

Desiree Sutton Peagler
Chief Judge

Linda Bratton Haynes
Judge

Vincent C. Crawford
Judge

Fatima A El-Amin
Judge



Michael L. Cuffee
Court Administrator

Lekishia D. Avery-Delay
Clerk of Court

Carla J. Hardnett
Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

June 4, 2014

Dear Sir or Madam;

We would like for your son/daughter to participate in the 2013-2014 "Tutoring, Intervention, Mentoring and Employment Program" (T.I.M.E.).

The T.I.M.E. program was designed by DeKalb County Juvenile Court to fill a vital service gap in the community. This initiative was also developed to ensure that DeKalb County youth 15-18 years of age who are currently enrolled in DeKalb County Alternative Schools, graduate from high school and progress to post-secondary education, employment and/ or advanced occupational skill training opportunities.

The mission of T.I.M.E. is to positively impact the academic, social and economic well-being of DeKalb County youth and provide them access to healthy youth development that will ultimately lead to completion of high school and progression into post-secondary education thus making a successful transition into adulthood.

Participation in the T.I.M.E. program will include basic academic education, job readiness training, life skills, money management and budgeting, career development, preparation for the Georgia High school Graduation Test, personal and professional growth workshops, job shadowing, character education and mentorship.

Enclosed you will find the T.I.M.E. application as well as our brochure. Please complete and sign all enclosed documents. If you are unable to submit all of the necessary paperwork please contact us for additional assistance.

For more information contact:

Jasmine Smith
Office (404) 294-2160
jmsmith@dekalbcountyga.gov

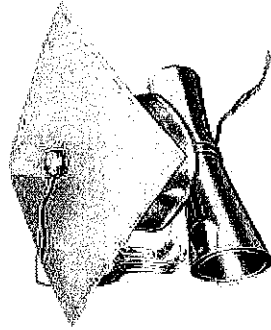
Gregory A. Adams Juvenile Justice Center

4309 Memorial Drive, Decatur, Georgia 30032 • Phone: (404) 294-2155 • Fax: (404) 297 3997

ACTIVITIES



- Training
- Community Service
- College Visits
- Dress to Impress
- Job Shadowing
- Health Information
- Career Development



T.I.M.E.

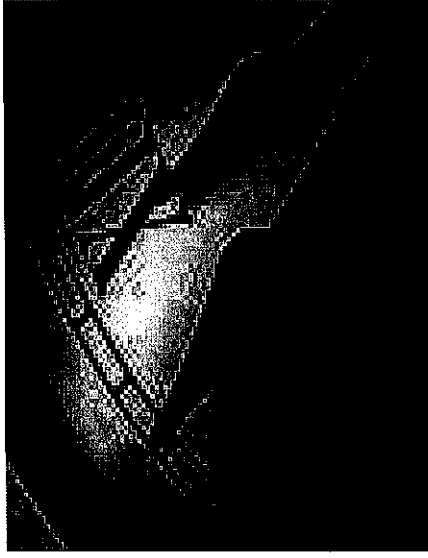
**Tutoring, Intervention,
Mentoring & Employment**



DeKalb County Juvenile Court

T.I.M.E.

**Tutoring, Intervention,
Mentoring & Employment**



Desiree Sutton Peagler
CHIEF JUDGE
Linda Bratton Haynes
Judge
Vincent C. Crawford
Judge

Vacant
Judge

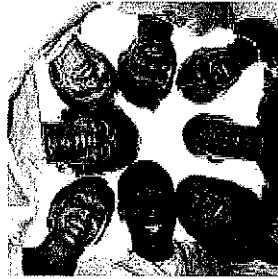
**DeKalb County
Juvenile Court**
4309 Memorial Drive
Decatur, GA 30032

Angelo Hubbard/ Jasmine Smith
Program Administrator/ Case Manager
678-517-8071 / 404-294-2160 (office)

404-297-3997 (fax)

MISSION STATEMENT

The mission of T.I.M.E. is to engage youth who have experienced multiple challenges in life by



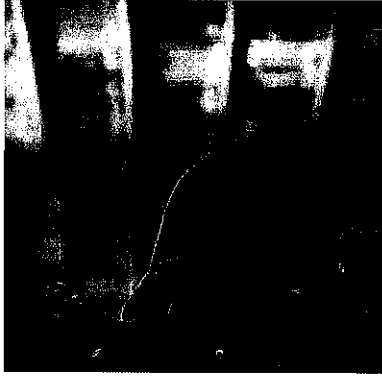
providing a comprehensive approach to academic, personal, and professional growth that will ultimately lead to the completion of high school and progression into post-secondary education or employment.

WHAT IS T.I.M.E.?

The Tutoring, Intervention, Mentoring, and Employment (T.I.M.E.) program was designed by DeKalb County Juvenile Court to fill a vital service gap in the community. This initiative was also developed to ensure that DeKalb County youth 14-18 years of age, who are currently enrolled in DeKalb County Schools; graduate from high school and progress to post-secondary education, employment, and/ or advanced occupational skill training opportunities.

T.I.M.E. will provide youth with supportive services and the tools necessary for youth to continue in school and make a successful transition to adulthood.

Participation in the T.I.M.E program will include basic academic education, job readiness training, life skills, money management and budgeting, career development, preparation for the Georgia High School Graduation Test, personal and professional growth workshops, job shadowing, character education and mentorship.



