

## Comprehensive Case Management & Employment Program



### Youth & Young Adults Ages 14-24!

CCMEP takes a holistic case management approach to stabilizing individuals and families by addressing a variety of factors including health, addiction/substance abuse issues, housing, education, transportation and more. In conjunction with supportive services, CCMEP will provide access to employment and training services, including career counseling and job placement. Our goal is to improve employment and education outcomes for youth and young adults by helping them overcome barriers to employment and develop the successful skills local employers seek.

If you believe you or someone you know may need case management services or have barriers towards self-sufficiency, please complete the attached application for services. After we receive your application, a case manager will contact you to set up an appointment to determine eligibility for the program.

**We will need the following verifications to determine CCMEP eligibility. Please attach with application if able:**

- ☐ Completed application with all signatures (parent/guardian signature required if youth is a minor)
- ☐ Proof of age/birthday (Birth Certificate)
- ☐ Proof of citizenship status (Social Security Card)
- ☐ Proof of school status (report card, transcripts, diploma, etc.)
- ☐ Register with OhioMeansJobs.com and provide proof account creation
- ☐ Complete Mathematics Practice WorkKeys on OhioMeansJobs

**Other miscellaneous documents that may be requested:**

- ☐ Proof of household income
- ☐ Proof of Selective Service registration (dependent on gender and age)

Applications may be dropped off in our OhioMeansJobs Center at 253 South Chestnut Street, Ravenna, Ohio 44266, or sent via email to [Carly.Spencer@jfs.ohio.gov](mailto:Carly.Spencer@jfs.ohio.gov) If you have any questions, or would like further information regarding the program, please contact 330-297-3719.



Ohio Department of Job and Family Services  
**CCMEP WIOA YOUTH & CCMEP TANF PROGRAM ELIGIBILITY APPLICATION**

**SEEKER ID**

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alternate Phone Number (###) ### - ####		
Emergency Contact	Contact Person's Phone Number (###) ### - ####		
Applicant Email Address	Date of Birth	Gender at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	

**Demographic & Education Information**

<p><b>1. What is your ethnicity?</b>  <input type="checkbox"/> Latino <input type="checkbox"/> Not Latino <input type="checkbox"/> Prefer not to answer</p> <p><b>2. Citizenship: (check all that apply)</b>  <input type="checkbox"/> US Citizen  <input type="checkbox"/> Registered Alien  <input type="checkbox"/> Refugee  <input type="checkbox"/> Other Legal Alien  <input type="checkbox"/> Other _____</p> <p><b>3. What is your race? (check all that apply)</b>  <input type="checkbox"/> Black/African American <input type="checkbox"/> White  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian / Alaska Native  <input type="checkbox"/> Hawaiian Islander / Other Pacific Islander  <input type="checkbox"/> Other _____</p> <p><b>4. Are you legally restricted from using a computer?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>5. Relationship Disclosure - Do you have a business or personal relationship with any individual who is a:</b>  <ul style="list-style-type: none"> <li>• Local elected official (mayor or county commissioner);</li> <li>• Workforce Development Board member or subcommittee member;</li> <li>• WIOA executive, supervisor or employee;</li> <li>• OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or</li> <li>• County employee?</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, provide name: _____       </p>	<p><b>6. What is your education level?</b>  <b>Highest grade completed:</b> _____  <input type="checkbox"/> Current high/junior high school student  <input type="checkbox"/> Withdrew from high school, no HS diploma  <input type="checkbox"/> Completed 12<sup>th</sup> grade, but no HS diploma  <input type="checkbox"/> Obtained certificate of equivalency for high school diploma  <input type="checkbox"/> High school graduate  <input type="checkbox"/> Some post high school education, no degree  <input type="checkbox"/> College degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters/Prof.       </p> <p><b>7. Do you have work experience in Agriculture within the last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>8. What is your education status?</b>  <input type="checkbox"/> I am not a student  <input type="checkbox"/> I am a student at a college or technical school  <input type="checkbox"/> I am a student in a HS equivalency program  <input type="checkbox"/> I am a high school student, at grade level  <input type="checkbox"/> I am a high school student, behind grade level       </p> <p><b>9. Have you served in the US Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, what are your active duty dates: _____ to _____       </p> <p><b>10. Are you a Spouse of a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>11. Are you a Homeless Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>12. Do you hold a valid Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, Type/Class:  <input type="checkbox"/> Non-Commercial (D)          or  <input type="checkbox"/> CDL: <input type="checkbox"/> A; <input type="checkbox"/> B; <input type="checkbox"/> C       </p>
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**Part A. WIOA Information**

