

YouthBuild



YouthBuild is a national community program for disadvantaged youth funded by the Department of Labor. The CDSA YouthBuild program offers innovative learning opportunities in the areas of basic skills education, construction training, leadership development, life skills training, community service, work readiness and post-secondary education. Young people work to complete their high school education, build affordable housing for low-income families in our community and gain important job skills to prepare for the world of work. To be eligible for CDSA YouthBuild:

You must:

- Be between 17 1/2 and 24 years old
- Have registered for Selective Service if applicable
- Be eligible to work in the United States

AND be committed to making a positive change in your life

Please **complete all the information in the application** and don't forget all of the signatures requested. Return the application to CDSA for consideration. You may hand deliver or mail the application to:

**CDSA YouthBuild
114 S. Independence
Enid, OK 73701**

For additional information or questions, please call **(580) 242-6131**.

Staff will be screening the applications for the best candidates. You will be notified of the status of your application in the weeks to come. We will choose 28 students and 4 alternates.

CDSA YOUTHBUILD is an Equal Opportunity Employer/Service Provider
Auxiliary aids available upon request for individuals with disabilities



YouthBuild Application

Date	Social Security Number	Date of Birth
Name (First, Middle, Last)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		Primary Phone
City, State, Zip Code		Secondary Phone
County of Residence	Selective Service Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Select N/A if under 18 or female</i>	Marriage Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Co-Habiting <input type="checkbox"/> Separated <input type="checkbox"/>
Emergency Contact Name/Relationship:	Address:	Phone:
Race <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian Native/ <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____		
United States Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody Status of Applicant: <input type="checkbox"/> Bio-Parents <input type="checkbox"/> Bio-Mother <input type="checkbox"/> Bio-Father <input type="checkbox"/> Legal Adult (18 ↑) <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Grandparent/Grandparents <input type="checkbox"/> DHS Custody/Foster Care <input type="checkbox"/> Juvenile Probation Services <input type="checkbox"/> Legal Guardian other than Bio.	
Is English the Applicant's First Language: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List::	Place of Birth: _____ City, State, Country	If Native American: Tribe _____ Does Applicant have CDIB Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual with a Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	Information regarding Disability:	Does Applicant have a current Department of Rehabilitation Services Case? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does Applicant Require any Adaptive Equipment to assist with Employment or Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:
Felony Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	Misdemeanor Conviction Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	Drivers License State Issued _____ DL # _____ Expiration Date _____
Migrant Worker		Yes No
Worked at least 25 days in agriculture or in a food processing plant during the past year?		
More than one-half of past year's income earned by working in agriculture		
Worked for more than one agricultural employer		
Able to return home everyday you worked in agriculture		
Full-time student who traveled with a group, other than family, to work in agriculture		



Please List ALL Members in Your Household		
Name	Relationship	Age
1		
2		
3		
4		
5		
6		
Sooner Care/Medicaid Participant Yes <input type="checkbox"/> No <input type="checkbox"/>	DHS Assistance	DHS Caseworker
Housing Status Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/>	Has Applicant Ever Been Enrolled in Job Corps? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Applicant Receiving HUD? Yes <input type="checkbox"/> No <input type="checkbox"/>
Needs (check all that apply)		
<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> Alcohol & Drug Counseling	
<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Housing	
Barriers (check all that apply)		
<input type="checkbox"/> TANF Recipient	<input type="checkbox"/> Currently or previously in Foster Care	
<input type="checkbox"/> Pregnant	Year _____ State _____	
<input type="checkbox"/> Parenting Teen	<input type="checkbox"/> Gang Affiliation	
<input type="checkbox"/> Victim of Domestic Violence	<input type="checkbox"/> Youth currently in school referred by local secondary school	
<input type="checkbox"/> Homeless/Runaway	<input type="checkbox"/> HS Grad with basic skills deficiency	
<input type="checkbox"/> One or more of applicants parents receives welfare assistance	<input type="checkbox"/> One or more parents are incarcerated	
<input type="checkbox"/> Youth with a Disability (Including learning disabilities)	<input type="checkbox"/> Member of a low income household	
<input type="checkbox"/> Offender		
Veterans		
Branch of Service _____	<input type="checkbox"/> Veteran Status: <=180	<input type="checkbox"/> Vietnam-era
Service from _____ to _____	<input type="checkbox"/> Veteran Status: > 180	<input type="checkbox"/> Disabled Veteran
	<input type="checkbox"/> Recent Separation	<input type="checkbox"/> Special Disabled
	<input type="checkbox"/> Campaign Veteran	
Veteran Spouse Information		Yes No
Spouse of any person who died on active military duty or of a military service-connected disability		
Spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability		
Spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability		
Spouse of any member of the Armed Forces serving on active duty who at this time of this registration is in any one or more of the following categories:		
Missing in Action		
Captured in the line of duty by a hostile force:		
Forcibly detained or interned in the line of duty by a foreign government or power		
Referred By:		



Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Does Applicant have any previous Work History? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Applicant Worked in a Subsidized Work Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Work History-For Last 2 years

Dates Worked (Month/Date/Year) _____ to _____	Company _____	Job Title _____
Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

Dates Worked (Month/Date/Year) _____ to _____	Company _____	Job Title _____
Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

Dates Worked (Month/Date/Year) _____ to _____	Company _____	Job Title _____
Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

Dates Worked (Month/Date/Year) _____ to _____	Company _____	Job Title _____
Address _____	Supervisor _____	Hours Worked Per Week _____
City, State, Zip Code _____	Phone Number _____	Wage/Salary _____
Reason for Leaving _____	Duties _____	

List any Certifications, Special Skills or Areas of Interest

**ACKNOWLEDGEMENT OF UNDERSTANDING
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

CDSA YouthBuild is responsible for the security and maintenance of customer records and educational records and for monitoring release of information related to those records. The CDSA YouthBuild program operated by the Community Development Support Association, Inc and partner agencies and organizations listed below are responsible for the direct and indirect provision of services as set for in YOUTHBUILD. Staff from some or all of the agencies may need to access Applicant records and student records to ensure the highest quality delivery of services to the individual customer. The agencies that may be involved in the delivery of services to you, the customer, are:

CDSA, Inc. Staff
 School officials
 GED/ABE Literacy Programs
 HUD
 Department of Human Services
 WIA Title I Program Staff
 Welfare-to-Work
 Unemployment Insurance
 Child Support Enforcement
 Child Welfare
 TAA and NAFTA
 Job Corps
 Police Departments
 Selective Service officials
 Veterans Administration officials

Native American Program Grantee(s)
 Department of Vocational Rehabilitative Services
 Court officials
 Employers (past, present, future)
 Juvenile Services
 Youth and Family Services of North Central Oklahoma
 Social Security officials
 Alcohol/Drug Rehabilitation Agency officials
 Shelter officials
 Medical professionals
 Vocational Technical school
 YWCA Domestic Violence Center
 Others as deemed appropriate for each Applicants needs

I agree that the CDSA YouthBuild program may release any information furnished by me and requested by prospective employers, educational institutions or social service agencies.

I also agree that the CDSA YouthBuild staff may obtain confidential information regarding services provided to me by other educational institutions or social service agencies.

I further authorize the release of employment and income information by any employer to the CDSA YouthBuild.

I understand services I may be provided are dependant upon continued funding and in the instance the CDSA YouthBuild should fail to receive funding for CDSA YOUTHBUILD programs all services and agreements will be null and void.

I understand that this authorization will be continuing until it is revoked in writing and such revocation is delivered to the CDSA YouthBuild office. I have read and understood the above information and will, under penalty of law, comply with all rules, regulations.



I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination from services.

 Signature of Applicant Date

 Signature of Parent or Guardian Date



EQUAL OPPORTUNITY STATEMENT

EQUAL OPPORTUNITY IS THE LAW

26 CFR Sec. 37-30

It is against the law for a recipient of federal financial assistance to discriminate on the following basis:

- ↔ Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief and;
- ↔ Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's Citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- ↔ Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- ↔ Providing opportunities in, or treating any person with regard to, such a program or activity; or
- ↔ Making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIA 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.

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 (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC Complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient.)

If the recipient does give you a written Notice of Final Action in 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.

Assurance Statement

As a condition to the award of financial assistance from the Department Labor, under Title I of WIA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- ↔ Title VI of the Civil Rights Act of 1964
- ↔ Section 504 of the Rehabilitation Act of 1973
- ↔ The Age Discrimination Act of 1975
- ↔ Title IX of the Education Amendments of 1972

Signature of Applicant

Date

Signature of Parent/Guardian

Date



Client Grievance: An expression of dissatisfaction relating to any service provided by Community Development Support Association, to include violation of civil rights, type of therapy, or other conditions.

It is the policy of the agency to ensure that clients receive fair and equitable treatment through provision of an easily accessible procedure for expressing and reconciling grievances and that clients feel free to use the procedure without fear of criticism or action being taken against them. CDSA will not discriminate against persons regardless of race, color, religion, age, sex, sexual orientation national origin, or political affiliation in the process of recruiting, appointing, promoting, demoting, evaluating, compensating, or removing employees.

