Management System & Work Readiness Training: The system should allow participants the ability to login to a learning management platform and take a series of lessons via videos, exercises, and workbooks which could include a resume builder, financial literacy, networking, and goal setting. Alternatively, the system should be able to integrate with other Learning Management platforms, including Metrix Learning. Any courses completed in an external LMS, such as Metrix Learning, should be automatically recorded in the participant’s record. CNY Works recognizes that this may not be part of the Vendor’s platform and may be a third-party product.

F. ATTACHMENTS

1. TANF Youth Services Application Form
2. WIOA Youth Program Objective Assessment Form
3. CNY Works Out-of-School Youth Eligibility Form
4. In-School Youth Eligibility Form
5. NYSDOL Career Center Customer Registration Form (ES-100)
6. NYSDOL Career Center Supplemental Questionnaire (ES-102)

PART THREE: RFP REVIEW AND CONTRACTUAL INFORMATION

A. RFP TIMELINE

ACTION ITEMS	DATES
Questions and Answers Submitted	Friday, September 23, 2022
Questions and Answers Posted	Friday, September 30, 2022
Completed RFP Proposal Due Date	Tuesday, October 11, 2022
Finalist/s will be invited to present a demonstration and conduct one or more interviews regarding system requirements and services.	Targeted to be scheduled between Oct. 13 – Oct. 18, 2022
Anticipated Date for Contracts	November 1, 2022

B. RFP EVALUATION

Review Process: A Review Committee minimally composed of CNY Works’ program managers and representatives from the Program Committee and/or Executive Committee will review proposals and recommend a vendor to the CNY Works Board of Directors for approval. Review of proposals includes two main components: (1) Written response; and (2) a product demonstration among finalists selected based on review of written proposals. Following the receipt of the applicant’s proposal, a CNY Works evaluation committee will evaluate each written response. All written proposals that meet the required format of this RFP will be evaluated. Any proposal determined to be non-responsive to the specifications or other requirements of the RFP, including instructions governing the submission and format, will be disqualified unless CNY Works determines, at its sole discretion, that noncompliance is not substantial or that an alternative proposal by the prospective vendor is acceptable.

Review Criteria: The written proposal will be evaluated in accordance with the criteria below.

Review Criteria for Written Responses		Criteria
A.	Organizational qualifications, demonstrated experience	Meets or Exceeds
B.	Product and Service Alignment – Scope and Quality - Required features and services - Preferred features and services	Meets or Exceeds
C.	Costs (Phase 1), and (Phase 2, if applicable)	Meets or Exceeds
Overall		Meets or Exceeds

Presentations/Demonstrations, Interviews: CNY Works anticipates selecting finalists for a product demonstration and interview, based on review of written responses. CNY Works anticipates that only finalists will be invited to present a demonstration. CNY Works reserves the right, at its own discretion, to request demonstrations and oral presentations from vendors that submitted proposals in response to the RFP. Prospective applicants will be notified of the date and time for a requested demonstration, if one is requested. Failure to make an oral presentation after one is requested by CNY Works will be grounds for rejection of the proposal.

Overall Selection Criteria: CNY Works will consider the following overall criteria:

- (1) Organizational Qualifications and Capacity, Security, Demonstrated Experience.
- (2) Product and Service Features, Functionality, Capability, Quality, and Alignment of the system and services to be provided to the needs CNY Works has identified.
- (3) Cost of System and Services for required and preferred features, including scalability.

CNY Works reserves the right to request additional information to amplify, clarify, or support proposals. CNY Works reserves the right to award or reject a proposal. A final determination will be made by CNY Works after any written documentation, demonstrations, interviews, or additional material that may be requested has been submitted by the vendor and reviewed.

C. RFP LIMITATIONS

This RFP does not commit CNY Works to award a contract or to pay any costs incurred by the respondent to prepare a proposal. CNY Works reserves the right to:

- Accept or reject any or all proposals received as a result of the RFP;
- Modify any portion or other terms of this RFP;
- Negotiate with all qualified proposing organizations/individuals;
- Solicit additional proposals as necessary;
- Select a vendor’s products or services under the RFP, in whole or in part;
- Seek clarifications of proposals at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror’s proposal and/or to determine an offeror’s compliance with the requirements;
- Request best and final offers.

Only proposals accepted by CNY Works in accordance with this RFP will be reviewed.

D. TIMEFRAMES FOR CONTRACTS

1. If awarded, vendors selected through this RFP and final contracts executed will be valid for a 12-month period from the contract date.
2. Approved contracts may be renewed or amended based performance during the initial contract period, contingent upon availability of funds, and at the discretion of CNY Works.
3. Renewal of contracts is contingent upon availability of sufficient funds.
4. Contracts awarded will be written agreements between CNY Works and the bidder/awardee as the contractor.

E. OTHER PROVISIONS

1. If selected for a contract, the Firm shall agree that it will not assign, transfer, convey, sublet or otherwise dispose of the contract or of its right, title or interest in and/or to the same, nor any part thereof, nor to any monies which are or will become due and payable to it thereunder, nor the power to execute such contract to any other person, company or corporation without the prior express written consent of CNY Works. The Firm shall agree and certify that it will not enter into any subcontracts or agreements to perform its responsibilities hereunder without the prior written approval of CNY Works.
2. The Firm shall agree that it will conduct itself consistent with its status, said status being that of an independent contractor and that itself, its employees or agents will neither hold themselves out as nor claim to be an officer or employee of CNY Works, Inc., including but not limited to Workmen's Compensation coverage, unemployment benefits, Social Security or retirement membership or credit.
3. The Firm shall certify that it will comply in all respects with all Federal, State and County or other municipal law which pertain hereto regarding work on contracts, matters of employment, NYS prevailing wage requirements, length of hours, workers' compensation, and human rights.
4. The Firm will stipulate and certify that there is no member of the CNY Works, Inc. or the Onondaga County Workforce Development Board forbidden by law to be interested in this contract directly or indirectly who will benefit therefrom or who is a party thereto.
5. The Firm will agree that they will obtain at its own expense all licenses and permits necessary for this work, if any are necessary, prior to the commencement of said work.
6. All data entered in the system will remain owned by CNY Works. Prior to contract award, the vendor must agree to provide a copy of data entered into its system in a mutually agreeable format at the conclusion of the anticipated agreement.