<p><b>1. Are you interested in an Apprenticeship?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>2. Have you registered for Selective Service (for males 18 or older)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt          If YES, SSR #: _____</p> <p><b>3. Are you enrolled in ASPIRE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4. Have you received OWF for one or more years?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>11. Have you taken a recent math/reading assessment?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>12. Do you use recreational drugs or drink regularly?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>13. Are you a single parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>14. What is your native or primary language?</b> _____</p> <p><b>15. Do you think you have a cultural barrier that might hinder employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16. Are you homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>5. Are you a public assistance recipient (cash/food)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you enrolled in Vocational Rehab through OOD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you receiving SNAP Employment and Training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: <input type="checkbox"/> physical; <input type="checkbox"/> mental; <input type="checkbox"/> learning</p> <p>9. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>17. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Are you a parent (including noncustodial)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Are you/have you received a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Is your family eligible to receive free/reduced-price lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**WIOA Income Eligibility (If needed)** - This section determines income eligibility. If you are an in-school youth (i.e., attending high school or a post-secondary program), do not complete if you are homeless, a runaway, or a foster youth. If you are not attending, school only complete if your case manager requests you to do so.

1. Please answer the following questions if you are 18 or older\*.

Do you provide more than 50% of your own support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you married or separated but not divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own residence or in a residence without support from a parent(s) or a guardian(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been, or are you a member of, a family who received public cash or food assistance in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If you answered "YES" to any question directly above, you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility.

2. Only complete the next section if you are attending school (high school or college/technical school) or your case manager asks you to.

Including yourself, who is in your household? What is their relationship to you? What is their average monthly income? (Your case manager can let you know the timeframe to consider.) If you have a disability, only include your personal income.

Household Members Average Monthly Income for the past ( ) months				
Name	Age	Relationship	Hourly / Weekly Wage	Average Monthly Income
		Self		
Total				

**Part B. TANF Funding Eligibility** - This section determines eligibility for TANF-funded services.

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP? ☐ Yes ☐ No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

Household Members Monthly Income			
Name	Relationship	Hourly / Weekly Wage	Monthly Income
	Self		
Total			

5. Do you have a child under age 18 or 18 who is attending high school full-time? ☐ Yes ☐ No  
Number of children \_\_\_\_\_ Oldest child age \_\_\_\_\_
6. Are you one of the following (*check all that apply*): ☐ a minor child (including age 18 attending high school full-time); ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote? ☐ Yes ☐ No ☐ N/A (age 16 or under)

**Acknowledgement**

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

☐ I have received a copy of the JFS Form 08063 "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)".

**Parent/Guardian Signature:**

Parent/Guardian Signature ( <i>If applicant is under age 18**</i> )	Date
Applicant Signature	Date



**TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:**

**WIOA Funding Eligibility Determination:**

Is the individual ☐ In-School (ages 14-21) OR ☐ Out-of-School (ages 16-24)

Does the youth need to be low income based on their school status and/or barriers to employment/education?

☐ Yes ☐ No

If youth needs to be **low-income**, do they meet this requirement (if youth has disability, only the youth's income is counted)? ☐ Yes (Check all that apply) ☐ No

☐ At or below 100% of FPL

☐ At or below 70% lower living standard (LLSIL). Customer receives or is a member of a family that receives (currently or in the past six months) one of the following TANF, SNAP, SSI, Other public assistance

☐ Receives or is eligible to receive free or reduced-price lunch (the family not entire school building)

☐ Lives in a high-poverty census tract/area.

☐ Foster Child

☐ Homeless

☐ 5% low-income exception (use only if youth does not meet low-income but has barriers and needs assistance)

If in-school, is the individual low-income and do they have at least one of the documented barriers to employment?

