



careersourcefloridacrown.com

February 14, 2024

Dear Applicant,

Attached is the Summer Youth Employment Program packet. This program is aimed at providing youth ages 16-19 who have not graduated with viable work experience that can be used to further their future goals.

If you are in the program, please review and complete the attached application and backup documentation. We ask that you write legibly and use either BLUE or BLACK pen. If parents are employed, please provide one month of current paystubs for the household. The completed application, with applicant and parent signature, must be returned to our office by May 10, 2024, at 4pm. This also includes all other documents within the packet. No applications will be accepted after this date. Incomplete applications will not be considered for the program.

If you have any questions, please feel free to contact Elizabeth Wetherington or Mini Bare at (386)755-9026 at the extensions, 3132 or 3102.

**Must Be Fully Registered in Employ Florida for your Application to be Considered for the Program.**

*Solutions that work for you*  
A proud partner of the

AmericanJobCenter

An equal opportunity employer/program.  
Auxiliary aids and services available upon request.

P: 386.755.9026 | f: 386.487.1218  
TTY via the Florida Relay Service 711





SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION 2024

NAME \_\_\_\_\_

E-Mail \_\_\_\_\_ Parent E-mail \_\_\_\_\_

CURRENTLY ATTENDING SCHOOL FULL TIME? YES NO

VOCATIONAL TRAINING COURSES \_\_\_\_\_

How do you identify? Circle one Male Female Other

Do you have basic computer skills? Yes No

Do you need childcare assistance? Yes No

Do you have reliable transportation? Yes No

Do you have attire that is suitable for job interview? Yes? No

Do you have any limitations that would prohibit you from working in this program? If so, please list

Please circle race	
WHITE	1
BLACK	2
HISPANIC	3
AMERICAN INDIAN/ALASKAN NATIONAL	4
ASIAN/PACIFIC ISLAND	5
OTHER	6

EMPLOYMENT EXPECTATIONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

WHAT ARE YOUR PLANS FOR FALL 2023?

- A. ATTEND SCHOOL/COLLEGE
- B. ATTEND VOCATIONAL SCHOOL
- C. LOOK FOR WORK
- D. OTHER (explain) \_\_\_\_\_

PRIOR WORK HISTORY: (NOTE ADDITIONAL WORK HISTORY ON BACK OF THIS PAGE)

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

WRITE A SHORT PARAGRAPH OUTLINING ANY INFORMAL WORK EXPERIENCE YOU MAY HAVE HAD SUCH AS BABY-SITTING, YARD WORK, ETC.

All statements I have provided in completing this Summer Youth Program Application is true to the best of my knowledge. I understand that willful misrepresentation on my part will result in immediate dismissal from the Summer Youth Program.

X \_\_\_\_\_  
APPLICANT SIGNATURE DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN NAME

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN PHONE NUMBER

\_\_\_\_\_  
Staff Signature Date

# TANF SYEP 2023 ELIGIBILITY FORM

Summer Youth Employment Program			
<b>Participant's Name:</b>		<b>SSN:</b>	
If no SSN, was proof of SSN application provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the participant a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If no, is the participant a Qualified Non-Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEMOGRAPHIC INFORMATION			
Family Size:	Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			
City:	State:	ZIP Code:	
Phone Number: ( )	Alternate Number: ( )		

## ELIGIBILITY CATEGORIES-ENROLLMENT BENCHMARKS

**Purpose 1:** Assist needy families so that children can be cared for in their homes  Yes  No

**Eligibility Criteria:**

- In a family receiving Temporary Cash Assistance
- Residing in the home of a parent
- Residing in the home of a caretaker

**Documentation Criteria:** Florida Screens Required

- AIHH
- AIID
- AIIM
- ARDT
- IQCH

**Purpose 2:** Reduce the dependency of needy parents by promoting job preparation, work, and marriage  Yes  No

**Eligibility Criteria:**

- Participant's family income does not exceed 200% of the Federal Poverty Level

**Documentation Criteria:** Check all that apply

- Tax Returns
- Pay Stubs-Last 30 Days
- Employment Verification Form
- Unemployment Verification
- Other \_\_\_\_\_
- Free & Reduced Lunch Verification

### 2020 Federal Poverty Level 200%

Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
1	\$25,760	5	\$62,080
2	\$34,840	6	\$71,160
3	\$43,920	7	\$80,240
4	\$53,000	8	\$89,320

**Note:** For families/households with more than 8 persons, add \$4,540 for each additional person

### PRIVACY ACT STATEMENT

I understand that I am required by law to provide my social security number(s) (SSN) or proof that I have applied for a social security number, if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act, Section 1137. The SSN is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

I understand that if I do not have a SSN and I do not know how to apply for one, I can request help from the CareerSource Center or other program provider.