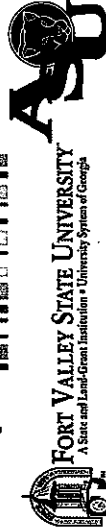
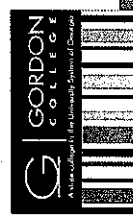
OUR GOAL

Our main objectives are to:

- Increase high school completion
- Decrease DeKalb County drop-out rates
- Place youth in post-secondary education or advanced occupational skill training
- Provide services that positively impact the academic social and economic well-being of each youth
- Provide training and life skills classes to assist youth in obtaining employment
- Provide job assistance

POPULATION SERVED

Our target populations include youth from low-income (as defined by the federal guidelines) families between the ages of 14 and 18 who are currently enrolled in a DeKalb County School, at risk of dropping out, history of failing one or more core subject area, academic skills below grade level, history of truancy, in foster care, and/or currently or previously involved with the juvenile justice or criminal justice system, or at risk of one or more of these factors.



DeKalb County Juvenile Court



T.I.M.E.

Program Description

The "Tutoring, Intervention, Mentoring and Education" (T.I.M.E.) program was designed by DeKalb County Juvenile Court to fill a vital service gap in the community. This initiative was also developed to ensure that DeKalb County youth 15-18 years of age, who are currently enrolled in DeKalb County Alternative Schools, graduate from high school and progress to post-secondary education, employment, and/ or advanced occupational skill training opportunities. T.I.M.E. will provide youth with supportive services and the tools necessary for youth to continue in school and make a successful transition to adulthood.

T.I.M.E. will collaborate with the DeKalb County School System and DeKalb Workforce Development Department to provide a program to address at-risk youth behaviors and drop-out prevention through a comprehensive program that will include basic academic education, job readiness training, life skills, money management and budgeting, career development, preparation for the Georgia High School Graduation Test, personal and professional growth workshops, job shadowing, character education and mentorship.

Our main objectives are to:

- Increase high school completion
- Decrease DeKalb County drop-out rates
- Place youth in post-secondary education or advanced occupational skill training
- Provide services that positively impact the academic social and economic well-being of each youth
- Provide training and life skills classes to assist youth in obtaining employment
- Provide assistance with job placement

Mission Statement

The mission of T.I.M.E. is to positively impact the academic, social and economic well-being of DeKalb County youth and provide them access to healthy youth development that will ultimately lead to the completion of high school and progression into post-secondary education, employment, and/or occupational skill training opportunities and responsible adulthood.

Population of Youth/Families Served

Our target populations include youth from low-income (as defined by the federal guidelines) families between the ages of 15 and 18 who are currently enrolled in an DeKalb County Alternative School, at risk for dropping out of school, history of failing one or more core subject area, academic skills below grade level, history of truancy, in foster care, and/or are currently or previously involved with the juvenile justice or criminal justice system, or at risk for one or more of these factors.

DeKalb County Juvenile Court



Overview of T.I.M.E.

Page Two

T.I.M.E Activities

Training: Qualified/trained staff and facilitators teach classes such as Customer Service, Basic Understanding of the Law, MS Office Suite, Job skills and retention, preparation for the Georgia High Graduation Test (GHGT), money management, and college entrance/financial aid/scholarship information, and leadership development.

Community Service: Community service events take place throughout the year in partnership with other agencies that enable youth to have a positive impact in their community.

Health Fairs: T.I.M.E. host sessions with a local medical facility to make medical services and information more accessible.

College Fairs: Participants are able to attend college tours to colleges around the state of Georgia. Recruiters also come in to provide information on admission procedures, financial aid, scholarships, and college courses from the various colleges in the area.

Dress to Impress: Youth are given the opportunity to select professional attire from a local store in order to prepare for work.

Job Shadowing: Participants learn about a job by walking through the work day as a shadow to a competent worker. The job shadowing work experience is a temporary, unpaid exposure to the workplace in an occupational area of interest to the participant. They witness firsthand the work environment, employability and occupational skills in practice, the value of professional training, and potential career options.

Health Information: Trained and qualified instructors will teach life skills, tobacco prevention, sex education, child development, and character education.

Career Development: Youth will explore career opportunities using an organized approach matching youth's goals with the specific career needs/desires.



Data Validation Documentation Requirements

Please use this list to acquire the types of documentation that are acceptable to validate program eligibility for participation.

DATA ELEMENT	SOURCE DOCUMENTATION REQUIREMENTS
Proof of U.S Citizenship	Social security card, alien registration card, U.S passport.
Proof of Birth	Birth certificate, GA Drivers License, GA State Identification, DD-214, passport.
Proof of Identification	Current GA Drivers License, GA State Identification, DeKalb/City School of Decatur School Identification
Proof of DeKalb County Residence	Current utility bill (phone, gas, electric), mortgage statement, lease agreement.
TANF	Copy of card (front and back), and award letter.
Food Stamp	Copy of card (front and back), and award letter.
Other Public Assistance	Public assistance check, award letter, refugee assistance letter/records, SSI award letter, completion of Job Corp records, letter or document of stated disability.
Other Income	Family wage: pay stubs for the last six months (Year-To-Date pay stubs), Independent Individual (Family of One) Form. If self employed, submit tax forms from previous year and/or 1099.
Homeless and/or Runaway Youth	Written statement from the individual and/or agency (shelter, social service agency) providing temporary residence, self-attestation form.
Offender	Documentation from juvenile court or adult (over 18yrs) justice system, probation or parole documents.
Pregnant or Parenting Youth	Copy of child's birth certificate, doctor's note confirming pregnancy, self-attestation form.
Youth Who Need Additional Assistance	Self Attestation Form
School Dropout	School withdrawal documents
Behind a Grade or More	School attendance records, transcripts.
Individualized Education Plan (IEP)	IEP documents from school.
Foster Care Youth	Foster care documents and/or letter from social service agency.
Veteran's Status	DD-214, Military ID, document from Office of Veterans Affairs
Able to Legally Work	Alien authorization to work document, work permit for youth under 18 years old.
Selective Service	Selective Service Card or printout from www.sss.gov

Please be prepared to be at DeKalb Workforce Development for at least three (3) hours for TABE testing and O'NET Assessment.



