

**WORKFORCE SOLUTIONS
Pre-Application**

- STEP 1.** Complete "WIOA Pre-Application" Form, make sure you read and sign the Orientation to Complaint Procedure on the backside.
- STEP 2.** Complete "Applicant Statement of Family Status" (If not on Food Stamps, SSI or TANF) Page #4
- STEP 3.** Gather the following documents:
- Social Security Card (No metal Cards)
 - Birth Certificate or other U.S. Residence Documents (I-551, I-151, I-94, I-688, etc.)
 - Proof of Selective Service Registration (Males 18 years of age or older born after January 1, 1960). You can register with us if you have not yet done so.
 - Proof of income for the past 26 weeks as of date of application. Recipients of TANF or Food Stamps need not bring in any income documentation. For wages, you may use check stubs or the Employment /Income Verification Form (provided at the center).
 - High School Diploma or School Transcript
 - I.D. (School, DPS, or Drivers License)
- STEP 4.** Fill out the Employment Work History, if you have never worked, indicate so by writing down "have never worked".
- STEP 5.** Complete the Telephone Back up Contacts form making sure you include the addresses for your contacts
- STEP 6.** Once you have completed and gathered all of the above documents, come and see us at the following location:
- Location:** _____
Date: _____
Time: _____
- STEP 7.** Make sure you bring all your original documents to the appointment.
- STEP 8.** The certification process should take about one hour; a parent or legal guardian must accompany you if you are under 18 and unmarried.

Note: Do not use any white out on the Employment/Income Verification or the Applicant Statement of Family Status forms.

We are available to answer any questions at our office located at:

Workforce Solutions
210 N. Smith (Jim Hogg Library)
Hebbronville, Texas
Mon.-Fri. 8:00 am to 5:00 pm
Phone (361) 231-7071
Fax (361) 231-7071

Workforce Solutions
2389 East Saunders
Laredo, Texas
Mon.-Fri. 8:00 am to 5:00 pm
Phone (956) 794-6500
Fax (956) 794-6505

Workforce Solutions
605 US Highway 83 Ste. B
Zapata, Texas
Mon.-Fri. 8:00 am to 5:00 pm
Phone (956) 765-1804
Fax (956) 765-1799

SECTION I – IDENTIFYING INFORMATION

1. Applicant Last Name: _____ First: _____ Middle: _____
 2. Social Security Number: _____ - _____ - _____ 3. Phone: (_____) _____
 4. Permanent Address/Box: _____ City/State/Zip: _____ County: _____
 5. Your Address/Box (if different): _____ City/State/Zip: _____ County: _____

SECTION II – INDIVIDUAL CHARACTERISTICS

6. Date of Birth: _____ Age: _____ Place of Birth: _____
 7. Sex: Male Female 8. Ethnic Group: White Black Hispanic Amer. Indian/Alaskan Native Asian Pacific Islander
 9. Are you a U.S. citizen? Yes No *If no, you must present proof of your Alien Registration/Eligible Non-Citizen Status.*
 10. Are you a Veteran? Yes No 11. Are you a Migrant Yes No 12. Are you disabled? Yes No *If yes, complete Section VII*
 13. Are you registered with the U.S. Selective Service? Yes No *(All males born on or after January 1, 1960, who have reached their 18th birthday must register with the U.S. Selective Service, you may register at TWC).*

SECTION III - EDUCATION

14. What is the highest grade level you have completed in school? _____
 15. Have you graduated from High School? Yes No *If No, Check one: Completed GED Still attending High School or below*
 16. Do you have a College Degree or Training Certificate? Yes No *If yes, what degree and what major* _____

17. List all persons (including yourself) living in your house who are related to you by blood, marriage, or adoption:

Name	SSN	DOB	Age	Relationship	Total Income (for last 6 months)	Where did the income come from?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

17a. Do you or your family receive Food Stamps? Yes No 17b. Do you or your family receive TANF? Yes No

SECTION IV – PLACEMENT INFORMATION

18. What skills do you possess? Typing (wpm) _____ Computer Language _____ Other _____
 19. What type of training would you prefer, such as: clerical, computer, etc. _____
 20. How would you like to be trained? (Check one or more) Vocational Classroom Training On-the-Job Training
 Basic Skills (reading/math) Classroom Training GED Training How to Search for Jobs Classroom Training
 21. Are other members of your family applying for these jobs? Yes No *If yes, who?* _____
 22. Have you been laid off in the past five years? Yes No 23. Have you ever been arrested? Yes No Convicted? Yes No

SECTION V – RELATIONSHIP TO BOARD MEMBERS AND TWC STAFF

24. Are you related to any elected Board Member or employee? Yes No or are you related to any TWC employee? Yes No
 If yes, to whom are you related? _____ What is his/her position? _____ How are you related? _____