I understand that my SSN will be used to associate all records to my identification, including program participation and the receipt of benefits/services.

**Participant: (Signature)** \_\_\_\_\_ **(if 18 or older) Date:** \_\_\_\_\_

**Parent/Guardian: (Signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LWDB Staff: (Print)** \_\_\_\_\_ **Phone Number: ( )** \_\_\_\_\_

**LWDB Staff: (Signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711



# Request for TANF Funds/Eligibility Determination – 2023/2024

**Eligibility Requirement:** To be eligible for the TANF funds: the child/family income must be less than 200% of the federal poverty level; the child must be living in the home of a parent or other specified relative; the individual must be a United States citizen or qualified non-citizen; and the child/family must be residing in Florida.

**Region/Lead Agency:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_  
(Enter Region name [or name of Lead Agency servicing the area] in which child/family reside) (Date Form Initiated)

**Table 1: Information on Children and Adults in Household.**

	Name	Social Security #	Date of Birth	Citizen or Qualified Non-citizen
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

- 1) Is (are) child(ren) living with a parent or other specified relative?  
 YES If Yes, continue with item #2; list name of relative and relationship to child:  
 NO If No, child is not eligible for TANF.
- 2) Is (are) child(ren) residing in Florida?  
 YES If Yes, continue with item #3.  
 NO If No, child is not TANF eligible.
- 3) Is the family currently receiving temporary cash assistance under WAGES or the Relative Caregiver Program?  
 YES If Yes, *financial criteria met*; submit to supervisor/designee for TANF eligibility determination.  
 NO If No, continue with item #4.
- 4) Family Income. Information obtained from:  
 Parent/Relative (check one):  Self declaration or  Documented: \_\_\_\_\_  
List documentation [i.e., pay stub, etc.]  
 Collateral Source: \_\_\_\_\_  
List the source

*Using information obtained from the parent or specified relative or through available/collateral contact information, make the "best determination possible" of the family's gross income. When income information is not obtained from the family, it may be obtained from the employment history of responsible adults or any prior determination of eligibility for public assistance [i.e., Food Assistance, Temporary Cash Assistance (WAGES), etc.]*

If Item #4 above is checked, this section must be completed: Determine: (A) What is the family size? \_\_\_\_\_  
 (B) Estimated Family Income: \$ \_\_\_\_\_ per  month  year

**Table 2: 200% of the FPL by family size (effective date: July 1, 2023\*)**  
 (For households larger than 10, add \$857 per month or \$10,280 per year for each additional household member.)

HOUSEHOLD SIZE AND FAMILY INCOME										
Household size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$2,430	\$3,287	\$4,144	\$5,000	\$5,857	\$6,714	\$7,570	\$8,427	\$9,284	\$10,140
Yearly income	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$111,400	\$121,680

\*Federal Poverty Guidelines. 2023 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 23, 2023.  
<https://www.govinfo.gov/content/pkg/FR-2023-01-19/pdf/2023-00885.pdf>

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Date Form Completed)

**Based on the household information above, the family income is: (check one)**  
 Less than 200% of the FPL ... CHILD/FAMILY IS ELIGIBLE  
 At or above 200% of the FPL ... CHILD/FAMILY IS INELIGIBLE

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Supervisor or Designee

Child(ren)'s eligibility was entered into FSFN on (the date): \_\_\_\_\_ Person entering information: \_\_\_\_\_

## Eligibility Form for TANF Funded Services

Recipient Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
\*SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **TANF FUNDS MUST BE EXPENDED TO MEET ONE OF THE FOUR PURPOSES OF TANF**

1. Provide **assistance to needy families** so that children may be cared for in their own homes or the homes of relatives.
2. **End the dependence of needy parents** on government benefits by promoting job preparation, work and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

#### **Step 1: Citizenship/Qualified Non-citizenship Status**

If the TANF program or service eligibility is a means tested benefit (income based), the family member(s) served **MUST** be:

- An United States Citizen, or  
 A qualified non-citizen

If either line in Step 1 is selected, go to Step 2. If neither line is checked, the person or family is NOT eligible for TANF funded services or programs if eligibility is based on income. The following toolbox has been provided to assist in the determination of citizenship/qualified non-citizenship status.