Youth Eligibility Documents Checklist

Youth Applicant Name: _____ SSN: _____

Verified (√)	Please Check All Documents Used for Verification of Eligibility	
<input type="checkbox"/>	This applicant has submitted a copy of COMPLETED APPLICATION with appropriate signature/s	
<input type="checkbox"/>	This applicant has provided documents to verify SOCIAL SECURITY NUMBER	
	<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	This applicant has provided documents to verify DATE OF BIRTH	
	<input type="checkbox"/>	Birth Certificate
	<input type="checkbox"/>	School ID
	<input type="checkbox"/>	Georgia Drivers License
	<input type="checkbox"/>	DD-214
	<input type="checkbox"/>	Georgia State ID
	<input type="checkbox"/>	Passport
	<input type="checkbox"/>	Alien Permanent Registration Card
<input type="checkbox"/>	This applicant has provided documents to verify RESIDENCE IN DEKALB	
	<input type="checkbox"/>	Utility Bill (gas, electric, telephone)
	<input type="checkbox"/>	Mortgage Statement
	<input type="checkbox"/>	Lease Agreement
<input type="checkbox"/>	This applicant has provided documents to verify INCOME	
	<input type="checkbox"/>	Family or Applicant is a Recipient of Other Assistance
	<input type="checkbox"/>	TANF (card and award letter)
	<input type="checkbox"/>	SSI (award letter)
	<input type="checkbox"/>	Food Stamp (card and award letter)
	<input type="checkbox"/>	Disability (award letter)
	<input type="checkbox"/>	Refugee Assistance (letters/records)
	<input type="checkbox"/>	Foster Child Pay
	<input type="checkbox"/>	Copy of recent pay stubs (6-months) for each family member working
	<input type="checkbox"/>	Copy of tax returns (only if self employed)
	<input type="checkbox"/>	Independent Individual or 1099 Form (for youth claiming Family of One)
<input type="checkbox"/>	This applicant has provided documents to verify ELIGIBILITY & BARRIER/S	
	<input type="checkbox"/>	School Dropout (withdrawal papers)
	<input type="checkbox"/>	Behind a Grade or More (school transcript, self attestation)
	<input type="checkbox"/>	Homeless and/or Runaway Youth (written statement from the individual and/or agency (shelter, social service agency) providing temporary residence, self-attestation form)
	<input type="checkbox"/>	Offender (court disposition, probation/parole documents, self-attestation form)
	<input type="checkbox"/>	Pregnant or Parenting Youth (copy of child's birth certificate, doctor's note confirming pregnancy, self-attestation form)
	<input type="checkbox"/>	Basic Literacy Skills Deficient (standardized assessment test score-TABE)
	<input type="checkbox"/>	Foster Care Youth (foster care documents, letter from social service agency)
	<input type="checkbox"/>	Individualized Education Plan (IEP) (IEP documents from school)
	<input type="checkbox"/>	Youth Who Need Additional Assistance (self attestation form)
	<input type="checkbox"/>	Job Corp (Job Corp documents)
<input type="checkbox"/>	This applicant has provided documents to verify SELECTIVE SERVICE REGISTRATION (for males 18 years and older)	
	<input type="checkbox"/>	Selective service registration card
	<input type="checkbox"/>	Online verification of registration printout
	<input type="checkbox"/>	DD-214
<input type="checkbox"/>	Other Documents: Customer Assent Form, Grievance Procedures, ONET Profiler, Copy of I-9, Emergency Contact Form	

ATTACH THIS FORM AND SELF-ATTESTATION FORM TO ALL DOCUMENTS USED FOR ELIGIBILITY VERIFICATION.

Signature of Staff Conducting Eligibility _____

Date _____



Youth Intake Form/ Application

Thank you for your interest in the DeKalb Workforce Development Youth Program Services. This questionnaire will be used to match you to an appropriate Workforce Investment Act (WIA) activity and/or assist staff in referring you to other services as appropriate. The information provided on this application will be used to determine if you are eligible to participate in programs funded by the Workforce Investment Act of 1998.