☐ Yes (Check all that apply below) ☐ No

☐ Is basic skills deficient

☐ Is an English language learner

☐ Is an offender

☐ Is a homeless individual, homeless child or youth, or a runaway (Describe: \_\_\_\_\_)

☐ Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption

☐ Is pregnant or parenting

☐ Is an individual with a disability

☐ Needs additional assistance to complete an educational program or to secure or hold employment (check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:

If out-of-school, does the individual have at least one of the below documented barriers to employment?

☐ Yes (Check all that apply below) ☐ No

☐ School dropout

☐ School age youth that has not attended school for at least the most recent school quarter

☐ Individual subject to the juvenile or adult justice system

☐ Homeless/Runaway

☐ Foster Care/aged out of foster care

☐ Pregnant/parenting

☐ Disabled

☐ Needs additional assistance and is low-income as defined by your local area policy and is low-income (check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months) Applicable policy:

☐ Youth who received HS diploma or equivalent, is low-income and is:

☐ English language learner

☐ Basic Skills deficient

Is the individual authorized to work in the United States? ☐ Yes ☐ No

If the individual is a male over age 18, has he registered for Selective Service? ☐ Yes ☐ No

What is the documented reason for youth eligibility? (Select one)

☐ Family Assistance (SNAP/TANF/SSI) received in past six months

☐ Family income does not exceed poverty line or 70% of LLSIL

☐ Homeless, Homeless child/youth

☐ Received or eligible to receive free/reduced lunch

☐ In foster care or aged out of foster care

☐ Individual with a disability

☐ Living in a high poverty area

☐ 5% low-income exception

**Youth barriers documentation:**

- ☐ Is basic skills deficient
- ☐ Is an English language learner
- ☐ Is an offender
- ☐ Is a homeless individual, homeless child or youth, or a runaway
- ☐ Is an individual in foster care, has aged out of the foster care system, or has attained 16 years of age and left foster care for kinship guardianship or adoption?
- ☐ Is pregnant or parenting
- ☐ Is an individual with a disability
- ☐ Needs additional assistance to complete an educational program or to secure or hold employment (*check local workforce policy for local definition. State defines this as including individuals receiving or are in a family receiving TANF, SNAP etc. in last 6 months*)

**WIOA Funding Eligibility Decision:**

- ☐ WIOA In-School Youth Program eligible and *low income* (Note: 25% limit on expenditures for ISY)
- ☐ 5% low-income exception for WIOA
- ☐ 5% needs additional assistance In-School Youth (Note: 5% limit for In-School Youth)  
*Describe:* \_\_\_\_\_
- ☐ WIOA Out-of-School Youth Program eligible – low income not required
- ☐ WIOA Out-of-School Program eligible (*low income required and barrier(s):* \_\_\_\_\_)
- ☐ Eligible In-School Youth;      ☐ Eligible Out-of-School Youth;  
or
- ☐ Ineligible for WIOA Funding

Signature of WIOA Eligibility Staff

Date

**TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:**

**TANF Funding Eligibility Determination:**

Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment? ☐ Yes    ☐ No    **If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF.**

If the individual is receiving cash assistance, they are automatically **eligible**.

If the individual is receiving SNAP, the individual automatically meets the **income requirement**.

Is the household's monthly income under 200% of the Federal Poverty Guidelines? Please refer to section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination.    ☐ Yes    ☐ No

Does the individual have a child under age 18?    ☐ Yes                      ☐ No

Is the individual one of the following (*check all that apply*): ☐ a minor child; ☐ a parent, specified relative, legal guardian or legal custodian of a minor child; ☐ a non-custodial parent; ☐ a pregnant individual; or ☐ an individual age 18-24 that is part of a family that includes a minor child?    ☐ Yes                      ☐ No

**TANF Funding Eligibility Decision:**

- ☐ TANF Funding Eligible; ☐ OWF work eligible; ☐ OWF volunteer; ☐ PRC
- or
- ☐ Ineligible for TANF Funding

Signature of TANF Eligibility Staff

Date

**\*\* If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent/guardian did not sign.**





## Authorization to Obtain Social Security Number

<b>Client Name:</b>	<b>Today's Date:</b>
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**Purpose:** The purpose of this release is to allow Portage County Job & Family Services/OhioMeansJobs Portage County to determine CCMEP, Adult & Dislocated Worker and WIOA Adult eligibility for federal grant purposes only.