PART FOUR: PROPOSAL SUBMISSION

A. GENERAL INSTRUCTIONS

ALL proposals submitted must be in accordance with the format specified below. Applicants should follow all instructions in this document. Proposals may be sent electronically, or arrangements made be made for hand-delivery by appointment only.

1. Proposals must be submitted by email to CNY Works by the **deadline**.
 - **Submission Deadline: Tuesday, October 11, 2022 by 11:59 pm.**
2. Submit proposals via email to CNY Works Career Center at: CNYWorksRFP@sunyocc.edu
3. **Questions** may be directed to CNYWorksRFP@sunyocc.edu through Sept. 23, 2022. Questions and Answers will be posted at www.cnyworks.com.
4. Submissions must be accurate, adequate and clear.

B. CHANGES IN FACTS

Applicants shall advise CNY Works during the time the proposal is open for consideration of any changes in the principal officers, organization, the financial ability of, or any other facts presented in the proposal with respect to the applicant or the proposal immediately upon occurrence.

C. MATERIALS REQUIRED FOR PROPOSAL SUBMISSION (Written Submission)

Proposal submissions are to include the information listed below.

1. **Cover Page**: Include the organization name, address, website address, main phone number, main email. Include name of primary contact for the proposal, phone number, email address, and the name, title, and contact information of the individual authorized to approve contracts, if different from the primary contract for the proposal.
2. **Table of Contents**: Provide a table of contents with page numbers and attachments.
3. **Description of Organizational Experience/Qualifications, Product, Services**

A. Organizational Capacity and Experience

Provide a brief overview of the organization and its background. Include as Attachment 1 documentation of the organization's business structure (e.g. corporation, L.L.C., sole proprietor, partnership) registered to conduct business, as well as 501© 3 documentation (if applicable).

Summarize the organization’s experience providing an applicant and customer management platform that supports collecting, storing, and managing data, documents, communications, and other functions required for programs and services delivered by CNY Works, partners, and the contracted organizations performing employment and training services on behalf of CNY Works or its stakeholders.

Include at least 3 examples of previous clients and/or organizations of similar scope and size with names, email, phone and organizational mailing addresses of clients that can attest to the qualifications presented in this field.

B. Security

Describe the system’s security features and compliance. Include the Third-Party Vendor Security Questionnaire as Attachment 1.

C. Qualifications and Experience of Key Staff

Provide an overview of the qualifications of key staff that will support the system, such as developers and staff providing technical assistance to support the system. Include the following information:

- Number of people you have in your help center and average tenure of your staff.
- Describe how you escalate support issues and how many escalation steps/staff your organization has.

D. Required and Preferred Features to be Delivered

List of Features/Services: Please place a check next to each feature the system includes and service the organization has the capacity to provide.

List of Services/Features	
<i>Required Features</i>	<i>Check</i>
1. Security	
2. Documents, Forms, and Data	
3. Communications	
4. Workflow	
5. Referrals & Case Collaboration	
6. Reporting and Dashboard	
7. Staff Training and Technical Assistance	
<i>Preferred Features</i>	
8. Integration with key systems	
a. Outlook email	
b. Outlook calendar	
c. Text messaging platforms	
d. Payroll systems (e.g., Paychex)	
e. Other case collaboration, referral systems	
f. DocuSign	
9. Calendar/Events	
10. Financial and Time Tracking	

11. Labor Exchange	
12. Link to Learning Management Systems (or inclusive of an LMS)	
13. Other	

Descriptions of Product/System Functions, Features, and Services

- a. Product/System: Provide a brief description of each applicable product or system for Component 1 - Phase 1 and/or Component 2 - Phase 2, as applicable.

Note any other key features or capabilities of the product/system related to the required and preferred features listed above and the organization’s ability to deliver a Software as a Service (SaaS) platform. Note product/system alignment with the required and preferred features outlined in Part II, Section E, Scope of Work, including the capability to provide:

- Sufficient security to protect personal information
- High availability for a minimum uptime of 99%
- Backup and recovery including data retention of up to 3 years
- Secure access that includes multifactor authentication.

- b. Services: Provide a brief description of the services that the organization can provide and proposes to deliver for Component 1 in Phase 1 and/or Component 2 in Phase 2, based on the requirements and preferences outlined in Part II, Section E, Scope of Work, including security and the ability to assign permissions to access data and customer records for a customer that more than one role and/or multiple entities may share, restricting access to data for individuals or groups of clients for different organizations and roles, and the ability to redact personal information if requested by an individual.

Examples may be included (e.g., samples of dashboards or reports). A link to a recorded demo providing an overview of the system of no more than 10 minutes may be included.

4. Price Proposal

Bidders should include a cost estimate for the services noted above for Component 1-Phase I, and/or Component 2 - Phase 2, if applicable. If the cost is variable based on customization, please indicate a range or basis for how the organization calculates the development and customization cost.

Please include development or set up costs, training costs, any ongoing licensing fees for the system and/or by service feature or module, as applicable. Show one-time cost, monthly recurring cost, and total annual costs for the first three (3) years (by module or function, if applicable).

Ongoing costs should include any monthly hosting/licensing costs, additional fees for support or other modules or items.

Note if there are any limits on client records or storage and rates.

In addition, please include an explanation of the cost for users of the system, including if a no-cost option is available for licenses for classes of users.

D. PROPOSAL MATERIALS REQUIRED FOR SUBMISSION (from Finalists)

1. Demonstrations and Follow Up Interviews/Questions

Based on written responses, prospective contractors may be invited to present a demonstration and interview with the review committee or designees.

