

In order to enroll, you will need to verify that you are the following:

- A. U.S. Citizen
- B. Cobb County Resident
- C. An individual with income in the following ranges:

Persons in family	125 % of Poverty Guideline
1	\$15,075
2	\$20,300
3	\$25,525
4	\$30,750
5	\$35,975
6	\$41,200
7	\$46,425
8	\$51,650
For families with more than 8 persons, add \$5,225 for each additional person.	

If you meet the criteria above, please continue by providing the following:

1. A completed application, signed and dated appropriately.
2. Driver's license or picture ID
3. The most recent month of check stubs for everyone working in the household (if you get paid every 2 weeks, we need 2 check stubs. If you get paid every week, we need 4 check stubs). You may also provide TANF, Unemployment or SSI letters in lieu of check stubs. However, there must be some documented proof of income.
4. Proof of residency which can be a bill or a lease agreement with your name and address on it.

All of this must be returned with your completed application to Donna Frankovsky at the CobbWorks office in Marietta.

Location:	Enrollment Date:
Teacher:	

Please print legibly and answer all questions

Participation Information	
Applicant Name	Social Security Number
First M.I. Last	- -
Birth Date	Age Gender
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:	Cell Phone
()	()
Home Address:	Email Address
	City State Zip code
Other Contact:	
Name: Telephone: ()	
Race (Check all that apply)	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Bi-Racial & Other	
Citizenship and Language Information	
Are you a US Citizen	
<input type="checkbox"/> <input checked="" type="checkbox"/> YES (By Birth) <input type="checkbox"/> YES (By Naturalization) <input type="checkbox"/> Not a Citizen	
If you are not a US Citizen, please complete: Alien Card #: _____ Exp. _____	
Date ____/____/____	
Cobb County Resident: <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, what county?	
Is your native language English <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is it?	
Education Information	
Last School Attended:	Dates:
Highest Grade Completed:	
Income Information	
Are you receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify: <input type="checkbox"/> FS <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> CS <input type="checkbox"/> SS <input type="checkbox"/> Employer <input type="checkbox"/> Other	

Income Verification		
Household Income is (used for funding only – no names submitted) Please check the one that applies:		
<input type="checkbox"/> Below \$ 15,075 for 1 person	<input type="checkbox"/> Below \$30,750 for 4 people	<input type="checkbox"/> Below \$46,425 for 7 people
<input type="checkbox"/> Below \$20,300 for 2 people	<input type="checkbox"/> Below \$35,975 for 5 people	<input type="checkbox"/> Below \$51,650 for 8 people
<input type="checkbox"/> Below \$25, 525 for 3 people	<input type="checkbox"/> Below \$41,200 for 6 people	<input type="checkbox"/> Add \$5,225 for each additional
Family Type: Please check one that applies		
<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Two Parent Household
<input type="checkbox"/> Single Person	<input type="checkbox"/> Two Adults/No Children	<input type="checkbox"/> Other
Family Size (including student): _____ Live with Parent or Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the family's income above those listed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other		
Additional Information		
List any medications or health problems:		
Educational Goals (check all that apply)		
<input type="checkbox"/> Fluency in English	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> WIA Referral/Information/Enrollment
<input type="checkbox"/> GED	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Improved Employment
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Other Graduate Degree	<input type="checkbox"/> Technical Degree or Certification
Comments on Educational Goals:		
Other Characteristics: (Please check any that apply)		
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran		
Single parent(s) applying for services, are you currently receiving child support?		
If no, would you like a referral to Child Support Services? <input type="checkbox"/> Yes Date of referral _____ Staff Initials _____		
Will you allow CobbWorks Literacy Council to use your photograph for marketing the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Applicant Attestation:

The information I have provided in this application is true and accurate. I understand that any false or misrepresented. Information may adversely affect my eligibility for services or disqualify me from receiving assistance.

Applicant Signature

Date

 Authorized Staff Signature

 Date



Family Composition Form

Identifying Household Composition

Names of Family Members (Including Applicant)	Relationship to Applicant	DOB	Social Security Number	Street Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

NOTE: (Please Read Before Signing)
 Falsification of data on this form is a crime against the Federal and State Laws.

Signature (Applicant)

Date

Signature (Parent/Guardian)

Date

FOR OFFICE USE ONLY

Total # of Family Members

Interviewer's Signature

Date

DECLARATION OF ZERO INCOME

I, _____, have been unemployed since ____/____/____
Month/ Day / Year

and do not have any source of income at this time.