**Authorization for Use/Disclosure of Social Security Number:** I voluntarily sign this release of information to grant permission for Portage County Job & Family Services/OhioMeansJobs Portage County and the Case Manager or Jobs Counselor to (please check one):

- ☐ **OBTAIN** Social Security Number (by granting permission to obtain your social security number, we may ask for proof, such as a copy of your social security card)
- ☐ **REFUSE** Social Security Number (if you decline to provide a SSN, the local area will assign a temporary alternative identifying number. This number will be used for identification during subsequent visits to the OhioMeansJobs center or for program-funded activity tracking)

**REDISCLASURE:** I understand that Portage County Job & Family Services/OhioMeansJobs Portage County cannot guarantee that the recipient of any shared information will not disclose that information to a third party. That third party may not be required to abide by this authorization or applicable federal and state law governing the use and disclosure of health and other information. Redisclasure of my records by those receiving the information may be accomplished without my further written authorization and may no longer be protected.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date





Department of Job & Family Services  
253 S. Chestnut St. Ravenna, Ohio 44266



Authorization for Release of Information

Client Name:	SSN:
DOB:	School Attending:

**Purpose:** The purpose of this release is to allow PCJFS/OMJ Portage to obtain and disclose any necessary information that is relevant to assisting the above name individual and their family with moving toward self-sufficiency. This includes, but is not limited to sharing of medical records, treatment plans, legal issues and other sensitive social service documentation.

**Authorization for Use/Disclosure of Information:** I voluntarily sign this release of information to grant permission for PCJFS/OMJ Portage and the JOBS Case manager to (please check all that apply):

- ☐ MEET with youth (named above) during school hours
- ☐ OBTAIN (please release information to PCJFS/OMJ PORTAGE)
- ☐ DISCLOSE (share my information with others)
- ☐ EXCLUSIONS (list anyone who you do NOT want us to contact or share information with): \_\_\_\_\_

Any information that pertains and is relevant to assisting me with moving toward self-sufficiency that may include job search, training, placement and in obtaining supportive services. I understand that the information being shared could include information containing medical and other sensitive records. I understand my right to privacy and hereby waive it solely for the above purposes. I certify that this request has been made freely and voluntarily. I may revoke this authorization in writing, at any time except to the extent that action has already been taken. PCDJFS/Portage OMJ may contact and share information with any of the following:

- ABLE
- Service Providers outlined under CCMEP contracts
- Prospective Employers, WEP worksites
- Law Enforcement Agencies and Probation Officers
- Ohio Bureau of Employment Services (ODJFS)
- Health Department, Help Me Grow Programs
- Legal Aid
- Battered Women's Shelter
- Housing Agencies (PMHA, FCS, Shelters)
- Mental Health and Substance Abuse Treatment Facilities (FCS, Coleman, Townhall II)
- JFS/OMJ Employees and Partner Staff
- Other: \_\_\_\_\_

**REDISCLOSURE:** I understand that PCDJFS/OMJ Portage cannot guarantee that the recipient of any shared information will not disclose that information to a third party. That third party may not be required to abide by this authorization or applicable federal and state law governing the use and disclosure of health and other information. Redisclosure of my records by those receiving the information may be accomplished without my further written authorization and may no longer be protected.

**TERM:** I understand that this release of authorization will terminate (1) automatically one year from the date signed below; (2) on \_\_\_/\_\_\_/\_\_\_ (date supplied by client); (3) when a written notice of request to revoke authorization is received; (4) at any time the client discontinues service.

Participant

Date

JOBS Case Manager

Date





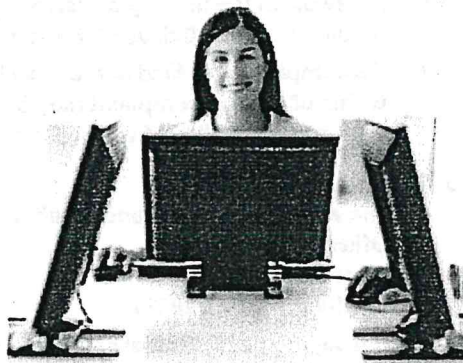


## Department of Job and Family Services

TO STRENGTHEN OHIO'S FAMILIES WITH SOLUTIONS TO TEMPORARY CHALLENGES

# Your Complaint Rights Under the Workforce Innovation and Opportunity Act (WIOA)

Although there are some differences in the established timelines for the processing and resolution of the three types of complaints, it is both the implicit and express interest of this agency that all persons and/or organizations filing complaints shall be afforded fairness and due process in the investigation and resolution of their charges.