SECTION VI – CERTIFICATE AND AUTHORIZATION

I (We) understand and agree that I (We) may be terminated from, or denied access to WIA program(s) as a result of incomplete or false information on this or any other form(s) used to determine my eligibility for WIA program(s). I (We) further understand and agree that this type of action may result in my (our) being fined, imprisoned or both, under U.S. Criminal Code.
 I (We) hereby give the Texas Workforce Center, permission to verify information that I (We) submit on any WIA application material(s). This includes but is not limited to permission to contact the U.S. Selective Service System to verify registration, if required and enter said registration on my behalf if I have not registered by my 18th Birthday.
 I (We) understand and agree that my (our) signature authorizes release of information and obtaining information pertaining to services in the WIA program, including but not limited to TAKS scores, grades, report cards, attendance reports, changes such as address, phone and etc...
 I (We) understand and agree that my (our) eligibility and continued eligibility, once placed in WIA program(s), is dependent upon availability of funds and approved contracts and agreements.
I, THE APPLICANT, VERIFY THAT I HAVE READ THE ORIENTATION TO COMPLAINT PROCEDURE ON THE REVERSE SIDE OF THIS AND THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENTS.
 I (We) certify that to the best of my (our) knowledge, the above information is complete, correct, and true.

Signature of Applicant _____ Date _____
 Signature of Parent or Legal Guardian, if applicable _____ Date _____

NOTE: Your parent or guardian must sign form if you are under 18 years of age. If you are under 18 years of age, your parents or guardian must also be with you when you are applying for WIA services. If you are married, this does not apply. DO NOT SIGN THIS FORM UNTIL YOU HAVE READ THE ORIENTATION TO COMPLAINT PROCEDURE ON THE REVERSE SIDE OF THIS FORM ALSO BE SURE YOU RECEIVE A COPY OF THIS FORM AFTER YOU SIGN IT.

SECTION VII

Individual with Disability: Yes, and a substantial barrier to employment.
 Yes, but not a substantial barrier to employment

EMPLOYMENT HISTORY WORKSHEET

IDENTIFYING INFORMATION

Applicant's Name: _____
Social Security Number: _____ / _____ / _____ Last First Middle Initial
Application Date: _____ / _____ / _____

EMPLOYMENT HISTORY (LIST MOST CURRENT JOB FIRST)

1.

Company Name _____ Supervisor's Name _____
Street Address _____ (Area Code) Telephone (_____) _____
City, State _____ Working Title _____
Starting Date ____/____/____ Ending Date ____/____/____ Duties _____
Average Wage/Hour: \$ _____ Average Hours/Week _____ Reason for Termination _____
Full-Time _____ Part Time _____

2.

Company Name _____ Supervisor's Name _____
Street Address _____ (Area Code) Telephone (_____) _____
City, State _____ Working Title _____
Starting Date ____/____/____ Ending Date ____/____/____ Duties _____
Average Wage/Hour: \$ _____ Average Hours/Week _____ Reason for Termination _____
Full-Time _____ Part Time _____

3.

Company Name _____ Supervisor's Name _____
Street Address _____ (Area Code) Telephone (_____) _____
City, State _____ Working Title _____
Starting Date ____/____/____ Ending Date ____/____/____ Duties _____
Average Wage/Hour: \$ _____ Average Hours/Week _____ Reason for Termination _____
Full-Time _____ Part Time _____

4.

Company Name _____ Supervisor's Name _____
Street Address _____ (Area Code) Telephone (_____) _____
City, State _____ Working Title _____
Starting Date ____/____/____ Ending Date ____/____/____ Duties _____
Average Wage/Hour: \$ _____ Average Hours/Week _____ Reason for Termination _____
Full-Time _____ Part Time _____

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
SELF-ATTESTATION OF FAMILY STATUS**

IDENTIFYING INFORMATION			
Job Seeker Name: _____			
	Last	First	MI
SSN: _____	_____	Application Date: _____	_____

To be completed by WIOA job seeker with Workforce Solutions Office Staff assistance:

For use in completing this form, the following definition applies:

FAMILY is defined as two or more individuals related by blood, marriage, or decree of court, who are living in a single residence and are included in one or more of the following categories:

- A married couple and dependents;
- A single individual, parent, or guardian, and dependents; or
- A married couple. In a situation in which a job seeker is claiming, for the purpose of defining his or her family, to be in a common-law marriage, written attestation must be obtained from both parties affirming the fact.

Please provide information regarding the job seeker's family as requested below (see instructions):

FAMILY MEMBER NAME(S)	RELATIONSHIP TO JOB SEEKER

Please complete the following information for family members not currently residing in the job seeker's residence (see instructions).

