

Arkansas Sector Partnership Program Referral (Date 01-25-17)

INDIVIDUAL CONTACT INFORMATION

FIRST, MIDDLE, LAST NAME:		
STREET ADDRESS:		P.O. BOX
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:		ALTERNATE TELEPHONE NUMBER:
E-MAIL ADDRESS:	DATE OF BIRTH:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

ASP PARTICIPANT ELIGIBILITY

Eligible ASP participants must meet dislocated worker eligibility requirements (Reference WIOA section 3(15)).

Dislocated Worker (ASP Eligibility Criteria - select if individual is a dislocated worker)

A dislocated worker is a person:

- who has been terminated or laid off from their job, OR
- received a notice of termination or layoff, from their employer;
- is eligible for or has exhausted their unemployment payments; OR
- has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, but cannot get unemployment compensation because of low earnings or having done work for an employer not covered under a State unemployment compensation law, AND
- is unlikely to return to a previous industry or occupation;
- who has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility or enterprise;
- is employed at a facility which the employer has made a general announcement that such facility will close within 180 days;
- was self-employed (including employment as a farmer, rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; OR
- a displaced homemaker.
- Separating military service members (non-retiree) and military spouses may be enrolled for services as dislocated workers if they meet the definitions set forth in TEGL 22-04 Section 4. Recently separated veterans and transitioning service members are considered to have received a notice of termination or layoff from their employer (DD-214).

Dislocated Worker Documentation: The following documentation must accompany an application/program intake form to determine dislocated worker eligibility. Please check appropriate box indicating information is included:

<input type="checkbox"/> Monetary Benefit Statement/Unemployment Insurance	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Layoff Notice from Employer	<input type="checkbox"/> Proof of Current Address (if different from ID)
<input type="checkbox"/> Drivers' License (ID Card)	<input type="checkbox"/> Enrolled in AJL http://arjoblinik.arkansas.gov/ada/
<input type="checkbox"/> Rapid Response List of Affected Employees from layoff	<input type="checkbox"/> Telephone Verification by Previous Employer (Documented in writing the name, position, and date of telephone verification.)
<input type="checkbox"/> Selective Service Verification (for males born after 1960) https://www.sss.gov/Home/Verification	
<input type="checkbox"/> Selective Service Not Required: <input type="checkbox"/> Female <input type="checkbox"/> Male born before 1960	
<input type="checkbox"/> Copy of assessment scores, if required (TORQ, TABE, CRC, etc)	
<input type="checkbox"/> Assessment not required	

Underserved Populations (select if the individual can be categorized into one of the following categories)

SNAP Recipient Veteran Disabled Individual
 TANF Recipient Female Minority population(s) Please specify _____

EDUCATION AND TRAINING INTERESTS

At which of the following training provider institutions would you like to enroll?

<input type="checkbox"/> Arkansas Northeastern College (ANC)	<input type="checkbox"/> South Arkansas University Technical College (SAUT)
<input type="checkbox"/> Arkansas State University Beebe, Searcy Campus (ASUB-Searcy)	<input type="checkbox"/> Southeast Arkansas College (SEARK)
<input type="checkbox"/> Arkansas State University Newport (ASUN)	<input type="checkbox"/> South Arkansas Community College (SACC)
<input type="checkbox"/> Black River Technical College (BRTC)	<input type="checkbox"/> University of Arkansas Community College at Batesville (UACCB)
<input type="checkbox"/> East Arkansas Community College (EACC)	<input type="checkbox"/> University of Arkansas Community College at Morrilton (UACCM)
<input type="checkbox"/> Northwest Arkansas Community College (NWACC)	<input type="checkbox"/> Arkansas Apprenticeship Coalition (AAC) Please specify:
<input type="checkbox"/> Pulaski Technical College (PTC)	

ASP ASSESSMENTS

The individual has completed the following assessments:

<input type="checkbox"/> TORQ	Score Required:	Individual's Score:
<input type="checkbox"/> TABE	Score Required:	Individual's Score:
<input type="checkbox"/> Assessment Not Required (explain):		
<input type="checkbox"/> CRC Certificate Level Obtained: <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze		
<input type="checkbox"/> Other education or career assessment activities completed. Please describe:		

Data Consent

The Arkansas Sector Partnership (ASP) program is a Department of Labor, Employment Training Administration sponsored grant to enable dislocated workers to receive pre-employment and occupational specific training to meet employer needs leading to viable employment opportunities.

The ASP program is required to obtain personal information from all individuals participating in training/educational activities in order to track overall grant program outcomes. This Participant Referral Form will be shared with grant project partners that include: the Arkansas Department of Workforce Services (ADWS), participating Local Workforce Development Boards, participating Community College and Apprenticeship training providers, participating referral organizations, and Winrock International.