#### **Citizenship and Qualified Non-Citizenship**

Citizenship or qualified non-citizenship status is only required for "means tested benefits." This means eligibility for the benefit, program or supportive service is based on income. **If the TANF applicant does not meet a status criteria under Section A, B or C, (s)he is not eligible for TANF "means tested benefits."**

**Section A: A United States Citizen is an individual who was born in the United States, born abroad to a United States Citizen meeting specific criteria, or the individual is naturalized. Is the individual/family member a United States Citizen?**  Yes  No

**Section B:** The applicant is eligible if (s)he has one of the following INS statuses:

- **An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);**
- **An alien who is granted asylum under Section 208 of the INA;**
- **A refugee who is admitted to the U.S. under Section 207 of the INA or a victim of human trafficking (these individuals must have their status verified by the Department of Health and Human Services);**
- **An alien who is paroled into the U.S. under Section 212(d)(5) of the INA for a period of at least one year;**
- **An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241 (b)(3);**
- **An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980; or**
- **An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.**

**Or, is a lawful permanent resident with a prior INS status identified above**

**Or, is a without a prior INS status listed above, and they were in the U.S. prior to August 26, 1996.**

Does the applicant meet one of the above criteria in Section B?  Yes  No

**Section C: The individual is eligible if (s)he meets one of the following two circumstances below. Does the applicant meet one of the two circumstances below?**  Yes  No

- **(S)he is a lawful permanent residents who are without prior INS status (above) and who entered on or after August 22, 1996;**
- **Or the (s)he is an alien who have been battered or subjected to extreme cruelty, or whose children/parents have been battered or subject to extreme cruelty.**

**If yes, the family is not eligible until five years after the date of entry. Please provide the date of entry** \_\_\_/\_\_\_/\_\_\_.

## Step 2: Family Definitions

The family requesting services includes:

- A **parent or relative** caring for one or more **children** (see definition of "child" below)
- A **pregnant woman**, or
- A **non-custodial parent** (see definition of "non-custodial parent" below)

**Child:** a dependent person under 18 (or under 19 who is still a full-time student in high school or at the equivalent level of vocation or technical training), who has never been married or whose marriage was annulled and whose eligibility is being determined.

**Parent:** includes a mother, father, adoptive mother and adoptive father.

**Non-Custodial Parent:** the parent is not in the household of the child (see definition for child above) whose eligibility is being considered. Both the non-custodial parent and the child must live in the State of Florida.

**Blood Relative:** including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, etc. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed, but not the second cousins.

If any line in Step 2 is checked, continue to Step 3. If none is checked, the individual is only eligible for services accomplishing/supporting TANF purposes #3.

## Step 3: Determination of Need

Depending on the purpose served, program, benefit or service, the family's income level may have to be determined. Although TANF purposes number #3 and #4 do not require a determination of "needy", the RWB or State may restrict benefits and services to individuals and families below a certain income.

A. What TANF purpose does the program, benefit or service accomplish?

\_\_\_\_\_

B. Does eligibility have income requirements? Note, if TANF purpose number #2 were written above, the answer is "yes." If the program is a State special project, and income requirements are a factor of eligibility, the answer is "yes." If the benefit or service is provided by the Regional Workforce Board through local operating procedures, and the eligibility requirements include income level, the answer is "yes."  Yes  No

C. If yes, does the family meet income eligibility requirements?  Yes  No

If income is strictly based on Florida's definition of "needy":

- Does the family receive Temporary Cash Assistance, relative caregiver program payments, food stamps or are the children in the family eligible for Medicaid?  Yes  No
- Is the family's total income less than 200% of the Federal Poverty Level based on household size?  Yes  No Number of household members: \_\_\_\_\_

If income is based on reporting instructions, local operating procedures or guidance, please review the appropriate materials for income eligibility determination.

**Step 4: Self Attestation**

The provider is to review the following statements with the program applicant/participant.

\_\_\_\_\_ Income based or means tested benefits require "family eligibility". I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizen status is not provided.

**PRIVACY ACT STATEMENT**

\_\_\_\_\_ \*I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act (42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

\_\_\_\_\_ If I do not have a Social Security Number and do not know how to apply for one, I understand that I can request help from the One-Stop Career Center or other program provider identified below. The indicated person will refer me to the appropriate agency and may provide other help as needed and requested.

\_\_\_\_\_ I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.

I \_\_\_\_\_ certify, to the best of my knowledge, the above information in this form is true, including income and citizenship/qualified non-citizenship information.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
RWB provider printed name

\_\_\_\_\_  
RWB provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**RWB Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1389 West US Highway 90, Suite 170 | Lake City, FL 32055  
(386) 755-9026 telephone | (386) 487-1218 fax  
TTY via Florida Relay 711  
**Serving the Counties of  
Columbia, Dixie, Gilchrist & Union**

## Photograph Consent Release

CareerSource Florida Crown would like to request your permission, while you or your child/ward are enrolled in the CareerSource Florida Crown Program, to share your experiences in the program. As part of this experience, there exists the possibility that the news media may be present during this time. You or your child/ward may be photographed and/or taped for possible media production.