NAME	LOCATION	REASON

I attest that to the best of my knowledge the information above is true and correct.

(Signature of Job Seeker) _____
(Date)

CORROBORATING WITNESS – I attest that to the best of my knowledge the information above is true and correct.

Name _____	Signature _____
Street Address _____	City, State, Zip _____
Telephone Number _____	Relationship to Job Seeker _____

WORKFORCE SOLUTIONS FOR SOUTH TEXAS
WIOA
TELEPHONE BACK-UPS

To the applicant:

Please write your name and phone number on the blanks provides:

Name of applicant: _____

Social Security Number: _____

School currently attending: _____

List the name and phone number of two people, with a phone number different that yours, we can call in the event we need to contact you. Please list only people who are willing and able to forward a message to you in a timely manner.

BACK UP CONTACTS:

PRIMARY		
_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
Street Name	City/State/Zip	Phone

SECONDARY		
_____	_____	_____
First Name	Last Name	Relationship
_____	_____	_____
Street Name	City/State/Zip	Phone

**SOUTH TEXAS WORKFORCE DEVELOPMENT BOARD
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM
(29 CFR Part 38)**

This Orientation to Discrimination Complaint Procedures Form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

South Texas Workforce Development Board
500 E. Mann Rd. Suite B5
Laredo, TX 78041

Equal Opportunity (EO) Officer: Bertha Millan
Telephone Number: (956) 722-3973
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)

The South Texas Workforce Development Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001

Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of 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, 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: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. 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. If you file your complaint with the recipient, you must wait until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you 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.

PROCEDURES ON HOW TO FILE A COMPLAINT

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Applicant Signature _____

Printed Name _____

Date _____

AN EQUAL OPPORTUNITY EMPLOYER / PROGRAM
Auxiliary aids and services are available upon request to individuals with disabilities
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voice); 1-800-622-4954 (Español)

September 2017

**SOUTH TEXAS WORKFORCE DEVELOPMENT BOARD
FORMULARIO PARA LA ORIENTACIÓN A LOS PROCEDIMIENTOS DE QUEJA
DE DISCRIMINACIÓN (29 CFR Part 38)**

Este Formulario para la Orientación a los Procedimientos de Queja de Discriminación explica los procedimientos de queja de discriminación para los programas y los servicios mencionados administrados en el Local Workforce Development Area por el Workforce Development Board y sus contratistas:

**Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

RECIPIENTE DEL APOYO FINANCIERO FEDERALES:

South Texas Workforce Development Board
500 E. Mann Rd. Suite B5
Laredo, TX 78041

Oficial de Igualdad de Oportunidades (EO): Bertha Millan
Número telefónico: (956) 722-3973
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voz)

El South Texas Workforce Development Board (el Board) resolverá quejas de la igualdad de oportunidades de una manera justa y expedita. Se prohíben los actos de intimidación, de interferencia, de coerción, de la discriminación, o de la represalia hacia los denunciantes que ejercitan sus derechos de presentar una queja conforme a este procedimiento. Este procedimiento se aplica a todos los aspirantes y participantes que tengan causa para presentar una queja de la discriminación relacionada con las actividades o los programas administrados por el Board. Si tiene una queja de la igualdad de oportunidades referente a cualquiera de estos programas, puede presentar su queja oficial por escrito al Oficial de EO del Board o del contratista, como sea apropiado.

Después de que se haya recibido su queja de la igualdad de oportunidades, el oficial del EO le notificará del paso siguiente en el proceso de la queja. Mientras desea perseguir su queja, el Board o el contratista seguirá los pasos descritos abajo. Debe estudiar el procedimiento de queja de la discriminación cuidadosamente, y si se siente que los pasos requeridos no le están siguiendo, póngase en contacto con el oficial del EO. Recuerde que si se siente que no le están proporcionando bastante ayuda en cualquier etapa del proceso de la queja, usted debe ponerse en contacto con:

Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 504
Austin, TX 78778-0001

Números telefónicos:
512-463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voz)

LA IGUALDAD DE OPORTUNIDADES ES LA LEY

La ley prohíbe que este beneficiario de asistencia financiera federal discrimine por los siguientes motivos: contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto y las condiciones médicas relacionadas, y los estereotipos sexuales), el estatus transgénero y la identidad de género, origen nacional (incluyendo el dominio limitado del inglés), edad, discapacidad, afiliación o creencia política, o contra cualquier beneficiario, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Innovación y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título I de la WIOA. El beneficiario no deberá discriminar en los siguientes áreas: decidiendo quién será permitido de participar, o tendrá acceso a cualquier programa o actividad que recibe apoyo financiero bajo el Título I de la WIOA; proporcionando oportunidades en, o tratar a cualquier persona con respecto a un programa o actividad semejante; o tomar decisiones de empleo en la administración de, o en conexión a un programa o actividad semejante. Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas con discapacidades sean tan efectivas como las comunicaciones con los demás. Esto significa que, a petición y sin costo alguno para el individuo, los recipientes están obligados a proporcionar ayuda auxiliar y servicios para individuos con discapacidades calificadas.