2. Additional information contractors will be requested to supply, if selected as a finalist.

Applicants selected for further review should be prepared to provide the following information that describes a customer-focused service delivery method to be included in a service contract:

- a. Estimated project timelines for completion for key deliverables in the project scope.
- b. Development and implementation management plan and staffing assigned to the project to ensure the timely delivery of service.
- c. Availability including: Standard Business (Day and time); After Hours (days and times); Holidays.
- d. Costs: Additional cost detail for the system and/or individual components and services may be required from finalist/s.
- e. A Balance sheet and income statement for the most recent year completed or prior year, or: tax returns for the most recent year completed and prior year; or Audited financial statement for the most recent year completed and prior year, or if not available
- f. Finalist will be required to provide additional information regarding performance history:
 - i. Provide information on any projects in which the bidder's contract was terminated for any reason
 - ii. Identify any claims or lawsuits that have been brought against the individual or organization proposing service within the last five (5) years.



THIRD PARTY/VENDOR INFORMATION SECURITY ASSESSMENT

DATA CENTER

- a. List the datacenter(s) and their cities, states and countries (if applicable) where data will reside.
- b. Does your company own the physical data center(s) where data will reside?
- c. Have your systems and applications had a third party security assessment completed in the last year? If so please provide the results.

a.

b.

c.

INFORMATION SECURITY

- a. Describe the structure and size of your Information Security office.
- b. Is user access customized to allow various levels of access including read-only, update, or field level access for certain types of records?
- c. Describe end user authentication including standards based single sign-on.
- d. Are employees able to take customer data offsite or work remotely? If so please describe.
- e. Do you have a documented Information Security Policy? If so please provide a copy.
- f. Is CNY Works' data physically and logically separated from that of other customers?
- g. Is sensitive data encrypted in transport and storage?
- h. Describe the backup process for CNY Works' data, are data recovery procedures practiced to ensure successful backup and recovery practices?
- i. Do backups containing CNY Works' data leave the USA either physically or via network routing?
- j. Are systems periodically reviewed for known vulnerabilities and are software patches promptly installed?

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

EVENT LOGGING AND MONITORING

- a. Does the system have the capability to log security/authorization changes as well as user and administrator security events, such as login failures, access denied, changes accepted?
- b. Describe the event logging and monitoring system that is used.
- c. Do you monitor for intrusions 24x7x365?
- d. Do you have a formal Incident Response Plan? if so please provide a copy.

a.

b.

c.

d.

DISASTER RECOVERY / BUSINESS CONTINUITY

- a. Do you have a Disaster Recovery/Business Continuity Plan? If so, please provide a copy.
- b. Does the Plan include procedures for how clients may be impacted?
- c. Is the Plan reviewed and updated at least annually?
- d. Do you conduct an annual test of your Plan including simulating a relocation of data and systems to an alternate environment?

a.

b.

c.

d.

CHANGE MANAGEMENT

- a. Do you have a Change Management Plan and procedures? If so please provide a copy.
- b. How and when is CNY Works notified of major changes to your environment that could impact our security position?
- c. Does your Change Management Plan include processes whereby system components, including utilities, operating system, and application upgrades are tested, documented, and approved prior to being promoted to production?

a.

b.

c.

Company Name:	
Product Description:	
Authorized Company signature:	
Date:	

FOR INTERNAL USE

Reviewed by:	
Date:	

TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you. This application form may be used by an applicant for services who is under 21 years of age.

SECTION ONE

A. Information About the Youth Applicant

1. Applicant's Name: _____

Home Address: _____

(Street) (Apartment Number)

(City)

(State)

(Zip Code)

Social Security Number: _____

Date of Birth: _____

(Month, Day, Year)

Telephone Number: _____

SECTION TWO Citizen / Non-Citizen Status

A. Are you a United States citizen?

- Yes.** If yes, **go to** Section Three.
- No.** If no, complete Item B.

B. If you (the youth applicant) are not a United States citizen, look at the "Immigration Status List" on pages 5 and 6 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 15) that applies: _____

INS Form Number: _____

Alien Number: _____

Date of Entry into United States: _____

SECTION THREE Income of Family Members

A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes,** check which program(s) and then **go to** Section Four.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)	HEAP	SSI

- No,** complete Item B, on page 2.

B. If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

SECTION FOUR Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, SNAP), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Signed: _____ Date: _____

Relationship to Applicant: _____

If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.

General Information

NY #: _____

Name: _____

Email Address: _____

Phone Number: _____

Alternative Contact Name/#: _____

Work History

Employer/Job Title	Dates Employed	Reason for Leaving
1.		
2.		
3.		

Education Information

- High School Diploma
 General Education Diploma (GED)
 Vocational/Technical Training
 Some College
 Associates Degree
 Bachelors Degree and Above
 None of the above

If no high school diploma, last grade level completed & year: _____

If applicable, post-secondary training program: _____

Career Interest Results:

1. _____
2. _____
3. _____

Self-Assessment

Pre-Employment/Job Search Skills		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an up-to-date resume?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a cover letter that goes with your resume to submit for jobs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know how to submit an online application for jobs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an email address for employers to use to contact you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have clothing that is appropriate to wear to a job interview?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If an employer looked at your Facebook or social media page, would they hire you for a job?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you attended a resume or interviewing skills class/clinic/workshop in the past?	

Job Retention Skills		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever walked off a job without giving notice?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you worked at the same job for more than one year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any problems with supervisors/teachers/co-workers/classmates in the past?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have personal problems interfered with school/work in the past?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been terminated/fired from a job for any reason?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any problems with punctuality or attendance at a job?
Yes	No	Have you ever had a job before?

Vocational Skills, Occupational Skills, Academics and Training		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you navigate the Internet and use a computer proficiently?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you use Microsoft Word, Excel, and PowerPoint?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently in training, high school, vocational school, or working on your GED?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any experience in your stated career goal?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have the skills to perform tasks/duties required for your stated career goal?
Yes	No	Are you interested in going back to school to gain more skills?