As an individual or entity you have certain rights regarding services you have received through the WIOA program. These include the right to file a complaint. There are three types of complaints that can be filed and they must be done within certain time frames.

### **WIOA Program Complaint –**

You feel a program rule or process was not properly applied to your situation.

### **Discrimination Complaint –**

You feel you have been discriminated against based on your race, age, religion, national origin, sex, political affiliation or belief, age, disability, or citizenship status, as a lawfully admitted immigrant authorized to work in the United States.

### **Fraud and Abuse Complaint –**

You believe you have information exposing fraudulent activity or abuse of the program.

## **How Do I Resolve It?**

- A WIOA Program Complaint can be taken to three levels, at any of which it can be resolved.
- First – At the Local level with the WIOA agency you are working with
  - Must file within 1 year from date of incident
  - Upon filing the complaint, an informal conference will be held within 10 days



Northeast Ohio Consortium Council of Governments  
385 Center Street, Suite 100  
Chardon, Ohio 44024  
P| 440.285.5842 F| 440.285.4301  
Area19WIB@neohio.twcbc.com

## Any Questions?

Please contact:

**ODJFS, Office of Employee  
and Business Services,  
Bureau of Civil Rights**  
30 East Broad Street,  
30th floor  
Columbus, OH 43215-3414  
(866) 227-6353

For more detailed information  
on each step please visit:  
[http://jfs.ohio.gov/owd/  
WorkforceProf/Policy\\_Info.stm](http://jfs.ohio.gov/owd/WorkforceProf/Policy_Info.stm)

John R. Kasich,  
Governor, State of Ohio

Cynthia C. Dungey,  
Director, Ohio Department of  
Job and Family Services

JFS 08063 (Rev. 7/2015)

An Equal Opportunity  
Employer and Service Provider

- If no informal resolution, a formal hearing will be held and a decision rendered within 60 days of the filing date
- Decision may be appealed to the State
- o **Second – At the State level**
  - File with Ohio Department of Job & Family Services (ODJFS)  
Office of Workforce Development  
4020 E. Fifth Avenue  
Columbus, OH 43219
  - A state appeal of the local hearing decision must be filed within 10 days of that decision
  - A Review of the hearing decision will be conducted and a decision rendered within 60 days of the state appeal filing date
  - If a complaint was filed at the local level and no decision was rendered within 60 days, a complaint may be filed directly at the state level within one year of the date of original incident
- o **Third – At the Federal level**
  - File with U.S. Department of Labor (DOL)  
Office of the Secretary  
Attention: ASET  
Washington, D.C. 20210
  - If resolution of the initial complaint is not achieved at the local or state level, a final appeal may be made at the federal level
- **A Discrimination Complaint**
  - o File with:  
Ohio Department of Job & Family Services  
Office of Employee and Business Services, Bureau of Civil Rights  
30 East Broad Street, 30th Floor  
Columbus, OH 43215-3414 (866) 227-6353
  - o May also file with:  
U.S. Department of Labor  
Civil Rights Center  
200 Constitution Ave., N.W., Room N-4123  
Washington, D.C. 20210
  - o Must be filed within 180 days of the discriminatory act or treatment
  - o The complaint will be reviewed and, if accepted, the opportunity for Alternative Dispute Resolution must be provided. If there is no resolution through the alternative dispute resolution process then the Bureau of Civil Rights will investigate.
  - o A Final Report must be issued within 90 days from the complaint receipt date
- **Fraud and Abuse Complaints must be filed with the Department of Labor's Incident Reporting System**
  - o U.S. Department of Labor Office  
Office of Inspector General, Office of Investigations  
200 Constitution Ave, NW. Room S 5514  
Washington, D.C. 20210



Ohio Department of Job and Family Services  
**CCMEP PARTICIPANT RELEASE REQUEST**

By signing this acknowledgment and release, I confirm that the information I provide(d) to enroll in the Comprehensive Case Management and Employment Program (CCMEP) is accurate. I understand that if I provide(d) inaccurate information, my CCMEP services may be terminated.