The last place that I worked was:

Name

Address

City, State & ZIP Code

I am ___ a) not eligible for unemployment benefits. (State Reason)

___ b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:

My household expenses (food. utilities. rent. etc.) are currently being paid by:

Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

_____	_____
Name	Home Phone Number
_____	_____
Address	Work Phone Number
_____	_____
City, State & ZIP Code	

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

Participant Signature

Date

Printed Name

Witness Signature

Date

It is the standard procedure of WorkSource Cobb, to help connect its client to mainstream resources for which they might be eligible. A review of your file indicates you may be eligible to receive services such as Food Stamps, Child Support, WIC, or TANF. As receipt of such benefits could offset out-of-pocket expenses and potentially improve your financial situation, we encourage you to visit www.compass.ga.gov. COMPASS is a quick and easy way for people in Georgia to get answers to questions about health and human services. If you need assistance accessing COMPASS, you can call 1-877-423-4746, or you may contact me, Donna Frankovsky by phone at [\(770\) 528-8094](tel:7705288094) or email at dfrankovsky@cobbworks.org.

My signature below verifies that I understand the purpose of this referral and have received a copy of this referral for my reference.

Applicant Signature

Date

Applicant Printed Name



Cobb

Equal Opportunity Complaint & General Grievance Policy and Procedure

For Applicants, Participants, Other Interested or Affected Parties

SECTION I:	Equal Opportunity Complaint Policy
SECTION II:	General Grievance Policy
SECTION III:	Complaints of Fraud, Abuse, or Other Alleged Criminal Activity
SECTION IV:	Complaints against Public Schools

I. EQUAL OPPORTUNITY COMPLAINT POLICY

WorkSource Cobb/Cobb Workforce Development Board (CWDB) adheres to the following United States law: "Equal Opportunity Is the Law". It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act (WIOA), on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: (1) Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; (2) providing opportunities in, or treating any person with regard to, such a program or activity; or (3) making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
- The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.
- If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center.
- If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).
- If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

A **complaint** is an allegation of discrimination on the grounds a person, or any specific class of individuals, has been or is being discriminated against on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69. An allegation of retaliation, intimidation or reprisal for taking action or participating in any action to secure rights protected under WIOA will be processed as a **complaint**.

Note: A complaint cannot be processed as both a program complaint and as a discrimination complaint.

FILING COMPLAINTS OF DISCRIMINATION (under Equal Opportunity Complaint Policy)

Who May File: Any person requesting aid, benefits, services or training through the WorkSource Cobb workforce system; eligible applicants and/or registrants; participants; employees, applicants for employment; service providers, eligible training providers (as defined in the Workforce Innovation and Opportunity Act), and staff with the workforce system that believes he/she has been or is being subjected to discrimination prohibited under the Nondiscrimination and Equal Opportunity Provisions 29 CFR Part 38 and Section 188 of the Workforce Innovation and Opportunity Act (WIOA).

WorkSource Cobb/CWDB is prohibited from discriminating against a person, or any specific class of individuals, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, citizenship status, or participation in any WIOA Title I-financially assisted program or activity as prohibited by WIOA or part 29 CFR 38.69 in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity. If you think that you have been subjected to discrimination under a WIOA funded program or activity, you may file a complaint within **180 days** from the date of the alleged violation with:

ALISA JACKSON, EO OFFICER
WORKSOURCE COBB
463 COMMERCE PARK DRIVE, SUITE 100
MARIETTA, GEORGIA 30060
(770) 528-8066
TDD: 711, voice: 1-800-255-0056,
ajackson@cobbworks.org

Each complaint must be filed in writing, either electronically or in hard copy, and must contain the following information:

- (A) The complainant's name, mailing address, and, if available, email address (or another means of contacting the complainant).
- (B) The identification of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination).
- (C) A clear description of the allegations in sufficient detail including the date(s) and timeline that the alleged violation occurred to allow the recipient, as applicable, to decide whether: (1) what agency has jurisdiction over the complaint; (2) the complaint was filed in time; and (3) the complaint has apparent merit; in other words, whether the complainant's allegations, if true, would indicate noncompliance with any of the nondiscrimination and equal opportunity provisions of WIOA or part 29 CFR Part 38.
- (D) The written or electronic signature of the complainant or the written or electronic signature of the complainant's representative.