Your involvement in this experience is voluntary. Please sign below if you agree to participate.

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
CareerSource Florida Crown Career Manager Signature

\_\_\_\_\_  
Date

**Solutions that work for you**

An equal opportunity Employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

WIOA Form 25/Photo Consent/Revised 4/2018





## CAREERSOURCE FLORIDA CROWN Customer Grievance/Complaint Hearing and Appeal Procedures

As a customer applying for or receiving services at the CareerSource Florida Crown Career Center, or through any other program paid for by CareerSource Florida Crown (CSFC), you have the right to be treated fairly and in compliance with the laws under which we operate. If you feel you have been unfairly treated, you can file a grievance or complaint by following this procedure:

### **LOCAL GRIEVANCE/COMPLAINT PROCEDURES:**

#### ➤ **Career Center Resources and Employment Services**

If you come into any CareerSource Florida Crown Career Center to utilize the self-service resources and employment services, and have a complaint about the services, you must speak with the Operations Manager. The Manager and the CareerSource Florida Crown Board will try to resolve the complaint within 15 days. If the complaint cannot be resolved at the local level, the complaint and associated file documents will be forwarded to: Dept. of Economic Opportunity, Office of One-Stop and Program Support, Caldwell Building – Suite 150, 107 East Madison Street, Tallahassee, Florida 32399-4133, Attention: ES Complaint Coordinator, for resolution at the state level.

#### ➤ **Workforce Innovation and Opportunity Act (WIOA), Trade Assistance Act (TAA), Welfare Transition (WT/TANF) and Food Stamp Employment and Training (FSET) Programs**

- 1) If you have a complaint about a program in which you participate, first discuss the matter with your counselor/case manager and/or the Program Supervisor.
- 2) If you are unable to resolve your complaint through Program Supervisor, you must contact the Operations Manager and give him/her the opportunity to resolve your complaint. The Operations Manager has 30 days in which to informally resolve the issue.
- 3) If the problem is not satisfactorily resolved, you can send a formal, written complaint and request for hearing by certified mail, return receipt, to: President/CEO, CareerSource Florida Crown Board, 1389 US Hwy. 90 West, Suite 170-B, Lake City, FL 32055. You must file this grievance/complaint/request for hearing in writing within six (6) months of the alleged occurrence or violation you are complaining about.
- 4) The request for a hearing must clearly show the title: "Grievance/Complaint & Request for Hearing." It should be no longer than five (5) pages (not including exhibits and attachments), should state the facts, laws, procedures, etc. that you believe are important for review, and must include an address where official notices can be mailed to you.
- 5) If the grievance/complaint cannot be satisfactorily resolved within 15 calendar days after the receipt of the grievance by the President/CEO, then a formal hearing will be set. You will be sent a notice of hearing by certified mail, return receipt, at least 15 calendar days in advance of the hearing date.
- 6) The notice will advise you of the following: the date, time, and place of the hearing; the applicable sections of the law and any federal regulations involved; that you may present witnesses and documentary evidence at the hearing; that you may be represented by an attorney or other representative at the hearing; that you will receive the Board's decision within 60 calendar days after the official filing of the grievance/complaint.

#### **Process for Filing an Appeal of CSFC Decision or Lack of Action:**

- 1) If you wish to appeal the decision of the CSFC, you must make a written request for a formal hearing/appeal within 30 days of the CSFC Hearing Officer's decision, or within 30 days after the required 60-day timeframe for CSFC to act has elapsed. This request must be sent by certified mail, return receipt, to: Dept. of Economic Opportunity (DEO); Office of General Counsel, Caldwell Building – Suite 150, 107 East Madison Street, Tallahassee, Florida 32399-4128.
- 2) The request for a hearing/appeal must be clearly titled "Request for Hearing/Appeal." It should be no longer than five (5) pages (not including exhibits and attachments), should state the facts, laws, procedures, etc., that you believe are important for review, and, if applicable, should include any written decision made by the CSFC. It must include an address where official notices can be mailed to you.
- 3) The state can return the grievance/complaint to the CSFC to hold a hearing or impose other remedies to resolve the grievance/complaint.
- 4) Within five (5) working days of receipt of appeal notice, the DEO agency head or his/her designee will notify you and the CSFC that an appeal has been filed. Each party shall be given 15 calendar days from the date of the notice to submit a written argument and provide supporting documentation.
- 5) The agency head or his/her designee shall issue a decision within 60 calendar days of receipt of the appeal request.