- In-School Youth** **Out-of-School Youth**
 Younger Youth (Age 14-18 Years Old)
 Older Youth (Age 19-21 Years Old)

Date of Application						
Last Name		First Name		M.I.	SSN	
Street Address			County	City	State	
Other Address			County	City	Sate	zip Code
Age	Date of Birth (Month/Date/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other	
Home Phone		Cell Phone		Email		
Parent/Guardian			Work Phone		Cell Phone	
Secondary Contact		Relationship		Home Phone	Cell Phone	
Citizenship Status <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Eligible Non-citizen	Selective Service <input type="checkbox"/> Registered <input type="checkbox"/> Not Registered <input type="checkbox"/> N/A	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Georgia Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Your License Ever Been Suspended/Revoked <input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed		Family Size <input type="checkbox"/> Family of One <input type="checkbox"/> Single Parent <input type="checkbox"/> Parents/Guardian <input type="checkbox"/> Other Family Members		Number in Family (including self)		
				Annual Family Income \$ _____		
LIST EVERYONE LIVING IN THE HOUSEHOLD, INCLUDING STUDENTS						
Name	Relationship to Youth		Income Source		Monthly Income	
	Self					
Government Assistance <input type="checkbox"/> TANF <input type="checkbox"/> Foster Care <input type="checkbox"/> Refugee Assistance		<input type="checkbox"/> Food Stamp	<input type="checkbox"/> SSI	Disabled Individual <input type="checkbox"/> Yes <input type="checkbox"/> No	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	

English as a Second Language <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Runaway <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting If Yes, list age/s <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---	--	---

Have You Ever Been Arrested (Offender) <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Are You Currently on Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	Needs Additional Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	--	---

School Status <input type="checkbox"/> Dropout <input type="checkbox"/> Grade or More Behind <input type="checkbox"/> Alternative School <input type="checkbox"/> High School Diploma	<input type="checkbox"/> Technical/ Vocational <input type="checkbox"/> GED <input type="checkbox"/> Job Corp Completion <input type="checkbox"/> College	Other Diploma/ Certificate/ Degree Received _____
--	--	---

Current Grade (Circle) 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, N/A	Name of School Currently Attending (Circle: Middle/ High/ College/ Technical) _____	Grade Average <input type="checkbox"/> A's <input type="checkbox"/> D's <input type="checkbox"/> A's & B's <input type="checkbox"/> Below D <input type="checkbox"/> B's <input type="checkbox"/> B's & C's <input type="checkbox"/> C's
	Name of GED Program Enrolled in _____	

Have You Participated in a PIC/DWD Program Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Been in Another Youth Program like, Job Corp, Youth Challenge and Boot Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

WORK HISTORY

Employer Name: _____ **Type of Business:** _____

Address: _____ **Phone:** (____) _____

Job Title: _____ **Hourly Wage:** \$ _____

Hours Per-Week: _____ **Shift:** _____ Volunteer/ Internship

Duties: _____

Computer Skills: _____

Equipment Used: _____

Start Date (Month/Year): _____ **End Date (Month/Year):** _____

Reason for Leaving: Laid-off Quit Terminated

Explain: _____

Employer Name: _____ **Type of Business:** _____

Address: _____ **Phone:** (____) _____

Job Title: _____ **Hourly Wage:** \$ _____

Hours Per-Week: _____ **Shift:** _____ Volunteer/ Internship

Duties: _____

Computer Skills: _____

Equipment Used: _____

Start Date (Month/Year): _____ **End Date (Month/Year):** _____

Reason for Leaving: Laid-off Quit Terminated

Explain: _____

Type/s of Services Seeking From DeKalb Workforce

- | | |
|---|--|
| <input type="checkbox"/> Tutoring/ Study Skills | <input type="checkbox"/> GED Attainment Preparation |
| <input type="checkbox"/> Assistance to Complete Educational Program | <input type="checkbox"/> Guidance and Counseling |
| <input type="checkbox"/> Alternative School | <input type="checkbox"/> Supportive Services |
| <input type="checkbox"/> Occupational Skills Training | <input type="checkbox"/> Summer Employment Opportunities |
| <input type="checkbox"/> Year Round Academic Remediation | <input type="checkbox"/> Assistance Finding Employment |
| <input type="checkbox"/> GHS/GT Preparation | <input type="checkbox"/> Job Readiness/ Resume Writing |
| <input type="checkbox"/> Summer School Tuition Assistance | <input type="checkbox"/> Completing Job Application |

Goals

Academic: #1. _____ **Set Date:** _____
 #2. _____

Employment: #1. _____
 #2. _____

Social: #1. _____
 #2. _____

Other: #1. _____
 #2. _____

DECLARATION, RIGHTS AND RESPONSIBILITIES

I understand my signature on this form is a declaration that information I have provided is true and correct. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf. _____ (initial).

I understand my application will be processed within 30 days and I will receive a written notice outlining the level of service for which I have been approved. _____ (initial).

I also understand if my application is denied I will be notified in writing as to the denial. _____ (initial).

I understand I have the right to complain if I feel I have been discriminated against, mistreated, or disagree with the decisions made that affect me. I understand that those complaints are handled through the *WIA NON-DISCRIMINATORY GRIEVANCE AND COMPLAINT PROCEDURES*. Should my complaint be of discrimination, I understand I may alternatively contact the Directorate of Civil Rights at the U.S. Department of Labor, or the Civil Rights Manager at the regional office of the U.S. Department of Health and Human Services, as appropriate. I may follow either procedure (local or Federal), but cannot follow both simultaneously. I know that the EEO Officer is located at the DeKalb Workforce Development Office at 320 Church Street, Decatur, GA 30030, and I will be provided all necessary information to assist me in exercising my rights under the Civil Rights Act, civil rights provision under program-specific laws, and in proceeding with complaints regarding non-civil rights issues. _____ (initial).

I understand that it is my right and responsibility to notify my WIA Case Manager if I require assistance in completing my application because of physical or mental disability, inability to speak English, or other difficulties. _____ (initial).