Complaint Processing Procedure

An initial written notice to the complainant will be provided within fifteen (15) days of receipt of the complaint. The notice will include the following information pursuant to part 29 CFR 38.72:

- (1) Acknowledgement of complaint received including date received; notice that the complainant has the right to be represented in the complaint process; notice of rights contained in §38.35; and notice that the complainant has the right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into the non-English languages as required in §§38.4(h) and (i), 38.34, and 38.36.
- (2) A written statement of issue(s) which includes a list of the issues raised in the complaint; for each issue, a statement of whether or not the issue is accepted for investigation or rejected and the reasons for each rejection after performing a period of fact-finding.
- (3) Notice that the complainant may resolve the issue Alternative Dispute Resolution (ADR) any time after the complaint has been filed, but before a Notice of Final Action has been issued.

If the complaint does not fall within the Workforce Innovation and Opportunity Act jurisdiction for processing complaints alleging discrimination under Section 188 or Equal Opportunity and Nondiscrimination provisions at 29 CFR Part 38.74, the complainant will be notified in writing within five (5) business days of making such determination. The notification shall include the basis of the determination as well as a statement of the complainant's right to file with the Civil Rights Center (CRC) within thirty (30) days of the determination.

Upon determination that a) the complaint has merit and b) is within the Workforce Innovation and Opportunity Act jurisdiction; the Equal Opportunity Officer will conduct a period of fact-finding or investigation of the circumstances underlying the complaint.

Complaint Processing Time Frame

A complaint will be processed and Notice of Final Action issued within ninety (90) days of receipt of the complaint pursuant to 29 CFR 38.72. Complainant may elect to file his or her equal opportunity complaint with the Georgia Department of Economic Development, Workforce Division (GDEcD). GDEcD's address and information is as follows: Attention: Deputy Counsel David Dietrichs, 75 Fifth Street, NW, Suite 845, Atlanta, Georgia 30308, (404) 962-4005, wdcompliance@georgia.org; use form at: <http://www.georgia.org/wp-content/uploads/2014/06/WFD-Grievance-Form-110915.pdf>.

If WorkSource Cobb/CWDB has not provided complainant with a written decision within ninety (90) days of the filing of the complaint, complainant need not wait for a decision to be issued. Complainant may file a complaint with GDEcD or CRC within thirty (30) days of the expiration of the 90-day period. If complainant is dissatisfied with WorkSource Cobb/CWDB's resolution of his or her equal opportunity complaint, complainant may file a complaint with GDEcD. Such complaint must be filed within thirty (30) days of the date you received notice of WorkSource Cobb/CWDB's proposed resolution.

OR

Complaints may be initially filed or appealed to the Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc within thirty (30) days of complainant's receipt of either WorkSource Cobb/CWDB Notice of Final Action or GDEcD Notice of Final Action. In other words, within one hundred twenty (120) days Complainant may file his or her appeal.

Resolution Process

Alternative Dispute Resolution: Complainant must be given a choice as to the manner in which they have their complaint resolved. After an investigation is conducted by the Equal Opportunity Officer, ADR may be chosen by the complainant to resolve the issues, as long as a Notice of Final Action has not been issued. Mediation is recommended ADR and will be conducted by an impartial mediator. Complainant must notify the Equal Opportunity Officer within ten (10) days of receiving the Notice of Issue Statement letter of whether ADR is selected to resolve the dispute. WorkSource Cobb/CWDB will provide an impartial mediator and will provide interested parties information regarding the arrangements (date, time, and location).

Time Frame: The period for attempting to resolve the complaint through mediation will be thirty (30) days from the date the complainant chooses mediation; but must be performed within ninety (90) days of the initial filing date.

Successful Mediation: Upon completion of successful mediation, the complainant and respondent will both sign a conciliation agreement attesting that the complaint has been resolved. A copy of the conciliation agreement will be provided to Georgia Department of Economic Development, Workforce Division within ten (10) days of the date the conciliation agreement was signed.

Unsuccessful Mediation: In the event mediation was not successful, WorkSource Cobb/CWDB shall proceed with issuing a Notice of Final Action within the ninety (90) day limit.

Complainant Responsibility: The complainant may amend the complaint at any point prior to the beginning of mediation or the issuance of the Notice of Final Action. The complainant may withdraw the complaint at any time by written notification.

Breach of Agreement: Any party to any agreement reached under ADR may file a complaint in the event the agreement is breached with David Dietrichs, Deputy Counsel, Georgia Department of Economic Development (GDEcD), Workforce Division, 75 Fifth Street, NW, Suite 845, Atlanta, Georgia 30308 or Director, Civil Rights Center (CRC) U.S. Department of Labor, 200 Constitution Avenue, N.W. Room N-4123, Washington, DC 20210. The non-breaching party may file a complaint within thirty (30) days of the date that party learns of the alleged breach (29 CFR 38.72).