Challenges to Education or Employment		
Yes	No	Are you pregnant or parenting?
Yes	No	If so, do you have reliable childcare?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have reliable transportation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a valid Driver's License?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been arrested or convicted of a crime other than a traffic violation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a stable living situation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In the past 6 months, has alcohol or drug use led to financial, legal, health, or social problems?

Current Challenges

- | | | |
|--|---|--|
| <input type="checkbox"/> Basic Skills Deficient | <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> No Child Care |
| <input type="checkbox"/> School Drop Out | <input type="checkbox"/> No Transportation | <input type="checkbox"/> Need to Enhance Soft Skills |
| <input type="checkbox"/> Lacks Adaptive Technology | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Lacks Work History |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Homeless |

Comments:

**Objective Assessment
WIOA Youth Program**

Assessments

Basic Skills Assessment (TABE or Metrix Learning)

Test Administered: _____ Date: _____

Results:

Reading: _____ Math: _____ Language: _

Service Strategy Planner

Tutoring/Study Skills Training/Dropout Prevention	Paid & Unpaid Work Experience	Occupational Skills Training
<input type="checkbox"/> Hillside	<input type="checkbox"/> Summer Employment	<input type="checkbox"/> OCM BOCES:
<input type="checkbox"/> SCSD After School Tutoring	<input type="checkbox"/> Job Shadowing & Internship	<input type="checkbox"/> SUNY EOC
<input type="checkbox"/> PEACE	<input type="checkbox"/> On-the-job training	<input type="checkbox"/> OCC
<input type="checkbox"/> Boys & Girls Club	<input type="checkbox"/> Pre-apprenticeship	<input type="checkbox"/> ITA:
<input type="checkbox"/> Other:	<input type="checkbox"/> Paid Work Experience	<input type="checkbox"/> Other:
Alternative Secondary School & Dropout Recovery Services	Mentoring	Comprehensive Guidance & Counseling
<input type="checkbox"/> SUNY EOC	<input type="checkbox"/> Mercy Works	<input type="checkbox"/> Helio Health
<input type="checkbox"/> OCM BOCES	<input type="checkbox"/> The Determination Center	<input type="checkbox"/> Liberty Resources
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Financial Literacy	Supportive Services	Entrepreneurial Skills Training
<input type="checkbox"/> SEFCU Seminars	<input type="checkbox"/> Bus Pass	<input type="checkbox"/> US Small Business Administration
<input type="checkbox"/> Empower Credit Union	<input type="checkbox"/> RM Clothing Voucher	<input type="checkbox"/> Onondaga SBDC
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Provision of Labor Market Info	Postsecondary Transition	Education Offered Concurrently with Workforce Preparation
<input type="checkbox"/> CNY Works Career Advising	<input type="checkbox"/> On Point for College	<input type="checkbox"/> Build Ready/Health Train/ProTrain
<input type="checkbox"/> Job Zone/ONET	<input type="checkbox"/> Campus Visit	<input type="checkbox"/> Onondaga Earth Corps
<input type="checkbox"/> Other:	<input type="checkbox"/> Application assistance	<input type="checkbox"/> Other:
Leadership Development	Follow-Up Services	Follow-Up Services
<input type="checkbox"/> Workin' It Out Training	Adult Mentoring:	Financial Literacy:
<input type="checkbox"/> Community/Service Learning	LMI:	Postsecondary Transition
<input type="checkbox"/> Citizenship/Teamwork Training	Supportive Service:	Non-Element:
<input type="checkbox"/> Other:	Other:	

Comments:

Youth Name: _____

NY# _____

Goals

Goal Type	Short-Term	Long-Term
Educational Goal		
Occupational Goal		
Personal/Social Goal		

Program Elements Needed to Achieve Goal (Service Strategy)

Improving Educational Attainment	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Tutoring/Study Skills Training				<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Action Steps/Referrals:</i>				
<i>Comments:</i>				
<input type="checkbox"/> Alternative Secondary School Offerings				<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Action Steps/Referrals:</i>				
<i>Comments:</i>				

<input type="checkbox"/> Postsecondary Transition				<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	--	--	--	------------------------------	-----------------------------

Action Steps/Referrals:

Comments:

Preparing for Employment Success	Date Opened	Projected End Date	Actual End Date	Successful Completion
----------------------------------	-------------	--------------------	-----------------	-----------------------

<input type="checkbox"/> Paid & Unpaid Work Experiences				<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	--	--	--	------------------------------	-----------------------------

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Labor Market Information				<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	--	--	--	------------------------------	-----------------------------

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Education offered concurrently with workforce preparation & trainingg				<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	--	--	--	------------------------------	-----------------------------

Action Steps/Referrals:

Comments:

Career Preparation	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Occupational Skills Training				<input type="checkbox"/> YES <input type="checkbox"/> NO

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Entrepreneurial Skills Training				<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	--	---

Action Steps/Referrals:

Comments:

Supporting You to Succeed	Date Opened	Projected End Date	Actual End Date	Successful Completion
<input type="checkbox"/> Supportive Services				<input type="checkbox"/> YES <input type="checkbox"/> NO

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Adult Mentoring				<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	--	---

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Comprehensive Guidance & Counseling				<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	--	---

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Follow Up				<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	--	---

Action Steps/Referrals:

Comments:

Developing Your Leadership Potential	Date Opened	Projected End Date	Actual End Date	Successful Completion
--------------------------------------	-------------	--------------------	-----------------	-----------------------

<input type="checkbox"/> Leadership Development Opportunities				<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	--	---

Action Steps/Referrals:

Comments:

<input type="checkbox"/> Financial Literacy				<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	--	---

Action Steps/Referrals:

Comments:

_____ **Customer Signature**

_____ **WIOA Workforce Advisor Signature**

IEP Review

This Individual Employment Plan (IEP) should be reviewed and updated (as needed) every 90 days.