As part of my enrollment in CCMEP, I give my consent for the County Department of Job and Family Services, OhioMeansJobs Center, Ohio Department of Job and Family Services, Opportunities for Ohioans with Disabilities, Ohio Department of Developmental Disabilities, other partner agencies, and their employees, agents, and contractors (hereafter referred to as "CCMEP Facilitators") to share information about me to provide me with CCMEP services. This includes assessment(s), goal and service plan(s), career coaching, and other services while I am enrolled and for one year after I leave CCMEP, to help me reach and maintain my goals.

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- ☐ ***I have received the JFS Form 08063, "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)," advising me of my rights.***
- ☐ ***I give my permission for CCMEP Facilitators to take and use photographs and images of me.***  
This permission includes the use of photographs and images of me in all media, whether in print or electronic form, for the promotion of CCMEP or any other purpose. I agree that I will not have the chance to approve the finished product(s) or copy used. I agree to release and hold harmless CCMEP Facilitators, their successors, agents, contractors, employees, and assignees, from any and all claims arising from the use and publication of my photographs or images.
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I read this release before signing, and I am familiar with its contents.

Participant First and Last Name	
Signature of Participant	Date
Address (Include City, State and Zip Code)	

Ohio Department of Job and Family Services  
**CCMEP PARENTAL RELEASE REQUEST**

By signing this release, I confirm that I am the parent or legal guardian of the following minor (thereafter referred to as they, their, them): \_\_\_\_\_ and that the information I provide(d) to enroll them in the Comprehensive Case Management and Employment Program (CCMEP) is accurate. I understand that if I provide(d) inaccurate information, then their CCMEP services may be terminated.

As part of their enrollment in CCMEP, I authorize the County Department of Job and Family Services, OhioMeansJobs Center, Ohio Department of Job and Family Services, Opportunities for Ohioans with Disabilities, Ohio Department of Developmental Disabilities, other partner agencies, and their employees, agents, and contractors (hereafter referred to as "CCMEP Facilitators") to share information about the minor named above to provide them with CCMEP services. This includes assessment(s), goal and service plan(s), career coaching, and other services while they are enrolled and for one year after they leave CCMEP, to help them reach and maintain their goals.

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- ☐ ***I confirm their receipt of the JFS Form 08063, "Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)."***
- ☐ ***I give permission for the CCMEP Facilitators to take and use photographs and images of them.*** This permission includes the use of photographs and images in all media, whether in print or electronic form, for the promotion of CCMEP or any other purpose. I agree that I will not have the chance to approve the finished product(s) or copy used. I agree to release and hold harmless CCMEP Facilitators, their successors, agents, contractors, employees, and assignees, from any and all claims arising from the use and publication of their photographs or images.
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I read this release before signing, and I am familiar with its contents.

Participant First and Last Name	
Participant's Parent or Guardian First and Last Name	
Signature of Participant's Parent or Guardian	Date
Address (Include City, State and Zip Code)	
Relationship to Minor	

**Staff Note:** If you are unable to get a parent/guardian signature, please enter a case note about your attempt to get a parent/guardian signature and have the participant sign JFS 03010.

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call (877) 767-6446.

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

**Numbers 1 and 2 below are required by law.** You must answer both of the questions for your registration to be processed.

## Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

## Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**


I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No

2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office		6. ZIP Code
7. Additional Mailing Address (if necessary)			8. County (where you live)		
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)			11. Phone Number (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		County		State	
13. CHANGE OF NAME ONLY Former Legal Name			Former Signature		
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.					

**Your Signature**        **Date**

(MM/DD/YYYY) \_\_\_\_\_

**FOR BOARD  
USE ONLY**  
SEC4010 (rev. 4/15)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.



**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [www.OhioSecretaryofState.gov/boards.htm](http://www.OhioSecretaryofState.gov/boards.htm)

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling (877) 767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call (877) 767-6446.

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FELONY OF THE FIFTH DEGREE.**