I hereby give my permission for the information that I provide to be shared with ASP grant program partners and used to facilitate my enrollment into training under the grant program as well as be used to measure program outcomes for the ASP program.

Name (signature): _____ Date: _____

If you have any questions regarding the ASP program please contact Lisa Ferrell (lisa.ferrell@arkansas.gov) at 501-371-1024 or Mark McManus (mark.mcmanus@arkansas.gov) 501-978-3953.

FOR OFFICE USE ONLY (to be completed by referring organization)

Referring Agency Information:

Check box that information is included:

- ASP Program Intake Application
 All required documentation necessary to determine eligibility (refer to ADWS Issuance PY 01-17)

Date of Referral (MM/DD/YYYY) _____

Name of Referring Organization: _____

Name of Organization Contact: _____

Email Address of Organization Contact: _____

Telephone Number (xxx-xxx-xxxx) _____

Referral Notes: _____

Arkansas Workforce Centers are Equal Opportunity Employers.

Auxiliary aids and services are available upon request to individuals with disabilities.

Voice 1.800.285.1121

TDD 1.800.285.1131

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Arkansas Sector Partnership Program Intake (Date 01-25-17)

(This information will be treated as confidential and used only by staff providing services.)

SOCIAL SECURITY NUMBER:		DATE:
FIRST, MIDDLE, LAST NAME:		
STREET ADDRESS:		P.O. BOX
CITY:	COUNTY:	<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL STATE: ZIP:
TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS:		DATE OF BIRTH: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a single, separated, divorced, or widowed individual with primary responsibility for one or more dependents under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number in family: (counting self)
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: (Check all that apply) <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	Education status: <input type="checkbox"/> In-school, high school or less, include ABE/ GED <input type="checkbox"/> In-school, alternative school <input type="checkbox"/> In-school, post-high school <input type="checkbox"/> Not attending school or high school dropout <input type="checkbox"/> Not attending school; high school graduate Highest Grade Completed: _____	Have you served on active duty with the U.S. Armed Forces? <input type="checkbox"/> Yes, 180 days or less <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> No If Yes, answer <u>VETERAN</u> questions, on Next page.

EMPLOYMENT STATUS, WORKER STATUS, CITIZENSHIP, ETC.

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Employed, but with notice of termination or military separation Number of weeks not employed during the last 26 weeks: _____	Select your interstate worker status: <input type="checkbox"/> Live in another state but looking for work in AR <input type="checkbox"/> Live in AR but looking for work in another state <input type="checkbox"/> Live in AR and looking for work in AR <input type="checkbox"/> Live in AR and looking for work in AR and other states <input type="checkbox"/> Live in another state and looking for work in another state	State Unemployment Insurance: <input type="checkbox"/> State claimant <input type="checkbox"/> Federal or military claimant <input type="checkbox"/> Extended benefits claimant <input type="checkbox"/> TRA claimant <input type="checkbox"/> Exhausted UI benefits <input type="checkbox"/> Not a claimant
Are you registered with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-citizen not eligible to work in U.S. <input type="checkbox"/> Non-Citizen eligible to work in U.S. Alien Cert Number: _____ INS Form Number: _____	Do you have a valid AR driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Endorsement _____

WORK HISTORY (ENTER YOUR LAST JOB FIRST)

Company Name:	Supervisor or Contact Person & Phone Number:
City: State:	JOB TITLE:
From (mo/day/yr): To (mo/day/yr):	Description and duties of the job:
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:	Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other:
Company Name:	Supervisor or Contact Person & Phone Number:
City: State:	JOB TITLE:
From (mo/day/yr): To (mo/day/yr):	Description and duties of the job:
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:	Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other:
Company Name:	Supervisor or Contact Person & Phone Number:
City: State:	JOB TITLE:
From (mo/day/yr): To (mo/day/yr):	Description and duties of the job:
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other:	Hours/week: Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Layoff <input type="checkbox"/> Labor dispute <input type="checkbox"/> Other:

I affirm that the information stated is true and accurate and I understand that the Information provided, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties specified by law. I allow release of this information for eligibility verification purposes.	APPLICANT SIGNATURE:	DATE:
	PARENT/GUARDIAN SIGNATURE:	DATE:

NAME: _____

If you answered that you are a VETERAN, please answer the questions in this section