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Workforce Advisor Signature

Participant Signature

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Workforce Advisor Signature

Participant Signature

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Workforce Advisor Signature

Participant Signature

No changes to IEP are necessary at this time.

If applicable, summarize changes necessary:

Date

Workforce Advisor Signature

Participant Signature

Out-of-School Youth Eligibility

Applicants Name: _____ SS#: _____ Date: _____

Address: _____

Email: _____ Phone(Cell/Home): _____

City: _____ State: _____ Zip: _____

Must be between the ages of 16 and 24.

Date of Birth/Age: _____

Registered with Selective Service? (Males 18 and over)

Yes _____ No N/A
(record Sel. Service #)

WIOA School Status and Barrier Eligibility

School Status:

Not in-school

Barriers (youth must have one or more barriers):

- A school dropout
- Residing in the following zip codes: 13202, 13203, 13204, 13205, 13207, 13210, 13224
A youth who is within the age of school attendance, but has not attended school for at least the most recent
- complete school year calendar quarter
- Subject to the juvenile or adult justice system
- A homeless individual
- A runaway
- A child eligible for assistance under section 477 of the Social Security Act (42 U.S.C. 677), or in an out-of-home placement
- A foster child on behalf of whom State or Local governments are paid or has aged out of the foster care system
- Pregnant or parenting
- Is an individual with a disability
- *A recipient of a secondary school diploma or its recognized equivalent and is basic skills deficient (youth also has to be low income – go to **Low Income** section if using this for eligibility)
- *A recipient of a secondary school diploma or its recognized equivalent and is an English language learner (youth also has to be low income – go to **Low Income** section if using this for eligibility)
- *Requires additional assistance to enter or complete an educational program or to secure or hold employment (youth also has to be low income – go to **Low Income** section if using this for eligibility)
(Local definition qualification: _____)

Low Income Eligibility (only required for the last three Barriers listed above):

- Within the last 6 months youth has received or is a member of a family household that received:
- TANF
General Assistance (State/Local)
 - Specify: _____
 - RCA – Refugee Cash Assistance
 - Social Security Insurance (SSI)
 - Food Stamps
 - Homeless (as defined under the **Barriers** section of this document)

- Is a foster child
- Lives in a high-poverty area (use <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>) to see if address qualifies.

Youth's Address: _____

Low Income Eligibility continued:

Is a member of a family household that receives a total family income that is equal to or less than:

- Lower Living Standard (Poverty Level)
- 70% Lower Living Standard Income Level

Participant or Guardian Signature and Date Required for Valid Self-Attestation

I attest that all the information I have provided on this form is true and correct.

Name _____ Signature _____

Date: _____

Note: These questions are voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

Ethnicity : Hispanic or Latino Not Hispanic or Latino

Race : White Black or African American Alaskan/American Indian Asian Hawaiian/Pacific Islander

Are you currently attending school? _____ Current grade completed _____

Do you have a high school diploma or GED? _____, Year Obtained: _____

List Name of Schools Attended

High School	
College	
Other Education or Vocational Training	

List Any Jobs You Ever Had, Including Our Summer Programs

Employer	Job Title	Start Date	End Date	Wage/Hrs.	Reason for leaving

MILITARY SERVICE Are you veteran who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable? YES NO

ACTIVE SERVICE INCLUDES FULL-TIME DUTY IN THE NATIONAL GUARD OR A RESERVE COMPONENT, OTHER THAN FULL-TIME DUTY FOR TRAINING PURPOSES.

If yes, which campaign? _____ (e.g., Vietnam, Desert Storm, Lebanon)

Dates of Active Service FROM ____/____/____ TO ____/____/____

Type of Discharge: Honorable Other than Dishonorable

Are you an Other Eligible* Spouse of a Veteran? YES NO

**Other Eligible is the spouse of a person who a) was killed in action or who died of a service connected disability; b) is serving on active duty who is listed as 1. Missing in action, 2. Captured in the line of duty, or 3. Forcibly interned in the line of duty for a total of 90 days or more; c) has a permanent total service connected disability.*

Are you receiving compensation for a service-connected disability? * YES NO If Yes, list % of disability _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes explain: _____ Date: _____

What job would you like to do for a career? _____

List Any Work-Related Skills or Educational Courses You Have That Might Help You Secure Employment:

Do You Have A New York State Driver's License? _____

Are You Allergic To Anything? [Such as: Penicillin, Dust, Pollen, Bee Stings, Etc.]

____ Yes ____ No; If Yes, Explain: _____

Are you a **person with a disability**?* YES NO If so, do you have an ACCES-VR case open? _____ Worker: _____

**Note: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.*

What, if any, **medical limitations** on your ability to work do you have? _____

Authorization for the release of information: I hereby authorize CNY Works to request, obtain, and verify information for the purpose of determining program eligibility, employability assessment and program follow-up from the following sources: Medical, Vocational, Educational, Employment NY State Dept. of Labor Unemployment Insurance, Onondaga County Department of Social Services, and other agencies.