II. GENERAL GRIEVANCE POLICY

Any person applying for or receiving services through the Workforce Innovation and Opportunity Act Title I (WIOA) paid for by WorkSource Cobb/Cobb Workforce Development Board (CWDB) will be treated fairly. WorkSource Cobb/CWDB will make every effort to resolve all general, non-discriminatory complaints informally between those involved before a grievance is filed. Grievances may be filed in accordance with the written procedures established by WorkSource Cobb/CWDB. **If you believe a violation of Title I of Workforce Innovation and Opportunity Act or regulations of the program has occurred, you have the right to file a grievance.**

A **grievance** is a complaint about customer service, working conditions, wages, work assignment, etc., arising in connection with WIOA Title I funded programs operated by WIOA recipients including service providers, eligible training providers, one-stop partners and other contractors.

FILING A GENERAL GRIEVANCE (violations of the act or regulations not alleging discrimination)

Who May File: Any person, including WIOA program participants, applicants, staff, employers, board members or any other interested parties who believes they have received unfair treatment in a WIOA Title I funded program.

Any person may attempt to resolve all issues of unfair treatment by working with the appropriate manager and/or supervisor and staff member, service provider, or one-stop partner involved informally prior to a written grievance being filed.

All complaints as described in the previous definition may be filed within one hundred twenty (120) days after the act in question by first completing and submitting the General Grievance Form to:

JOHN HELTON, PRESIDENT/CEO
WORKSOURCE COBB
463 COMMERCE PARK DRIVE, SUITE 100
MARIETTA, GEORGIA 30060
(770) 528-8072
jhelton@cobbworks.org

Grievance Processing Procedure

A complaint may be filed by completion and submission of the General Grievance Form located at www.cobbworks.org. WorkSource Cobb/CWDB will issue a written resolution within sixty (60) days of the date the complaint was filed. Pursuant to Section 181 of the Workforce Innovation and Opportunity Act, WorkSource Cobb/CWDB shall provide the grievant with an opportunity for a hearing within sixty (60) days of the complaint's filing, if requested in writing by the grievant. In the event a hearing is not requested, WorkSource Cobb/CWDB shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the grievant is dissatisfied with WorkSource Cobb/CWDB's decision, he or she may appeal the decision to the Georgia Department of Economic Development, Workforce Division (WFD) within sixty (60) days of the date of the decision. If such an appeal is made, the WFD shall issue a final determination within sixty (60) days of the receipt of the appeal.

In the event WorkSource Cobb/CWDB does issue a written resolution within the sixty (60) days of the complaint's filing as required, the grievant has the automatic right to file his or her complaint with the Georgia Department of Economic Development, Workforce Division.

Hearing Process

A hearing on any complaint filed shall be conducted as soon as reasonably possible, but within sixty (60) days of the complaint's filing. Within ten (10) business days of the receipt of the request for a hearing, WorkSource Cobb/CWDB shall: (1) respond in writing acknowledging the request to the grievant; and (2) notify the grievant and respondent of a hearing date. The notice shall include, but not limited to: (1) date of issuance; (2) name of grievant; (3) name of respondent against whom the complaint has been filed; (4) a statement reiterating that both parties may be represented by legal counsel at the hearing; (5) the date, time, place of the hearing, and the name of the hearing officer; (6) a statement of the alleged violation(s) of WIOA ; (7) copy of any policies and procedures for the hearing or identification of where such policies may be found; and (8) name, address, and telephone number of the contact person issuing the notice.

The hearing shall be conducted in compliance with federal regulations. The hearing shall have, at a minimum, the following components: (1) an impartial hearing officer selected by WorkSource Cobb/CWDB; (2) an opportunity for both the grievant and respondent to present an opening statement, witnesses, and evidence; (3) an opportunity for each party to cross-examine the other party's witnesses; and (4) a record of the hearing which WorkSource Cobb/CWDB shall create and maintain.

The hearing officer, considering the evidence presented by the grievant and respondent, shall issue a written decision which shall serve as WorkSource Cobb/CWDB's official resolution of the complaint. The decision shall include the following information: (1) the date, time, and place of hearing; (2) a recitation of the issues alleged in the complaint; (3) a summary of any evidence and witnesses presented by the grievant and respondent; (4) an analysis of the issues as related to the facts; and (5) a decision addressing each issue alleged in the complaint.

No applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner in an investigation, proceeding or hearing.

Appeal Process

An appeal may be requested by contacting the Georgia Department of Economic Development, Workforce Division, Attention: Deputy Counsel David Dietrichs, 75 Fifth Street, NW, Suite 845, Atlanta, Georgia 30308, (404) 962-4005, wocompliance@georgia.org within sixty (60) days of the date of the decision.