Qué hacer si usted cree haber sido discriminado/a: Si cree haber sufrido discriminación en un programa o actividad con apoyo financiado a tenor del Título I de la WIOA, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, D.C. 20210. Si usted presenta una queja con el recipiente, usted debe esperar hasta que el recipiente emita una decisión final escrita o que pasen por lo menos 90 días (o que ocurra primero), antes de presentar una queja con el Centro de Derechos Civiles (CRC, por sus siglas en inglés) a la dirección mencionada previamente. Si el beneficiario no le entrega una decisión final escrita dentro de 90 días después de la fecha en que presentó su queja, usted puede presentar su queja con el CRC antes que reciba la decisión final. Sin embargo, es necesario presentar su queja con el CRC dentro de 30 días después de la fecha límite de 90 días (en otras palabras, dentro de 120 días después de la fecha en que presentó la queja con el recipiente). Si el recipiente emite una decisión final escrita, pero usted no está satisfecho con el resultado o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja con el CRC dentro de 30 días después que reciba la decisión final escrita.

INSTRUCCIONES DETALLADAS PARA CLASIFICAR UNA QUEJA

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) y TRADE READJUSTMENT ALLOWANCES (TRA):

Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del Título I de la WIOA o TAA/TRA, puede presentar una queja dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. Si presenta su queja con el destinatario de asistencia federal o su contratista, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al CRC. Si el destinatario de asistencia federal no le entrega un Aviso de Acción Definitiva por escrito dentro de los 90 días de la fecha de presentación de su queja, usted puede presentar una queja con el CRC. La queja CRC debe presentarse dentro de los 30 días del vencimiento del plazo de 90 días, es decir, dentro de 120 días a partir de la fecha en que presentó su queja con el destinatario. Si éste le entrega un Aviso de Acción Definitiva por escrito con respecto a su queja y usted sigue conforme con la decisión o resolución, puede presentar una queja con el CRC. Hay que presentarla con el CRC dentro de los 30 días subsiguientes a la fecha en que recibió el Aviso de Acción Definitiva.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):

Si cree haber sufrido discriminación en un programa o actividad a tenor TANF/Choices y/o Child Care Services (CC) que recibe asistencia financiera federal, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con la Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Si cree haber sufrido discriminación en un programa o actividad a tenor de la CC que recibe asistencia financiera federal de USDA, puede proponerse en contacto con el U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. Si presenta su queja con el destinatario de asistencia federal, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al U.S. Dept. of Health and Human Services.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):

Si cree haber sufrido discriminación en un programa o actividad con apoyo financiero a tenor del programa SNAP E&T, puede presentar una queja, dentro de los 180 días subsiguientes a la fecha de la supuesta infracción, con el Oficial de Igualdad de Oportunidades del destinatario de asistencia federal (o la persona designada por el destinatario para ese efecto), o bien, con el U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al 202-260-1026. Si presenta su queja con el destinatario de asistencia federal o su contratista, tendrá que esperar a que éste le expida un Aviso de Acción Definitiva por escrito, o hasta transcurridos 90 días (en el más temprano de las dos fechas) antes de presentar su queja al U.S. Dept. of Agriculture.

Favor de no firmar sin haber leído este aviso y haber comprendido su contenido.

Por mi firma abajo, reconozco esta orientación al procedimiento de queja de la discriminación y la declaración con respecto a que la igualdad de oportunidades es la ley. Afirmo que he leído el Formulario para la Orientación a los Procedimientos de Queja de Discriminación y que me han dado la oportunidad de hacer preguntas acerca de su contenido. Entiendo que el formulario One-Stop no es solicitud para trabajo; se utiliza para determinar mi elegibilidad para recibir servicios de programa y para cumplir con requisitos federales de información. Entiendo también que la falta de proporcionar la información pedida puede evitar que reciba servicios.

Firma del solicitante

Nombre en letra de molde

Fecha

EMPLEADOR CON IGUALDAD DE OPORTUNIDAD DE EMPLEO/PROGRAMAS
Ayudas auxiliares y servicios están disponibles a petición para individuos con incapacidades
Relay Texas: 1-800-735-2989 (TTY); 1-800-735-2988 (Voz); 1-800-622-4954 (Español)

Septiembre 2017