I agree that CNY Works may use such photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Certification: My signature below indicates that I have been informed of and understand the eligibility information provided on the family income form, and certify that it is true and correct and subject to verification. I understand that falsification is grounds for termination and may result in action to recover any monies paid to me while participating in the program

Applicant Signature: _____

Date: _____

Parent/Guardian, If under 18: _____

Date: _____

Participant Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	INCLUDED INCOME	EXCLUDED INCOME
	Gross Wages	P.A.
Enter the 70% LLSIL or Poverty Level for the Family Size below: (use the higher of the current LLSIL or poverty chart) _____	Retirement/Pension/ Military Retirement	S.S.I.
	Alimony	Military pay and allowances received by a family member on active duty
	Workmen's Comp	S.S.D.I.
	Black Lung Benefits	
	Rental Income	
	U.I.	
	Child Support	
	S.S. Survivor	

Family Member Name (only list members in the same household)	Relationship	Gross Monthly Income
1.	SELF	
2.		
3.		
4.		
5.		
Total Family Income For The Past Six Months =		_____
Annualized (multiply by 2)=		_____

Participant or Guardian Signature and Date Required for Valid Applicant Statement (for income only)

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____

Documents required to be legally employed in NYS	<u>All</u> of the following: Social Security Card Birth certificate or Baptismal Certificate or Alien Registration Card Work Permit (if under 18 years of age)
Family Income must include income information for all household members	If you receive public assistance and /or food stamps :provide documentation(budget sheet or letter from DSS) Or if you do not receive any above assistance: Provide all income documentation for all household members; recent pay stubs, recent social security or SSI award letters, pension information, worker’s compensation, unemployment benefit statements.
If applicable; Verification of disability	One of the following: IEP, letter from medical/school counselor,
All Out of School Youth- Picture ID	School ID, Non-driver’s, Permit, or Driver’s license, Sheriff’s ID, Benefit card
If male and 18 or older	Selective Service Registration Card, Computer Registration

WIOA In-School Youth Eligibility

Applicants Name: _____ SS#: _____

Date: _____

Address: _____

Phone(Cell/Home): _____

City: _____ Zip Code: _____ Email: _____

Must be between the ages of 14 and 21.

Date of Birth/Age: _____

Registered with Selective Service? (Males 18 and over)

Yes _____ No N/A

(record Sel. Service #)

WIOA School Status and Barrier Eligibility

School Status:

- In-school, High School - Current Grade _____
- In-school, Alternative School
- In-school, Post-Secondary School - College – Year _____

Barriers (youth must have one or more barriers):

- Basic skills deficient
- An English language learner
- An offender
- A homeless individual (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6))
- A homeless child or youth (as defined in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C.11434a(2))
- A runaway
- Involved in any stage of the foster care system:
 - a. In foster care
 - b. Aged out of the foster care system
 - c. Attained 16 years of age and left foster care for kinship, guardianship or adoption;
 - d. A child eligible for assistance under section 477 of the Social Security Act (42 U.S.C. 677)
 - e. in an out-of-home placement
- Pregnant or parenting
- Is an individual with a disability

Low Income Eligibility (required for all in-school youth):

Within the last 6 months youth has received or is a member of a family household that received:

- TANF
- General Assistance (State/Local) Specify: _____
- RCA – Refugee Cash Assistance
- Social Security Insurance (SSI)

- SNAP (food stamps)
- Homeless (as defined under the **Barriers** section of this document)
- Receives or is eligible to receive a free or reduced price lunch
- Is a foster child
- Has a disability (youth's income would count as a family size of 1)
- Lives in a high-poverty area (use <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>) to see if address qualifies.

Youth's Address: _____

Low Income Eligibility continued:

Is a member of a family household that receives a total family income that is equal to or less than:

- Lower Living Standard (Poverty Level)
- 70% Lower Living Standard Income Level

****Note -** If none of the allowable hard copy documentation can be obtained, then the youth can provide an applicant statement to satisfy eligibility; it should be documented in the hard file and OSOS that the case manager made an attempt to obtain all other allowable hard copy documentation, but was unsuccessful and led to the applicant statement.

Participant or Guardian Signature and Date Required for Valid Self-Attestation

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____

Name _____

FAMILY HOUSEHOLD INCOME WORKSHEET (only required if using the Poverty Level, LLSIL or family size of 1 for youth with disabilities to prove low income)

	INCLUDED INCOME	EXCLUDED INCOME
Participant Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	Gross Wages	P.A.
	Retirement/Pension/Military Retirement	Military pay and allowances received by a family member on active duty
	Alimony	
Enter the 70% LLSIL or Poverty Level for the Family Size below: (use the higher of the current LLSIL or poverty chart) _____	Workmen's Comp	S.S.I.
	Black Lung Benefits	S.S.D.I.
	Rental Income	
	U.I. S.S. Survivor Child Support	

Family Member Name (only list members in the same household)	Relationship	Gross Monthly Income
1.	SELF	
2.		
3.		
4.		
5.		
6.		
Total Family Income For The Past Six Months =		_____
Annualized (multiply by 2)=		_____

Participant or Guardian Signature and Date Required for Valid Applicant Statement (for income only)

I attest that all the information I have provided on this form is true and correct.

Signature _____

Date _____

Note: These questions are voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

Ethnicity : Hispanic or Latino Not Hispanic or Latino

Race : White Black or African American Alaskan/American Indian Asian Hawaiian/Pacific Islander

Are you currently attending school? _____ Current grade completed _____

Do you have a high school diploma or GED? _____, Year Obtained: _____

List Name of Schools Attended

High School	
College	
Other Education or Vocational Training	

List Any Jobs You Ever Had, Including Our Summer Programs

Employer	Job Title	Start Date	End Date	Wage/Hrs.	Reason for leaving

MILITARY SERVICE Are you veteran who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable? YES NO

ACTIVE SERVICE INCLUDES FULL-TIME DUTY IN THE NATIONAL GUARD OR A RESERVE COMPONENT, OTHER THAN FULL-TIME DUTY FOR TRAINING PURPOSES.

If yes, which campaign? _____ (e.g., Vietnam, Desert Storm, Lebanon)

Dates of Active Service FROM ____/____/____ TO ____/____/____

Type of Discharge: Honorable Other than Dishonorable

Are you an Other Eligible* Spouse of a Veteran? YES NO

**Other Eligible is the spouse of a person who a) was killed in action or who died of a service connected disability; b) is serving on active duty who is listed as 1. Missing in action, 2. Captured in the line of duty, or 3. Forcibly interned in the line of duty for a total of 90 days or more; c) has a permanent total service connected disability.*

Are you receiving compensation for a service-connected disability? * YES NO If Yes, list % of disability _____

Have you ever been convicted of a crime? ____ Yes ____ No

If yes explain: _____ Date: _____

What job would you like to do for a career? _____

List Any Work-Related Skills or Educational Courses You Have That Might Help You Secure Employment:

Do You Have A New York State Driver's License? _____

Are You Allergic To Anything? [Such as: Penicillin, Dust, Pollen, Bee Stings, Etc.]