III. COMPLAINTS OF FRAUD, ABUSE, OR OTHER ALLEGED CRIMINAL ACTIVITY

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Office of Inspector General, U.S. Department of Labor, at 1-866-435-7644 or inspector.general@oig.ga.gov.

IV. COMPLAINTS AGAINST PUBLIC SCHOOLS

If the complaint is not resolved informally and it involves public schools of the State of Georgia, the grievance procedure will comply with WIOA and OCGA 20-2-1160.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS POLICY AND PROCEDURE AND UNDERSTAND THE INFORMATION PROVIDED WITHIN THIS DOCUMENT.

Participant Signature

Date

Check if Certified as U.S. Citizen:

07/19/2016

Applicant Information & Address				Location Zones				Monthly Fixed Expenses														
Applicant Name	SSN	Home Phone	Work Phone	Home Address	Mailing Address	County	District No.	Census Tract No.	Township	Village	Community Group	Other Zone	City Limits	Shelter	Utility	Insurance	Medical	Childcare	Food	Transportation	Other	
		Cell:																				
Name of Household Member Social Security #				DOB	Race	Sex	Education	Marital Status	Veteran	Food Stamps	Reg Voter	Disp Homemaker	Handicap	Disability	Health Insurance	Medicare Ins	Medicaid Ins					
Method of Information Verification				30 Day Income	Assets	Avg Monthly Expenses	Avg Annual Expenses	Avg Monthly Income	FPL%	Annual Income												
Self-Dec <input type="checkbox"/> Income Docs <input type="checkbox"/> Phone Verify <input type="checkbox"/>				\$0.00	\$0.00	\$0.00	\$0.00															
Household Size																						
2																						

SELF DECLARATION OF NEED

I declare that to the best of my knowledge I am the only member of the household represented in the application that has applied for assistance in the program. I certify that my household meets the income guidelines of this program, and that all information concerning my income and the number of people living in my home has been disclosed during the interview. I authorize COBBWORKS, INC. to share and obtain relevant information with community partners concerning my application in order to secure additional assistance for my household. Further, I certify that all information that has been spoken or presented to COBBWORKS, INC. in order to receive assistance of any type is true and correctly represented on this application, realizing that misrepresentation is illegal. I understand that any violation of the above mentioned items will result in denial/termination of assistance and may result in fines or imprisonment.

I have been informed that I have a right to a Fair Hearing if I feel I have not been fairly treated in the determination of my eligibility for services. Further, I understand that a Fair Hearing may be requested in writing within 10 days to COBBWORKS, INC. | 463 COMMERCE PARK DRIVE, SUITE 1001 MARLETTA, GA 30060.

In accordance with Federal Law, COBBWORKS, INC. is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability.

APPLICANT: _____ X DATE: ____/____/____ SOCIAL WORKER: _____ X DATE: ____/____/____



Authorization for Release of Information

I hereby request and authorize staff, subcontractors, and/or authorized representatives of CobbWorks, Cobb Literacy Council to: Obtain from _____ Release to X

CobbWorks Literacy Council _____

Institution or Organization Name

463 Commerce Park Drive, Suite 100 _____

Address

Marietta Georgia 30060 _____

City State Zip

The following type(s) of information from my records (and any specific portion thereof):

- Attendance Records
- Progress and Performance Reports
- Transcripts
- Certifications
- Individual Education Plans
- Pay Stubs
- Financial Aid Information
- Employment Information
- Other

Further, I authorize said persons to obtain job title, wage and benefits, hours, and other data relevant to my instruction and completion of remediation for the GED examination. I understand that this information is necessary for statistical and reporting purposes by CobbWorks/Cobb Literacy Council. All information I hereby authorize to be obtained by CobbWorks/Cobb Literacy Council will be held strictly confidential and cannot be released by Cobb Literacy without my written consent.

GED Participant Signature

Date

GED Participant Name Printed

Staff Signature

Date

Printed Name of Staff Person

Subject: Photo Release Form

Location: _____

I grant to CobbWorks, Inc. and its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize CobbWorks, Inc. and its assigns and transferees to copyright, use and publish the same in print and/or electronically. I understand that CobbWorks, Inc. is a non-profit organization and will not generate profits from the use of my photograph. I understand my participation in being photographed is voluntary and I will not be compensated financially for my participation.

I agree that CobbWorks, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Participant Signature

Printed Name

WorkSource Cobb

Organization Name

463 Commerce Park Dr, Ste 100, Marietta, GA 30060

Address

Witness Signature

Printed Name

Date