#### **Process for Filing an Appeal of State (DEO) Decision or Lack of Action:**

The DEO Hearing Officer will issue a final order, which will be subject to a judicial review period and the Florida Rules of Appellate Procedure, Rules 9.110 and 9.190. You can file an appeal of the State (DEO) decision if you are dissatisfied with or have been adversely affected by the DEO Hearing Officer's decision; or the state has not conducted a hearing; or has conducted the hearing, but has not issued a decision within the mandated 60 calendar day timeframe. The appeal must be filed within 30 calendar days of receipt of the state's decision; or after the mandated 60 calendar days has elapsed for the state to have issued a decision. The Request for Review/Appeal shall be filed with the following agency/entity:

- WIOA and TAA appeals of state decisions may be filed with the USDOL using the Federal Level Appeal Procedures noted below.
- TANF work activity and support services appeals may be filed according to the Rules of Appellate Procedure, Rules 9.110 and 9.190(b).

**Federal Level Appeal Process**

If the State Workforce Board/DEO or CSFC has not reached a decision within the required 60 calendar day timeframe, you can file a Request for Review/Appeal with the United States Department of Labor (USDOL). The appeal should be addressed to: Secretary, U.S. Department of Labor, Washington, D.C. 20210, Attention: ASET. Your request must be sent by certified mail, return receipt.

The appeal must be filed with USDOL no later than 120 calendar days of the filing of the grievance with the State, or the filing of the appeal of a local grievance with the State. A copy of the appeal must be sent to both the appropriate USDOL Regional Administrator and the opposing party (DEO or CSFC).

An appeal must be filed within 60 days of the receipt of the decision being appealed in cases where a decision has been reached and the party to which such a decision has been adversely impacted wishes to appeal to the Secretary. A copy of the appeal must be sent to both the appropriate USDOL Regional Administrator and the opposing party.

**Discrimination Complaints:**

If you feel that your rights have been violated due to an act of discrimination based on race, color, sex, LGBT, national origin, religion, disability, age, political affiliation, or belief, citizenship or participation in programs funded by the CSFC you can file a complaint by the following procedure. If you feel you have been subjected to discrimination under a Title I financially assisted program or activity you may file a complaint with the CSFC EO Officer, the DEO Office for Civil Rights (OCR) and/or the USDOL Civil Rights Center (CRC); the complaint must be **filed within 180 days of the alleged discrimination**. The filing time may be extended for good cause. A complaint must be filed in writing or by completing CRC's Complaint Information Form and Privacy Act Consent Form, which may be obtained either from the CSFC EO Officer or from CRC.

<b>Filing time frame: 180 days</b>	
CareerSource Florida Crown Equal Opportunity Officer 1389 US Highway 90 West, Suite 170 Lake City, FL 32055	Department of Economic Opportunity Office for Civil Rights 107 East Madison Street, MSC 150 Tallahassee, FL 32399
US Department of Labor Civil Rights Center 200 Constitution Avenue NW, Room. N-4123 Washington, DC 20210	

**Reporting Criminal Fraud and Abuse:**

Complaints or reports of suspected fraud and abuse must be reported immediately to the CareerSource Florida Crown Executive Director (ED) at (386) 755-9026 extension 3219 or the Operations Manager, extension 3114. Complaints/reports must be reported immediately to: USDOL Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D. C. 20210.

The complaint or report can also be mailed to: USDOL South East Regional Inspector General for Investigations, Office of Investigations, Sam Nunn Atlanta Federal Center, 61 Forsyth Street, SW, Suite 6T1, Atlanta, Georgia 30303 with a copy simultaneously provided to the Employment and Training Administration.

Reports or complaints alleging criminal fraud and abuse may also be reported through USDOL's Hotline at 1-800-347-3756.

**As an individual, having made application with CareerSource Florida Crown, I certify that I have read and understand my rights and responsibilities as enumerated in this statement.**

Participant Name (PRINT)	Participant Signature	Date
Parent/Guardian (PRINT)	Parent/Guardian Signature	Date

**As a representative/service provider for CSFC, I verify that the above-signed participant had the statement of Grievance/Complaint procedures explained to him/her and was given a copy of this form.**

Program Representative's Name (PRINT)	CareerSource Florida Crown
Program Representative's Signature	Date

**REMEMBER, THE FIRST STEP IN RESOLVING ANY ISSUE IS TO CONTACT YOUR COUNSELOR AND THE PROGRAM SUPERVISOR**