____ Yes ____ No; If Yes, Explain: _____

Are you a **person with a disability**?* YES NO If so, do you have an ACCES-VR case open? _____ Worker: _____

***Note:** This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements, and to determine program eligibility. You will not be penalized for refusal to answer.

What, if any, **medical limitations** on your ability to work do you have? _____

Authorization for the release of information: I hereby authorize CNY Works to request, obtain, and verify information for the purpose of determining program eligibility, employability assessment and program follow-up from the following sources: Medical, Vocational, Educational, Employment NY State Dept. of Labor Unemployment Insurance, Onondaga County Department of Social Services, and other agencies.

I agree that CNY Works may use such photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Certification: My signature below indicates that I have been informed of and understand the eligibility information provided on the family income form, and certify that it is true and correct and subject to verification. I understand that falsification is grounds for termination and may result in action to recover any monies paid to me while participating in the program

Applicant Signature: _____

Date: _____

Parent/Guardian, If under 18: _____

Date: _____

Documents required to be legally employed in NYS	<p><u>All</u> of the following: Social Security Card</p> <p>Birth certificate or Baptismal Certificate or Alien Registration Card</p> <p>Work Permit (if under 18 years of age)</p>
Family Income must include income information for all household members	<p>If you receive public assistance and /or food stamps :provide documentation(budget sheet or letter from DSS)</p> <p style="text-align: center;">Or if you do not receive any above assistance:</p> <p>Provide all income documentation for all household members; recent pay stubs, recent social security or SSI award letters, pension information, worker’s compensation, unemployment benefit statements.</p>
If applicable; Verification of disability	<p>One of the following: Self-Attestation, School 504 Records Provided by Student, Assessment Test Results</p>
If male and 18 or older	<p>Selective Service Registration Card, Computer Registration</p>

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Career Center Customer Registration Form

Required items are indicated with asterisk *. Please print clearly.

We must collect additional personal information from customers to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on handling and the protection of personally identifiable information. **Auxiliary aids and services are available upon request to individuals with disabilities.**

What is your preferred language? _____ If other than English, do you need an interpreter? Yes No
Check here to indicate that you have been made aware of the provisions of the "Equal Opportunity is the Law" notice.

Customer Data

Social Security Number: _____ - _____ - _____ or New York Identification Number: _____

*Last name: _____ *First name: _____ M.I. _____

*Date of birth: _____ / _____ / _____ Gender: Male Female

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service? Yes No

New York State Driver License Number or NYS Non Driver License ID Number: _____

Or other verification of date of birth using acceptable source document: _____ (See staff)

*Street address: _____ Apt. no. _____

*City: _____ *State: _____ *Zip code (+4 not required): _____ - _____

Mailing address (if different than above): _____

County: _____ Email: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

How do you prefer to be contacted? Email Cell phone Mail (postal) Home phone

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

If yes, Alien Registration Number: _____

Ethnicity/Race

Note: The Ethnicity and Race questions are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (Check all that apply) White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander

Education

*Education (check highest level completed) Grade: None 1 2 3 4 5 6 7 8 9 10 11 12

HS Diploma HS Equivalency No Diploma IEP Diploma/Disabled with certification of attendance/completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.

College: 1 year 2 year 3 year 4 year plus If college, check all that apply:

Some college Vocational Degree/Certificate Associate's Degree
 Bachelor's Degree Master's Degree Doctoral Degree

*Are you attending a secondary, post-secondary, vocational, technical or academic school full-time? Yes No

If you are between terms, do you intend to return to school? Yes No

Employment

*Are you currently employed? Yes No If No, how many weeks have you been out of work? _____

If Yes, are you employed Full time Part time How many hours do you work per week? _____

Have you applied for Unemployment Insurance Benefits? Yes No If Yes, when did you apply? _____

Are you currently claiming Unemployment Insurance Benefits? Yes No

Military

Note: Veterans and "eligible spouses" receive priority of service.

*Did you serve in the United States Armed Forces? Yes No *Are you an eligible spouse of a veteran? Yes No

If "Yes" what US military branch? _____ Dates of active service: ____ / ____ / ____ through ____ / ____ / ____

Employment Preferences

Check your work preferences:

Work Week: Full time (30 hours per week or more) Part time (Less than 30 hours per week) Any

Duration (length of employment): Regular (More than 150 days) Temporary (3 days or fewer)
 Regular or Temporary (4-150 days)

Minimum acceptable wage required: \$ _____ . ____ per Hour Day Week Month Year Other

Date you are available for work: ____ / ____ / ____

Which shift(s) are you willing to work? Check all that apply.

First (Shift that begins in the morning) Second (Shift that begins in the afternoon/early evening)

Third (Shift that begins at night) Split Rotating Any

*Are you a Migrant or Seasonal Farm Worker? (for definitions please see staff or Supplemental Questionnaire) Yes No

Acceptable Job Locations

*I am willing to work within the following zip code, county or state (check the number of miles and write the zip code):

10 25 50 100 miles of zip code _____ County _____ State _____

Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 1/2 hours by public transportation.

Employment Objective

*Employment objective/Type of work seeking: Job title _____

Job title _____

*List most recent occupation(s)/job(s):

Job Title

Experience in this Job

_____ Years _____ Months _____

_____ Years _____ Months _____

Work History

If you have job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer.