- This policy has application to all services provided by Community Development Support Association.
- All time limits listed are business days.
- Grievance hearings are to be scheduled at mutually convenient times.
- New grievance issues not raised at Step I may not be raised by either party at Step II.
- All grievances must be treated with the utmost confidentiality by all persons involved.
- A written summary of the complaint and facts and information accumulated should be made by the staff person and the Executive Director at each step and forwarded to the Board of Directors, with copies of grievance appeals and responses.

Procedures

Informal Grievance — Every reasonable effort should be made by the staff person and client to resolve any questions, problems and misunderstandings that may arise.

- Accordingly, staff persons should immediately discuss any complaints or questions they may have with their immediate supervisor and are urged to initiate such discussions at the time the client expresses dissatisfaction or questions arise.
- The Executive Director and supervisors, in turn, should take positive and prompt action to answer client's questions and resolve complaints presented.
- These informal grievances must be in writing.



- The applicant or the representative of the applicant shall have access to records relevant to the appeal process.

Step I - Formal Grievance — If a client's problem has not been resolved after discussing it with the staff person, a grievance may be initiated with the Executive Director at Step I. These grievances must be in writing. To be accepted for consideration, a grievance must be initiated within ten (10) days following the date when the incident arose. For the AmeriCorps Program, the grievance must be filed within 1 year of the date when the incident arose.

The Executive Director arranges a meeting with the client and the staff person to discuss the complaint develops all the available facts and information relevant to the grievance and issues a decision within ten (10) days after receiving grievance. In cases where oral responses have been given the client, a memorandum summarizing the response should be prepared and forwarded to the aggrieved party.

Step II - Appeals — If a satisfactory resolution of the grievance is not reached at Step 1, the client may request that the grievance be appealed to the Board of Directors within seven (7) days after receiving the Step I decision; the grievance is considered settled on the basis of the Step I decision if such request is not presented. Upon receiving the grievance, in writing, the Board of Directors shall meet with the client at the next regularly scheduled Board meeting after receiving the grievance to hear the client's viewpoint. The Board of Directors written decision is presented to the aggrieved employee within five (5) days following the meeting, with copies to the Executive Director. This appeal, when presented to the Board of Directors, will be the final authority.

Board of Directors---With respect to grievance appeals, a quorum of Board of Directors shall suffice. The Executive Director and other ex-officio members of the Board of Directors shall vacate their seats during discussion of grievance matters.

Representation---Only the client, their personal representative, and persons designated by the Board may attend the Grievance Hearings.

- If any client fails to follow the grievance procedure, he or she will be directed by the Executive Director and/or Board of Directors to review the grievance procedure and to follow the procedure as written.
- If the grievance pertains to CDSA's Enid Supported Employment Program, staff and clients should follow the grievance procedure provided by the Office of Client Advocacy. Those procedures, as well as those described in CDSA's general client grievance policy and procedures, should be completed.

If the grievance pertains to CDSA's Workforce Investment Act program, and the client is not satisfied with the grievance procedure as stated in the Rights and Responsibilities they may contact:



- North Central Oklahoma Workforce Innovations and Opportunities Act Board
Staff to Board
1117 11th Street
Woodward, OK 73801
(580) 256-3308

For the YouthBuild Americorps program, the following processes take precedence over CDSA's client grievance policies as they are required by AmeriCorps:

Binding Arbitration: An aggrieved party may request binding arbitration if a grievance hearing decision is adverse or if no decision is made within 60 days of the filing of the grievance. The arbitrator must be independent and selected by agreement of the parties. If the parties cannot agree on the arbitrator, CDSA's Executive Director will appoint one within 15 calendar days after receiving a request from one of the parties. An arbitration proceeding will be held no later than 45 calendar days after the request for arbitration, or no later than 30 calendar days after the appointment of an arbitrator by the CDSA Executive Director. An arbitration decision will be made no later than 30 calendar days after the commencement of the arbitration proceeding. The cost of arbitration will be divided evenly between the parties, unless the aggrieved party prevails, in which case CDSA will pay the total cost of the proceeding as well as the prevailing party's attorney's fees.

All other grievances not satisfied by the grievance procedure would appeal to the appropriate state agency, including the Oklahoma Department of Commerce.

- Oklahoma Department of Commerce
900 N. Stiles Avenue
Oklahoma City, OK 73126-0980
(405) 815-6552

This is to certify that I have read and understand my rights regarding grievances.

Signature of Applicant

Date

Signature of Parent/Guardian

Date