If I am an adult male (over age 18) at the time of this application, and I am not currently registered with the Selective Service, I authorize the WIA Case Manager to register me for the Selective Service using my personal information provided in this application. _____ (initial).

If I am currently receiving food stamps or TANF benefits from the Department of Human Services, or have received benefits within the last 6 months, I authorize Department of Human Services (DHS) to release this information to WIA for the purposes of determining eligibility. _____ (initial).

I attest that I am the parent or legal guardian for the below signed youth. _____ (initial). My signature on this form indicates I have read the statements presented or had them explained to me.

I have been given the opportunity to ask questions and gain clarification on any issues I did not understand. _____ (initial).

RELEASE INFORMATION

I authorize the release of information to the DeKalb Workforce Development Staff as necessary to determine my eligibility for the Workforce Investment Act Youth Programs and related services and to determine progress, completion, and credentials attained; further, the release of information by staff necessary to secure related services, assistance on my behalf, and share information with other programs from which I receive or have received services such as DeKalb WIA Partners, DeKalb County Board of Education, Vocational Rehabilitation, Decatur/DeKalb Housing Authority, DeKalb Division of Family & Children Services (DFACS), Department of Labor, DeKalb Technical College and Georgia Perimeter College. The authorization to share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.

Applicant's Signature (If applicant is under age 18, a parent or legal guardian must sign below)	Date
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Parent/Guardian's Signature	Date
------------------------------------	-------------

Staff/Witness's Signature	Date
----------------------------------	-------------

APPLICATION DISPOSITON (Office Use Only)

Application Receipt Date (Date Case Manager received information from youth)	Application Processed Date (Date Case Manager processed information & conducted eligibility)	WIA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility Date _____
--	--	--

TABE Reading Score _____ Date _____	TABE Math Score _____ Date _____	Basic Skill Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No	Grievance Procedure Signed by Youth & Case Manager <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	---

Customer Assent Form (To be signed by youth and parent, parent signature needed if youth under 18 years old) <input type="checkbox"/> Yes <input type="checkbox"/> No	ONET Profiler <input type="checkbox"/> Realistic _____ <input type="checkbox"/> Investigative _____ <input type="checkbox"/> Artistic _____ <input type="checkbox"/> Social _____ <input type="checkbox"/> Enterprising _____ <input type="checkbox"/> Conventional _____
--	--

Younger Youth (Age 14-18 Years Old) <input type="checkbox"/> In-School <input type="checkbox"/> Out-Of-School	Older Youth (Age 19-21 Years Old) <input type="checkbox"/> In-School <input type="checkbox"/> Out-Of-School
--	--

Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Application Denial _____ _____
---	--

Low Income <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 5% Exception	Wage Inquiry Placed in Folder <input type="checkbox"/> Yes <input type="checkbox"/> No	GWS Registration Placed in Folder <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

Case Manager (CM) or Designee's Signature (Required)	Date (Date CM forwarded file to YM for approval)
---	---

Youth Manager (YM) or Designee's Signature (Required)	Date (Date YM forwarded file to PM for final approval)
--	---

Performance Manager (PM) or Designee's Signature (Required)	Date (Date PM conducted final approval)
--	--

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Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

WORK HISTORY FORM

Name _____ Date _____

Birth date _____ Race _____ Gender _____ Age _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell/Beeper _____ E-Mail _____

Someone with whom we can leave a message:

Name _____ Telephone _____

Do have a disability Yes ___ No ___ If yes, please explain _____

High School (Last attended) _____ Location _____ Did you graduate? Yes No

College & Vocational Schools Location _____ Did you graduate? Yes No If yes, Degree & Major _____

Are you a student now? Yes ___ No ___ If so, what is your status ___ Full-time ___ Part-time

Are you eligible to work in the U.S.? Yes ___ No ___ (PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT)

Social Security # _____ Are you registered with the selective services? Yes ___ No ___

Do you have a reliable means of transportation to work? Yes ___ No ___

Do you have a valid Driver's License Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain _____

Gregory A. Adams Juvenile Justice Center

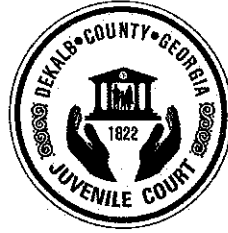
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Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

II. Previous Employment History

Please list your two most recent jobs (include babysitting, lawn care, or volunteer work):

Company Name _____ Address _____

Supervisor's Name _____ Phone # _____

Your Job _____ Dates Employed: From _____ To _____

Last Pay Rate _____ Reason for Leaving _____

II. Previous Employment History

Company Name _____ Address _____

Supervisor's Name _____ Phone # _____

Your Job _____ Dates Employed: From _____ To _____

Last Pay Rate _____ Reason for Leaving _____

Which job did you like best, and why? _____

III. Job Skills

Please give us information about your skills. The information you provide will be used to help you find a job, qualify for training, and/or receive other services through the Youth Achievement Program.

List any employment related skills (Computer systems; software you can use; machines, tools, or other equipment, etc.)

- Computer/Software _____
- Clerical _____
- Machines/Tools _____

If you type, what is your typing speed? _____ words per minute

Please list any apprenticeship/job training courses you have taken _____

Please list any certifications or licenses you hold _____

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Linda Bratton Haynes
Judge

Vincent C. Crawford
Judge

Fatima A El-Amin
Judge



Michael L. Cuffee
Court Administrator

Lekishia D. Avery-Delay
Clerk of Court

Carla J. Hardnett
Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

Other than your primary language, what languages do you speak, read and/or write _____

What would prefer on your next job?