Select your branch of service: <input type="checkbox"/> U.S. Air Force <input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> U.S. Marine <input type="checkbox"/> U.S. Navy	Active Duty Start Date: _____	Active Duty End Date: _____
	Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other <input type="checkbox"/> Dishonorable	
	Are you a participant in the Transition Assistance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 12 months of discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you within 24 months of retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Veteran Type: <input type="checkbox"/> Veteran <input type="checkbox"/> Campaign	

Are you entitled to compensation for a disability incurred while on active military duty? Yes No

Were you discharged or released from active military duty because of a disability incurred while on active military duty? Yes No

Have you received a rating for a disability incurred while on active military duty that is not entitled to compensation? Yes No

Are you entitled for compensation for a disability incurred while on active military duty and disability is rated at 30% or more? Yes No

Has your disability been rated at less than 30%, and has the Department of Veterans Affairs classified you as a "Special Disabled Veteran" because the disability you incurred while on active military duty is considered a serious barrier to employment? Yes No

What is your current disability rating from the Department of Veteran Affairs? _____ %

Was your spouse in the military? Yes - answer the questions below in this section No - skip this section

Are you the spouse of any person who died on active military duty or military service connected disability? Yes No

Are you the spouse of any member of the Armed Forces service who, at this time, has been in any one or more of the following categories for more than 90 days?
 Missing in action Forcibly detained or interned by a foreign government or power
 Captured in the line of duty No

Are you the spouse of a person who has a total disability permanent in nature resulting from a military service-connected disability? Yes No

Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability? Yes No

Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service? Yes No

Are you a seasonal farm worker or migrant farm worker? Yes No If Yes, please answer the following questions:

Did you work at least 25 days in seasonal agricultural jobs during the past year? Yes No

Did you earn at least \$800 in any seasonal, agricultural jobs during the past year? Yes No

Did you work in a food processing plant on a seasonal and migrant basis during the past year? Yes No

Was more than one-half of your past year's income earned by working in agriculture? Yes No

Was more than one-half of your past year's total work time in agricultural work? Yes No

Did you work for more than one agricultural employer? Yes No

If you answered NOT EMPLOYED or you have been laid off or you have received notice that you will be laid off, please answer the following questions:

Please select the ONE that best describes your situation:

Have you been laid off or received a notice of layoff from your employer as a result of a reduction in the employer's workforce?

Have you been laid off or received a notice of layoff from your employer as a result of a permanent closing or major layoff?

Are you employed by an employer who has made a general announcement that the business will close within 180 days?

Are you employed by an employer who has made a general announcement that the business will close without naming a specific date?

Were you self-employed and are now unemployed due to general economic conditions or natural disaster in your community?

Are you a displaced homemaker? A displaced homemaker is an individual who was dependent on support from a family member whose support is no longer available, is unemployed or underemployed, and is having difficulty finding a job or finding a good job.

Are you unemployed as a result of military closures or realignments?

Are you unemployed due to multiple layoffs in a single local community significantly increasing the total number of unemployed workers?

Are you unemployed due to emergencies or natural disasters which have been declared eligible for public assistance by the Federal Emergency Management Agency (FEMA)?

None of the above

If you were terminated or laid off (dislocated) from your last job, or if you are unemployed due to a natural disaster, please answer the questions in this section.

Please enter your termination or layoff date: _____

From what industry were you dislocated?: _____

What was your occupation (job) at the time of your dislocation?: _____

Number of months at employer of dislocation: _____

Hourly wage at dislocation (\$0.00): _____

If you were terminated or laid off (dislocated) from your last job, please answer the questions in this section.

Are you likely to return to your previous occupation or industry? Yes No

Have you received information that you are eligible for unemployment benefits or that you have exhausted your unemployment benefits?
Yes No

Have you received information that you are not eligible for unemployment benefits due to a lack of sufficient earnings or that you performed services for an employer not covered by unemployment insurance? Yes No

I affirm that the information states above is true and accurate, and I understand the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Authorization to Obtain Information

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and mark all that apply:

- I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

- The Workforce Investment Act service provider may provide information regarding my participation in adult, youth, or dislocated worker programs.
- The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.
- The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.
- The Department of Education and local school districts may provide records relating to my current and past education.
- The Department of Workforce Education and affiliated training providers may provide records relating to current and past education
- The Department of Higher Education and affiliated educational Institutions may provide records relating to current and past education
- Private and career training institutions may provide records relating to current and past training and education
- My current and past employers may provide information related to my employment

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance.

Customer Signature

Customer Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

Auxiliary aids and services are available upon request to individuals with disabilities: Voice 1.800.285.1121 TDD 1.800.285.1131

"This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This solution is copyrighted by the institution that created it. Internal use by an organization and/or personal use by individuals for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner."

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