*Job title: _____ *Employer: _____

*Address: _____

* City: _____ *State: _____ *Country (if not USA): _____

*Start date (month/day/year): ____ / ____ / ____ * End date (month/day/year): ____ / ____ / ____ Hours worked per week: _____

Supervisor: _____ Phone number: (_____) _____ - _____

*Wage \$: _____ per hr day wk mo yr other *Reason for leaving: _____

*Job duties: _____

Work History, continued

*Job title: _____ *Employer: _____

*Address: _____

* City: _____ *State: _____ *Country (if not USA): _____

*Start date (month/day/year): ____ / ____ / ____ * End date (month/day/year): ____ / ____ / ____ Hours worked per week: ____

Supervisor: _____ Phone number: (_____) _____ - _____

*Wage \$: _____ per hr day wk mo yr other *Reason for leaving: _____

*Job duties: _____

*Job title: _____ *Employer: _____

*Address: _____

* City: _____ *State: _____ *Country (if not USA): _____

*Start date (month/day/year): ____ / ____ / ____ * End date (month/day/year): ____ / ____ / ____ Hours worked per week: ____

Supervisor: _____ Phone number: (_____) _____ - _____

*Wage \$: _____ per hr day wk mo yr other *Reason for leaving: _____

*Job Duties _____

Trade Adjustment Assistance (TAA)

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for **Trade Adjustment Assistance**? Yes No If Yes, TAA petition number: _____

If No, were you separated from your employment due to foreign trade? Yes No

Driver's License

Do you have a driver's license? Yes No Issuing state: _____

What type of license do you have? Class A (tractor trailer) Class B (truck/bus) Class C (light truck commercial)

Class Cn (C-non-CDL) Class D (operators) Class E (taxi)

Class M (motorcycle)

Endorsements: Passenger transport Hazardous materials Tank vehicles Motorcycle

School bus Doubles/Triples Tank hazard Air brakes

Do you need public transportation to get to a job? Yes No

Do you have reliable transportation to and from work? Yes No

Certificates/Licenses

Do you have an occupational certificate or license? Yes No

*Certificate/License: _____ *Issuing organization or locality: _____

Issue date (month/year): _____ / _____ State: _____ *Country: _____

Additional Certificate or License:

*Certificate/License: _____ *Issuing organization or locality: _____

Issue date (month/year): _____ / _____ State: _____ *Country: _____

Schools

Do you have a college degree, diploma or educational certificate? Yes No

*Course of study: _____ *Degree: _____ Date completed (month/year): _____ / _____

*Issuing institution: _____ *State: _____ *Country: _____

*Course of study: _____ *Degree: _____ Date completed (month/year): _____ / _____

*Issuing institution: _____ *State: _____ *Country: _____

Job Skills and Qualifications

***List at least one.**

Include skills and abilities that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, or computer assisted design. Also, include languages in which you are fluent.

_____	_____	_____
_____	_____	_____
_____	_____	_____

List qualities or accomplishments related to your employment goal: _____

List any honors you have received or outside activities you participate in: _____

I certify that the information given on this document is true and accurate to the best of my knowledge.

***Signature** _____ ***Date** _____

**The New York State Department of Labor is an Equal Opportunity Employer.
If requested, program auxiliary aids and services are supplied to individuals with disabilities**

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Department of Labor

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**Career Center Supplemental Questionnaire
Additional Information & Program Eligibility**

Name: _____

NYID#: _____

Please answer these questions to help us determine if you qualify for other Workforce System programs and services. This information is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary.

1. Are you or any member of your family receiving any Public Assistance/Low Income?

Yes No

Check all that apply:

TANF (Temporary Assistance for Needy Families)

Issued Date ____/____/____

Food Stamps/SNAP

Issued Date ____/____/____

GA (General Assistance State/Local)

Issued Date ____/____/____

RCA (Refugee Cash Assistance)

Issued Date ____/____/____

Safety Net/Home Relief

Issued Date ____/____/____

SSI (Supplemental Security Income)

Issued Date ____/____/____

SSDI (Social Security Disability Insurance)

Issued Date ____/____/____

Exhausting TANF within two years

Issued Date ____/____/____

Low income individual with a total family income that does not exceed the higher of:

The poverty line **OR** 70% of the lower living standard income level

Other _____

2. Are you a person with a disability? Yes No Prefer not to answer

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

If Yes, do you have a:

Physical/Chronic Health Condition

Physical/Mobility Impairment

Mental or Psychiatric disability

Vision-related disability

Hearing-related disability

Learning disability

Cognitive/Intellectual disability

3. Are you a Migrant or Seasonal Farm Worker? Yes No

If "Yes," check one of the following:

Seasonal Farm Worker: someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.

Migrant Farm Worker: a seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.

Migrant Food Processor: (see Migrant Farm Worker)

The New York State Department of Labor is an Equal Opportunity Employer. If requested, program auxiliary aids and services are supplied to individuals with disabilities

4. **Are you a spouse of a US Armed forces member on active duty and lost your job as a direct result of relocation due to a permanent change your spouse's duty station?** Yes No

5. **Are you a Displaced Homemaker?** Yes No

Have you been providing unpaid services to family members in the home and:

- Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member, **AND**
- Are unemployed or underemployed and are having trouble finding or keeping employment.

6. **Are you a single parent?** Yes No

Are you a single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

7. **Are you homeless?** Yes No

Do you lack a permanent and suitable nighttime residence? This includes:

- Sharing housing with other persons due to loss of housing, economic hardship or a similar reason,
- Living in a motel, hotel, trailer park or campground due to a lack of other suitable options,
- Living in an emergency or temporary shelter,
- Abandoned in a hospital,
- Awaiting foster care placement, or
- Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport or campground.

8. **Are you an ex-offender?** Yes No

Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses or other crimes?

9. **Are you an English Language Learner?** Yes No

Do you have limited ability in speaking, reading, writing or understanding English? Do you meet one of the following two conditions?

- Is your native language a language other than English?
- Do you live in a family or community where a language other than English is the main language?

10. **Do you think you have a cultural barrier?** Yes No

Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

11. **Do you lack basic skills?** Yes No

Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

I certify that the information given on this document is true and accurate to the best of my knowledge.

Signature

Date