Part-time _____ Full-time _____ Summer _____ School Year _____ All Year _____

Minimum number of hours needed to work _____ Maximum number of hours needed to work _____

Availability (Days and Hours in the Week) _____

Are there any employers for whom you would especially like to work? If so, have you applied for a position? Explain. _____

IV. Personal

What are your interests and activities? _____

Please list awards and/or leadership positions held? _____

What is your Ultimate Career Goal? _____

Desiree Sutton Peagler
Chief Judge

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Judge

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JUVENILE COURT OF DEKALB COUNTY

(Over 18 y/o)

Release of Information

Youth's Name

Date of Birth

I, _____, certify that I am the above named youth who is enrolled at the DeKalb Juvenile Court Youth Achievement Program. By my signature below, I hereby grant permission for a representative of the Juvenile Court to have access to any and all records to include, but not limited to:

- Grade reports and transcripts
- Attendance reports
- Psychological evaluation, if any
- Immunization records
- Behavior reports
- Reading Levels
- Special education placement
- Individual Educational Plan
- Results of any disciplinary proceedings
- Summary of any suspension or in-house detention
- Others: _____

In addition to the above, I give permission for the Juvenile Court representative named below to consult with teachers, counselors, and other administrative personnel as deemed necessary. I understand that these records are confidential and that they will be used only to help the Youth Achievement Program staff to determine what actions would be most beneficial for me.

Youth's Signature

Date

Court Representative

Date

Gregory A. Adams Juvenile Justice Center

4309 Memorial Drive, Decatur, Georgia 30032 • Phone: (404) 294-2155 • Fax: (404) 297 3997

Desiree Sutton Peagler
Chief Judge

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JUVENILE COURT OF DEKALB COUNTY

Drug Screen Notification & Authorization *(Over 18)*

Youth's Name

Date of Birth

I, _____, certify that I am the above named youth, I am at least 18 years of age and I am enrolled in the DeKalb Juvenile Court's Youth Achievement Program. By my signature below, I hereby understand that I may be required to take a urine drug screen(s) as requested by a representative of the Juvenile Court.

I do understand that a positive result on this test be an indication of substance use. Should this test indicate positive result(s):

- my acceptance into the program or services may be interrupted
- referrals to work-related opportunities may be discontinued until further notice
- may be asked/ required to seek further substance use/abuse assessment for services to be continued

In addition to the above, I give permission for the Juvenile Court representative named below to consult with teachers, counselors, and other administrative personnel as deemed necessary. I understand that these records and consultations are confidential and that they will be used only to help the Youth Achievement Program staff to determine what actions would be most beneficial for me.

Youth's Signature

Date

Court Representative

Date

Desiree Sutton Peagler
Chief Judge

Linda Bratton Haynes
Judge

Vincent C. Crawford
Judge

Fatima A El-Amin
Judge



Michael L. Cuffee
Court Administrator

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Clerk of Court

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Chief Probation Officer

JUVENILE COURT OF DEKALB COUNTY

Media Release Authorization

Now on this ____ day of _____ 2014, I, _____, grant the T.I.M.E. (Tutoring, Intervention, Mentoring and Employment) the irrevocable right to use photographs or video of myself for publicity or promotional purposes without prior notification or monetary compensation. I understand that these photographs may appear in printed materials or in multi-media presentations. I also agree that TIME is under no obligation to me or any other party to use these photographs. By my signature below, I represent that I have read and fully understand this Media Release Form, and that either (A) I am at least 18 years of age or (B) my legal guardian has signed on my behalf below.

Signature: _____

Printed Name: _____

Parent or Guardian's Consent (If applicable):

I now certify on this _____ day of _____ 2014, that I am the parent and/or legal guardian of the minor named above and I have the legal authority to execute the above Media Release Authorization.

Signature

Printed Name

Desiree Sutton Peagler
Chief Judge



Michael L. Cuffee
Court Administrator

Linda Bratton Haynes
Judge

Lekishia D. Avery-Delay
Clerk of Court

Vincent C. Crawford
Judge

JUVENILE COURT OF DEKALB COUNTY

Carla J. Hardnett
Chief Probation Officer

Fatima A El-Amin
Judge

Medical Information

Please complete the following medical information for our records. This information will only be used in the event that you have a medical emergency that requires immediate attention while under the supervision of the Youth Achievement Program personnel.

Youth Name: _____

Youth Address: _____ Phone _____

Insurance Provider: _____ Policy number: _____

Physician name/
Medical facility: _____

Address: _____

Telephone Number: _____

Do you have any medical conditions? Yes No Not Sure

If any, please explain: _____

Do you have any allergies to food or medication? Yes No Not Sure

If any, please explain: _____

In case of Emergency can we call 911 on your behalf? Yes No

Participant Signature: _____ Date: _____
(If under 18, Parent's Signature)

Case Manager: _____ Date: _____

Desiree Sutton Peagler

Chief Judge

Linda Bratton Haynes

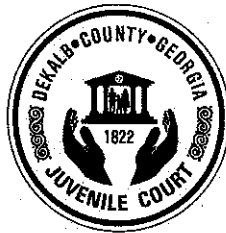
Judge

Vincent C. Crawford

Judge

Fatima A El-Amin

Judge



JUVENILE COURT OF DEKALB COUNTY

Michael L. Cuffee

Court Administrator

Lekishia D. Avery-Delay

Clerk of Court

Carla J. Hardnett

Chief Probation Officer

T.I.M.E. Program Rules

1. No hats, scarves, do rags, or hoods worn inside the building.
2. No cell phones, pagers, or headphones on while inside the building.
3. No weapons allowed on premises.
4. No smoking in front of the building. No smoking inside the building.
5. Youth must dress appropriately and be well groomed. No sagging pants, belts must be worn at all times. Females must wear appropriate clothing that is not provocative or revealing (i.e., mini shirts & skirts).
6. Youth must be respectful to other youth as well as staff at all times.
7. No profanity.
8. No use of computers without prior approval from case manager.
9. No drugs or drug paraphernalia. Participants may be subject to a drug test.
10. No eating or drinking in the classroom (especially in the computer lab) without staff permission.
11. Unauthorized use of the Computers and Internet, downloading controversial materials is prohibited. The Internet is checked daily by DeKalb County Officials.
12. Youth must be on time when attending schedule appointments & classes. You must give proper notification to case manager if absent or late.
13. All participants must be working toward accomplishing their goals.

Signature: _____ Date: _____

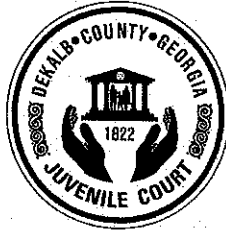
Desiree Sutton Peagler

Chief Judge

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JUVENILE COURT OF DEKALB COUNTY

Michael L. Cuffee
Court Administrator

Lekishia D. Avery-Delay
Clerk of Court

Carla J. Hardnett
Chief Probation Officer

DeKalb County Juvenile Court Dress Code

No one will be permitted into the court dressed in any of the following clothing:

- Shorts of any kind (cutoff or other)
- Torn clothing (this includes items purchased with tears in them)
- Halter tops and midriffs
- Bathing suits
- Tank tops or undershirts worn as outer garments
- Hats, caps, bandanas, sweatbands, or sunglasses
- Clothing with graphic illustrations depicting obscenities, derogatory language, narcotics, adult content or alcoholic beverages
- Clothing depicting gang activity, affiliation, or paraphernalia
- Sheer or see-through clothing
- Any other clothing deemed inappropriate by court
- Underpants and underwear should never be visible
- No slippers or flip flops are allowed
- Women must wear appropriate undergarments
- Skirts must be at least fingertip length

Loose fitting clothing, skirts, and jeans are acceptable. Pants and skirts must be worn at waist level with a belt.

I have read the above rules and understand that if I do not follow them, I may be asked to leave the building.

Signature

Date



Customer Assent and Parent / Guardian Consent Form

A Customer Assent and Parent / Guardian Consent form must be completed for each WIA customer who is under 18 years of age at registration and served with youth funds. The Assent / Consent form must be retained for a minimum of one year after the customer's exit.

Customer Assent

I, _____, understand that I may be asked to take part in a customer satisfaction survey after I receive services. I agree to answer the survey questions if asked to do so.

Signature of customer _____

Date _____

Emancipated Youth ___ Yes ___ No

Parent / Guardian Consent

I, _____, give my consent for my child / ward to answer questions in a customer satisfaction survey.

Signature of Parent / Guardian _____

Date _____

Relationship to customer _____

Local Area Number _____

Staff _____

Date _____



DeKalb Workforce Development

Where Workforce Comes Together

DeKalb Workforce Development Center Complaint Procedure

Anyone who applies for government services has Civil Rights under the Federal Law. The U.S. Department of Labor and the DeKalb Workforce Development Department have assured that no person shall be excluded from participation in any program or activity funded under the Workforce Investment Act on the basis of race, color, religion, sex, national origin, age, handicap or political affiliation. No person shall be denied the benefits of, be subjected to discrimination under, or denied employment in the administration of or in connection with any WIA funded program due to the race, color, religion, sex, national origin, age, handicap, or political affiliation. Nor shall any person be discriminated against with regard to recruitment, examination or appointment.

- No benefits or services may be denied you because of race, color, religion, sex, national origin, age, handicap, or political affiliation or beliefs.
- You cannot be segregated or treated any differently from other applicants or enrollees because of race, color, religion, sex, national origin, age, handicap, or political affiliation while you are being registered, interviewed, counseled, or tested, or while you are working or attending classes as part of the program.
- You have an equal chance to use all facilities available on the project.

The Civil Rights Act of 1964 and the Workforce Investment Act of 1998 guarantees you the right to file a complaint of alleged action in any area concerning discrimination as stated above.

Any grievance should be filed in written form and mailed to:
DeKalb Workforce Development Center Operator
C/O Sandeep Gill, EEO Officer
DeKalb Workforce Development Department
320 Church Street
Decatur, GA 30030

Discrimination complaints involving handicapped individuals should be sent to:
Director
Georgia Department of Labor
Job Training Division
148 International Boulevard, NE, Suite 650
Atlanta, GA 30303-1751

Complaints of Discrimination:
Director of Civil Rights
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

All complaints should be in writing and include names, dates, agency involved and details of circumstances and pertinent information relevant to the complaint. The filing of any discrimination complaint must be made within 180 days of alleged occurrence. All complaints will be handled confidentially. If you feel your concerns warrant the attention of the state agency responsible for the administration of this program, you may call the Georgia Department of Labor at (404)656-7392. At your request, your call will be handled in the strictest confidence.

In cases of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the office of Inspector General. U.S. Department of Labor, at 1800 347-3756. There is no charge for this call.

I have read and understand the above statement and acknowledge so by my signature.

Applicant Signature _____ SSN: _____

Counselor Signature _____ Date: _____

Individual Service Strategy

Date:	Name:	SSN:
-------	-------	------

STATEMENT OF UNDERSTANDING

I have attended the orientation session.

I have completed the certification process.

I have been informed of all services and policies pertaining to the WIA program. I understand the services and preparation involved in becoming a WIA participant. I agree to take full responsibility by cooperating and adhering to all requirements while participating in the program.

I agree to participate in the Objective Assessment process of testing and evaluation to assist in examining and determining my capabilities, needs and vocational potential.

I understand that, if it is determined during Objective Assessment that I am job ready or have more options for employment by improving my job search skills with the Department of Labor or PEACH, I will accept a referral to a counselor at the Employment Service Office or the Department of Family and Children Services.

I agree to allow my Social Security number and other information in my WIA file (such as test scores, address, phone numbers, etc.) to be shared with other agencies and the training provider when needed to provide a better quality and mix of services to help me reach my employment goal.

I understand that the WIA Case Manager and I must reach agreement on my Individual Service Plan (ISS).

I further agree that my signature upon any written agreement between myself and a WIA staff member constitutes a guarantee of action or contract and that the failure to follow that obligation may result in my termination from the WIA program.

I acknowledge that I have received a copy of the Applicant's Rights Statement under WIA.

I acknowledge that I have received a copy of the Individual Service Strategy.

Participant _____ Date _____

Case Manager _____ Date _____

DeKalb Workforce Center

Home | Customer Information | Forms | Reports | User Info | Job Info | Logout |

Individual Service Strategy

Date: _____	Name: _____	SSN: _____
-------------	-------------	------------

Customer type: Adult	Is this an original ISS? <input checked="" type="checkbox"/>
----------------------	--

PERSONAL DATA

Address: _____		
City: _____	Zip: _____	Apt.: _____
Contact: _____	Relationship: _____	Phone: _____
		Phone: _____

EDUCATION

Highest grade complete: _____	Currently In School: <input type="checkbox"/>	Current or Past Military Service? <input type="checkbox"/>		
College Name	Start	End	Degree	Major
Vocational/Technical/Military School	Start	End	TrainingType	

WORK HISTORY

Employer	Job Title	Start	End	Salary	Pay Period

EMPLOYMENT GOAL

First Choice: _____
Second Choice: _____

SKILLS OR RELATED QUALIFICATIONS

Licenses, Certificates, Equipment and Tools

List any current work certificate(s) and/or occupational licenses, type(s) and expiration date(s):
List industrial/construction equipment or machines customer can operate:
List tools owned by customer for use in his/her occupation:
List customer's computer software skills:
What languages does customer speak, other than English?

The following information relates to the work the customer is seeking:

Lowest salary customer will accept:	Pay period:	
Shifts available:	Work week:	Job duration:
Driver's license? <input type="checkbox"/>	Driver's license type:	
Driver's license endorsement? <input type="checkbox"/>	Driver's license endorsement type:	
Public transportation needed? <input type="checkbox"/>		

TEST HISTORY AND ASSESSMENT

CURRENT LIVING CONDITIONS

Number of family members in household, including customer:	
Total family income for last 6 months:	
Family receiving welfare? <input type="checkbox"/>	Family receiving Food Stamps ? <input type="checkbox"/>
The current living situation seems most conducive to:	

BARRIERS TO EMPLOYMENT

Unstable living condition: <input type="checkbox"/>	Basic skills deficient: <input type="checkbox"/>	Homeless: <input type="checkbox"/>
Lack/outdated skills: <input type="checkbox"/>	Offender: <input type="checkbox"/>	Disabled: <input type="checkbox"/>
Age: <input type="checkbox"/>	Limited English: <input type="checkbox"/>	Lack pre-employment skills: <input type="checkbox"/>
Poor work history: <input type="checkbox"/>	Lack retention skills: <input type="checkbox"/>	Supportive services: <input type="checkbox"/>
Substance abuse: <input type="checkbox"/>	No work history: <input type="checkbox"/>	Lacks GED: <input type="checkbox"/>
Rides MARTA:: <input type="checkbox"/>	Other:	

TRAINING/EMPLOYMENT GOALS

State the long-term employment/training goal:

Divide the stated goal into 3 measurable steps below. Describe the actions necessary to perform each step. Set time limits and assign tasks to Case Manager (CM), Customer (C), or other responsible agent.

Step 1:

Action(s) Required	Parties Responsible	Begin Date	End Date	Date Completed	Staff Initials

Step 2:

Action(s) Required	Parties Responsible	Begin Date	End Date	Date Completed	Staff Initials

Step 3:

Action(s) Required	Parties Responsible	Begin Date	End Date	Date Completed	Staff Initials

Statement of Understanding

**This page must be signed in the presence of a notary.
If you are unable to have notarized personally, a Notary Public is available at DeKalb Workforce Development.
All WIA Applicants must submit a signed, notarized O.C.G.A. Affidavit**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for Workforce Investment Act Services as referenced in O.C.G.A. § 50-36-1, from DeKalb Workforce Development, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, *such as Georgia Driver's License, US Birth Certificate, US Permanent Resident Card or Alien Registration Receipt Card*, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. A complete list of acceptable documents is attached.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant
SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires: