



## **Condition Agreement**

This condition agreement includes my rights and responsibilities, as a work-eligible individual, for receiving assistance from the Colorado Works Program.

1. **I am responsible for developing My Plan:** which is a contract between myself and the Weld County Department of Human Services that lists the conditions for receiving assistance under the Colorado Works Program and describes the commitments made by myself and Weld County.
2. I have no legal privilege to any form of assistance under the Colorado Works Program, and My Plan does not create a legal right to benefits.
3. If I do not meet the terms of this plan without a determination of good cause, I will be penalized or lose all of my Colorado Works benefits.
4. Weld County Department of Human Services or I may request a new plan be developed at any time based on any and all changes needed, or if I feel I cannot meet the expectations of this plan.
5. A plan is also required if I, as a work-eligible member of the assistance unit, am granted an extension of Colorado Works assistance due to any hardship, including domestic violence.
6. If I do not agree to the terms and conditions in My Plan, I have the right to request a county dispute resolution conference.
7. A program worker who is not or has not been involved with my case from Weld County Department of Human Services will help me with reviewing these terms and conditions.
8. **As part of My Plan, I may receive supportive services:** supportive services may assist me in being successful in finding and keeping a job, and can include, but are not limited to:
  1. Help with paying for school or training programs that lead to employment
  2. Help with transportation
  3. Help with personal care or clothing
  4. Help with paying for housing
  5. Help with paying for childcare
  6. Incentives for finding or staying in a job
9. As part of My Plan, supports and services may be received by me and other members of my family if supports and services are needed and can include, but are not limited to:
  - a. Special medical needs
  - b. Counseling/rehabilitation

By signing this condition agreement, I agree to and understand all terms of my participation in the Colorado Works Program, as outlined in My Plan. I understand that this program is time-limited with a lifetime limit of (60) sixty months. I also understand that I may request a meeting to change the plan at any time and will contact my program worker within 48 hours of any changes, problems, or concerns.

Client

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>EMPLOYMENT SERVICES OF WELD COUNTY</b>		<b>Registering ID</b> _____
Reset		<b>Work Registration Form</b> <input type="checkbox"/> NOT ON FILE <input type="checkbox"/> EF <input type="checkbox"/> TF <input type="checkbox"/>
<b>SSN</b> _____	<b>Name</b> _____	<b>Reg. Date</b> _____
<b>Mailing Address</b> _____ _____ <b>City / State</b> _____ _____		<b>Primary phone</b> _____
<b>Zip</b> _____ <b>County</b> _____		<b>E-mail address</b> _____ <small>Please note Workforce Notifications are sent out by EMAIL ONLY. YAHOO email addresses will reject job notification emails from us. Please provide a non-YAHOO email.</small>
<b>Unemployment Insurance Information</b> <input type="checkbox"/> Not filing Colorado UI Claim <input type="checkbox"/> Recently filed Colorado UI Claim <input type="checkbox"/> Recently filed Extended UI Claim (EUC) <input type="checkbox"/> Receiving State Extended Benefits <input type="checkbox"/> Recently filed UI Claim for a Federal Job <input type="checkbox"/> Claimant referred by Worker Profiling Sys.	<b>SSI</b> <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> SSI and SSDI <input type="checkbox"/> SSI and ticket holder <input type="checkbox"/> SSDI and ticket holder <input type="checkbox"/> SSI, SSDI, and ticket holder <input type="checkbox"/> No	<b>UI Work Registered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Unemployed 27 consecutive weeks or more (6 months)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>VETERAN OR ELIGIBLE SPOUSE</b> <input type="checkbox"/> NONE <input type="checkbox"/> Less than or equal to 180 days active service <input type="checkbox"/> Eligible Veteran <input type="checkbox"/> Eligible Spouse (ask for staff assistance)
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>IEP/504</b>	<b>Education – Highest School Grade Completed</b> 1 <sup>st</sup> -12 <sup>th</sup> grade _____	<b>Highest Level of Education: (Circle one)</b> <input type="checkbox"/> None <input type="checkbox"/> HS Diploma <input type="checkbox"/> HSE/GED <input type="checkbox"/> 1 or more year post-secondary <input type="checkbox"/> Associates Degree <input type="checkbox"/> Tech or vocational certificate <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PHD
		<b>Field of Higher Education:</b> _____
		<b>How did you hear about us?</b> <input type="checkbox"/> Other <input type="checkbox"/> Television <input type="checkbox"/> Unemployment <input type="checkbox"/> Chamber <input type="checkbox"/> Economic Dev. <input type="checkbox"/> Internet <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Newspaper <input type="checkbox"/> Phone Book <input type="checkbox"/> Radio <input type="checkbox"/> Special Event <input type="checkbox"/> Signage <input type="checkbox"/> Human Services <input type="checkbox"/> WFC Staff <input type="checkbox"/> Word of Mouth <input type="checkbox"/> TAP Program
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> _____	<b>Student Status</b> <input type="checkbox"/> In School Full or Part Time (or on break) <input type="checkbox"/> Not in School <input type="checkbox"/> Attending Alternative School
		<b>Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed, but received notice of termination
<b>Are you Hispanic/Latino?</b> <input type="checkbox"/> Yes and wish to select additional race(s)	<b>Disability Status</b> <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled (not service connected)	<b>Offender Status</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Conviction is a barrier
<b>Race / Ethnic Group – Check one or more</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African America <input type="checkbox"/> Hawaiian Nat/Pacific Islander <input type="checkbox"/> White	<b>Disability Type</b> <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Vision Related <input type="checkbox"/> Hearing Related <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual	<b>TANF Status</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Receiving Cash Benefits
		<b>Exhausting TANF within 2 Years</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Food Stamp Status</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Food Stamp Recipient
		<b>Preferred Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: please write in _____ Other Preferred Language _____
<b>Password &amp; Username</b> _____ <small>Must be a minimum of 8 characters, at least one lowercase letter, and one number</small>		<b>3 Security question</b> _____ <b>3 Security Answers</b> _____ —



## JOB SKILLS

The **bolded headings are NOT job titles, but types of work you may have done in the past.** The following list will assist you in filling out the “List Acquired Skills Sets for Occupations Desired” section of the registration form.

### **Accounting, Banking & Finance Job Skills**

accountant   
accounts payable   
accounts   
receivable   
auditing   
bank deposits   
bank teller   
billing   
bookkeeping   
cost accounting   
CPA   
credit analysis   
financial records   
general accounting   
general ledger   
journal entry   
loan processing   
payroll   
reconciliations   
tax preparation   
tax reports   
time sheets   
wire transfers

### **Computer Programming Job Skills**

application   
database admin   
encoding   
hardware support   
HTML   
network admin   
software install   
software Support   
software testing   
technical support   
troubleshooting

### **Computer Skills/Software Job Skills**

Adobe Illustrator   
Adobe Photoshop   
MS Access   
MS Excel   
MS Office/Works   
MS PowerPoint

MS Windows   
MS Word   
Peachtree   
Quark   
QuickBooks   
Quicken   
Word Perfect

### **Construction Job Skills**

(carpenters, electricians,  
equipment operators,  
excavation, plumbers,  
roofers, laborers)

backhoe   
belly dump   
blueprint reading   
bobcat   
carpentry   
CDL-A   
CDL-B   
climbing ladders   
concrete finishing   
concrete laborer   
concrete pouring   
demolition   
driving   
drywall hanging   
dump truck   
electrician   
electrician's helper   
excavating   
fascia installation   
fence building   
forklift   
framing   
front end loader   
furniture building   
general construction   
ground maintenance   
gutter installation   
hand tools   
hod carrier   
HVAC   
irrigation   
jackhammer   
landscaping   
layout   
lifting   
loading/unloading   
mil operator   
painting   
plumber   
plumber's helper

power tools   
roofer   
scaffolding   
seamless gutters   
siding installation   
sod laying   
soffit installation   
soldering   
structural weld   
swamper   
tape measuring   
trencher   
truck driver   
welding   
-arc  mig  tig   
welding pipe   
woodworking

### **Food Service Job Skills**

Baking   
banquet setup   
barista   
bartender   
bussing   
candy making   
cash handling   
cash register   
catering   
chef   
dietary aide   
dishwashing   
fast food   
fry cook   
grill cook   
host/hostess   
inventory   
line cook   
menu planning   
pizza cook   
prep cook   
salad  soup   
sauté   
sous chef   
wait staff

### **Foreign Languages**

bilingual   

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American Sign

### **Health & Medical Job Skills**

Front Office   
Back office   
admissions   
Autoclave   
blood pressure   
CNA   
counselor   
CPR   
diagnosis   
EKG   
elderly care   
EMT   
Encoder Pro   
home health care   
injections   
IV certified   
IV therapy   
laboratory testing   
massage therapy   
med certified   
medic   
Medicaid   
medical assistant   
medical charts   
medical equipment   
medical history   
medical mgmt   
medical records   
medical secretary   
medical terminology   
medical transcription   
Medicare   
medication admin   
monitoring   
nurse  
RN  LPN  CNA   
ordering supplies   
Orthopedics   
patient care   
pediatrics   
phlebotomy   
physical therapy   
psychologist   
scheduling   
therapist   
urinalysis   
vaccinating   
vital signs   
wound care

### **Education & Family Services Job Skills**

babysitting   
childcare   
CPR   
customer service   
First Aid certified   
infant care   
lesson planning   
personal care   
preschool teacher   
social worker   
teacher   
teacher's assistant   
teaching   
testing   
community outreach   
grant writing   
youth counseling   
advocacy   
case management   
  
client relations   
interviewing

### **Janitorial & Housekeeping Job Skills**

bathrooms   
climbing ladders   
dishwashing   
dusting   
floor buffer   
floor care   
floor stripper   
floor waxing   
housekeeping   
inventory   
laundry   
making beds   
mopping   
replenish supplies   
sweeping   
trash removal   
vacuum   
wash windows

## **Managerial Job**

### **Skills**

benefits   
budgeting   
contract admin   
facilities manager   
hiring/firing   
interviewing   
payroll   
personnel   
policies/procedures   
public relations   
purchasing   
recruiting   
restaurant/hotel   
sales   
staffing   
supervising   
time sheets   
wholesale

### **Office & Administrative Job Skills**

10 key   
accounts payable   
accounts receivable   
back office   
cash handling   
company website   
complaint resolve   
conference calls   
copy machine   
correspondence   
create spreadsheet   
customer relations   
customer service   
customer service rep   
data entry   
dispatching   
distribute mail   
documentation   
editing   
fax machine   
filing   
filing system   
flyers   
hiring   
incoming calls   
information   
internet search   
interviewing   
inventory control   
invoicing   
itineraries   
mail distribution

manage projects   
medical records   
medical billing   
medical reception   
multi-line phones   
newsletters   
notary public   
ordering supplies   
payroll   
proofreading   
public speaking   
receptionist   
ICD9 Coding   
record receipts   
registration   
reservations   
sales   
scanning   
scheduling-appointments   
stocking   
transcription   
typing   
video conferencing   
voicemail   
insurance billing   
personnel   
phones

### **Oil & Gas, Extraction Job Skills**

backhoe   
derrick operators   
drilling rigs   
forklift   
general const   
hand tools   
HAZMAT   
lifting   
natural gas   
oil field pump   
oil field worker   
oil well service   
pipe fitting   
pipe laying   
power tools   
pump repair   
rotary drill   
operators   
roughneck   
roustabout   
swamper   
truck driver   
welding  
-arc  mig  tig

well service

### **Production & Warehouse Job Skills**

assembly   
cleaning   
delivery   
forklift   
front end loader   
hand packaging   
inventory   
janitorial   
labeling   
loading/unloading   
machine mainten   
machine operator   
material handling   
measuring   
milling machines   
order pulling   
packaging   
packing   
pallet jack   
palletizing   
quality control   
receiving   
shipping   
sorting   
stocking   
truck driving   
warehouse

### **Retail/Sales Skills**

Bank Deposits   
Cash handling   
Cashier Registers   
Customer Service   
Display set up   
Inventory control   
Returns   
Retail Management   
Sales   
Stocking

### **Transportation & Material Movers Job Skills**

(driver, auto mechanic, auto service, warehouse work)

asphalt labor   
assembly   
auto detailing   
auto service   
backhoe   
belly dump   
blueprint reading   
boom truck   
budgeting   
carpentry   
CDL-A   
CDL-B   
cleaning   
compressors   
cost estimating   
curb and gutter   
customer relations   
customer service   
delivery driver   
diesel mechanic   
disabled care   
dispatching   
display setup   
DOT regulation   
driving   
dump truck   
end dump   
firing   
flatbed   
forklift   
formsetting   
front end loader   
furniture moving   
gas turbine repair   
general const   
hand tools   
HAZMAT   
heavy equipment   
hiring   
insurance claims   
interviewing   
inventory control   
inventorying   
labeling   
labor, warehouse   
lawn mowing   
layouts

lifting   
loader operations   
loading trucks   
logistics mgmt   
lowboy   
management   
material handling   
math   
measuring   
mechanic   
mountain driving   
order pulling   
OSHA   
over-the-road   
driving   
packing   
pallet jack   
palletizing   
personnel   
production control   
propane truck   
pump repair   
pumps   
purchasing   
quality control   
receiving   
report writing   
roller route driver   
route sales   
safety regulations   
scheduling   
sheepsfoot   
shipping   
skid loader   
snow plow   
snow removal   
staffing   
standard trans   
steam cleaning   
stocking   
tandem dump   
tanker driver   
tape measuring   
timesheets   
tow truck   
track hoe operator   
tractor trailer   
trencher   
truck driver   
truck maintenance   
unloading trucks   
van driving   
water pumps   
water truck driver

## Equal Opportunity is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of applicant to or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual citizenship status or participation in any WIOA Title I financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

### What to Do if You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose)

#### **Weld County Department of Human Services**

Equal Opportunity Officer

Carrie Becker

Or

#### **Colorado Department of Labor**

Equal Opportunity Officer

Ron Arthur

315 N. 11th Ave Bldg. C, 633 17th St., Ste. 200, Denver, CO 80202

Greeley, CO 80631 Phone 303-596-5706 TTD 303-318-9016 Toll Free 1-800-894-7730

Or

Director, Civil Rights Center (CRC), U.S. Department of Labor

200 Constitution Avenue NW, Room N-4123, Washington, DC 20210

or electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

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All new and existing Connecting Colorado registrants - job seekers are now **required to update their Security Settings with answers to three security questions** upon login. If the job seeker does not update the Security Settings, the job seeker will not be able to advance beyond the *quick job search*. User names are also required.

**USERNAME:** \_\_\_\_\_ \*(6–12 characters, at least 1 letter – NOT case sensitive)\*

**PASSWORD:** \_\_\_\_\_

**Security Question 1:**

- Option 1: What was your childhood phone number?
- Option 2: What school did you attend for sixth grade?
- Option 3: In what town or city did your parents meet?
- Option 4: What is your oldest siblings middle name?
- Option 5: What was your childhood nickname?
- Option 6: What was the make of your first car?

**Check mark next to the Question preferred**

**Answer for Question preferred:** \_\_\_\_\_

**Security Question 2:**

- Option 1: In what town or city did you meet your spouse or partner?
- Option 2: What was the name of your favorite stuffed animals as a child?
- Option 3: Where were you when you had your first kiss?
- Option 4: What was the last name of one of your primary school teachers?
- Option 5: In what city does your nearest sibling live?

**Check mark next to the Question preferred**

**Answer for Question preferred:** \_\_\_\_\_

**Security Question 3:**

- Option 1: What is the birth month and year of one of your parents?
- Option 2: What city or town was your mother born in?
- Option 3: In what city or town was your first job?
- Option 4: What is the name of your childhood best friend?
- Option 5: Who was your first roommate?

**Check mark next to the Question preferred**

**Answer for Question preferred:** \_\_\_\_\_

**TANF Excused Absence / Holiday Policy**

*To prepare participants for competitive employment opportunities outside of the Colorado Works Program, both employment and educational activities are treated like work. Attendance and excused absence requirements for activities are designed to mirror what is normally expected in a regular work environment and participants will be expected to comply with those expectations.*

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**EXCUSED ABSENCES MUST BE SUPPORTED BY WRITTEN DOCUMENTATION DEMONSTRATING GOOD CAUSE. THE WRITTEN DOCUMENTATION MUST BE TURNED IN TO YOUR CASE MANAGER WITH IN 24 HOURS (ONE BUSINESS DAY) TO AVOID ENTERING INTO A CONCILIATION PROCESS FOR DETERMINATION OF EITHER A CASE CLOSURE OR SANCTION.**

**GOOD CAUSE IS DEFINED AS:** Unforeseen, unusual or unavoidable circumstances that would prevent the average person from being able to engage in their plan as expected.

Any **unexcused absences** will result in a conciliation appointment being scheduled. A conciliation appointment letter will be issued and a date for a conciliation appointment identified to provide you the opportunity to present reasonable cause documentation to justify the absence. In the event a participant does not provide good cause documentation, that participant will enter into a conciliation process for determination of a sanction or a case closure for demonstrable evidence as appropriate.

<b>EXCUSED ABSENCES</b>	<b>HOLIDAYS</b>
<p><b><u>You are allowed a MAXIMUM of eighty (80) excused absence hours per year and no more than sixteen (16) hours per month.</u></b></p> <ul style="list-style-type: none"> <li>• Jury Duty</li> <li>• Child(rens) School Registration</li> <li>• Inclement Weather (only if the city bus is <b>not</b> running or Weld County Government is closed)</li> <li>• Appointment for Food Stamp redetermination</li> <li>• Sick Days (Doctors notes required) Includes: Doctors Appointments, and Illness</li> <li>• Court Dates</li> <li>• Emergency Day</li> <li>• Eviction from Housing</li> <li>• Funeral of Immediate Family Member</li> </ul>	<p><b><u>In addition to the excused absences listed, ten (10) holidays are recognized by the Colorado Works in WCDHS Program:</u></b></p> <ul style="list-style-type: none"> <li>• New Year's Day.</li> <li>• President's Day.</li> <li>• Memorial Day.</li> <li>• Independence Day.</li> <li>• Labor Day.</li> <li>• Veterans Day.</li> <li>• Thanksgiving Day.</li> <li>• The Friday following Thanksgiving Day.</li> <li>• Christmas Eve Day.</li> <li>• Christmas Day.</li> </ul>

I have read and understand the policies regarding excused absences and holidays. I understand that failure to comply with these policies and procedures without documented good cause will affect my TANF cash benefits.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



**RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize former and current employers, public agencies, non-profit agencies, legal/judicial representatives or systems, financial institutions, and educational facilities to supply information concerning me, as requested by the Weld County Department of Human Services, and to allow inspection and reproduction of records pertaining to me by a duly authorized representative of the Weld County Department of Human Services.

I also authorize the Weld County Department of Human Services to supply information to public agencies, non-profit agencies, legal/judicial representatives or systems, financial institutions, and educational facilities, and allow inspection and reproduction of records pertaining to me by a duly authorized representative of the public agencies, non-profit agencies, legal/judicial representatives or systems, financial institutions, and educational facilities.

I hereby release all above mentioned parties from any or all liability for supplying such information and waive any and all rights I may have to non-disclosure of such records by government agencies pursuant to the Colorado Governmental Records Act, Sections 24-72-201, et. seq., C.R.S.

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature of Spouse (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Witness

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year



**~RELEASE OF INFORMATION~  
FOR BACKGROUND CHECKS**

**APPLICANT MUST COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT YOUR FULL NAME

**The following information is required by law enforcement agencies and other entities when checking records. It is confidential and will not be used for any other purposes.**

\_\_\_\_\_  
Please print any other first or last names you have used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name as it appears on Driver License or I.D.

\_\_\_\_\_  
State Issuing License or I.D. License Number or I.D. Number

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Race:** Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_

White \_\_\_\_\_ Other \_\_\_\_\_

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

**COLORADO DEPARTMENT OF LABOR & EMPLOYMENT (CDLE),  
LOCAL WORKFORCE REGIONS AND PARTNERS  
RELEASE AND WAIVER**

I, \_\_\_\_\_, do hereby give CDLE, the local workforce regions and their partners the right to use my name, photograph and/or quotes for any use CDLE, the local workforce regions and their partners deem appropriate in their promotion and marketing efforts. I understand that my image and/or quotes may be used in all forms of media and in all manners, in print and online. I understand that my quotes may be edited for content, but will not deter from the true spirit of the quotation.

I also hereby release CDLE, the local workforce regions and their partners (and their agents and employees) from all claims, demands, and liabilities whatsoever in connection with the above. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website that may be created in connection therewith.

I understand that CDLE, the local workforce regions and their partners cannot control the unauthorized use by persons other than CDLE, the local workforce regions and their partners of my name, image and quotes once such material has been published.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Executive this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of person whose printed name appears above.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I hereby grant permission to CDLE, the local workforce regions and their partners to take recorded statements of myself. I understand that these recorded statements may be used by the news media or as part of CDLE, the local workforce regions and their partners marketing efforts, or any other medium of communication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of CDLE, the local workforce regions and their partners (and their departments and/or employees). I understand that the interviewing on this date is being conducted with my permission and consent and I assume full responsibility for the release of information about myself and/or the person for whom I am granting permission, which will result.

(PLEASE PRINT)

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Name of Person being interviewed

Executive this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Address (include city, state and zip code)

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Signature

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Area Code and Phone Number



## Workforce Assessment

Request Assessment Due Date: (6 months)

Assessment Complete Date:

1B

What is your overall stress level right now? (FILL IN A CIRCLE)

I am VERY Stressed!      0      1      2      3      4      5      6      I am not stressed at all.

Where do you feel you and your family currently are in these Life Areas?

	AREA OF SIGNIFICANT NEED (0-1)	AREA OF NEED (2)	STABLE, BUT COULD IMPROVE (3-5)	THRIVING (6)					
Housing:	My family doesn't have housing.	0	1	2	3	4	5	6	We have stable housing.
Dependent Care:	We have no childcare.	0	1	2	3	4	5	6	Have childcare/reliable back up plan.
Transportation:	We have no transportation.	0	1	2	3	4	5	6	We have reliable transportation.
Personal Well Being:	Personal well-being needs attention.	0	1	2	3	4	5	6	Doing well and fully able to work.
Family Well Being:	Family challenges/interferes with progress.	0	1	2	3	4	5	6	Family is doing well and supportive.
Social Support:	No Social support/Network isn't supportive.	0	1	2	3	4	5	6	I have consistent/effective support.
Financial Health:	Income isn't enough to cover my expenses.	0	1	2	3	4	5	6	Stable income/current on bills.
Legal:	I work certain jobs; I have legal issues.	0	1	2	3	4	5	6	No legal issues.
Education/Training:	Don't have Hs diploma/GED or entry level.	0	1	2	3	4	5	6	Have a degree/Certification.
Job Search/Skills:	Don't know where to look for work.	0	1	2	3	4	5	6	Offered interviews/Jobs.
Employment:	Survival job that I don't like.	0	1	2	3	4	5	6	Love my job.

What is going on in your life that you want your coach to know about?

Is there something specific that you want to talk about during this meeting with your coach?

Do we need to update any of your information?

**Participant Assessment**

Client Name:

1B#

<b>NAME</b> <small>List all members in household</small>	<b>RELATION TO YOU</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>	<b>SCHOOL</b>
Applicant	Self				

- Are you pregnant? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Do you have any family or friends that help with moral support or childcare, food, encouragement, or financial help?  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_
- Do you have any friends or family that work at DHS? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, who: \_\_\_\_\_
- Are you caring for a family member with Medical/Mental health concerns? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
- Are there concerns with your children's school that demand your attention/being called to school frequently? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
- Have you been, in a relationship past/current, that the partner has been physically, sexually, emotionally, or verbally abusive? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Do you: Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Live with relatives or friends: \_\_\_\_\_ Homeless Shelter: \_\_\_\_\_ Other: \_\_\_\_\_  
 Have you applied for low-income housing? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Were you denied low-income housing? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, Why? \_\_\_\_\_
- Would you be able to accept a job offer today? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If no, please explain: \_\_\_\_\_

Client Signature:

Date:

# BUDGET SUMMARY

(PRESUPUESTO MENSUAL)



**\*\* ESTIMATE MONTHLY COSTS WHERE APPLICABLE** (ESTIME LOS GASTOS MENSUALES CUANDO LE SEA APLICABLE)

LIVING EXPENSES (GASTOS DE VIVIENDA)	MONTHLY EXPENSES (GASTOS MENSUALES)	ARE YOU RECEIVING ASSISTANCE FOR THIS EXPENSE? IF SO, HOW MUCH? (ESTA RECIBIENDO AYUDA PARA ESTE GASTO? SI ES ASI, POR FAVOR EXPLIQUE)	TOTAL AMOUNT PAST DUE (CANTIDAD TOTAL QUE SE DEBE)
<b>RENT/MORTGAGE PAYMENT:</b> (RENTA/HIPOTECA):			
<b>ESTIMATED UTILITY COST OF GAS &amp; ELECTRIC:</b> (GASTOS DE LUZ Y GAS):			
<b>ESTIMATED TELEPHONE BILL. HOW MANY PHONES?:</b> (ESTIMADO DE TELEFONOS Y CUANTOS TELEFONOS?):			
<b>ESTIMATED GROCERY BILL:</b> (ESTIMADO DE GASTO DE COMIDA):			
<b>CAR PAYMENT:</b> (PAGO DE VEHICULO):			
<b>CAR NEEDS (GAS, OIL, MAINTENANCE OF VEHICLE:</b> (MANTENIMIENTO DE VEHICULO: GASOLINA, ACEITE, ETC):			
<b>CAR INSURANCE PAYMENT:</b> (PAGO DE ASEGURANZA DE VEHICULO):			
<b>CHILD CARE COSTS:</b> (GASTOS DE GUARDERIA):			
<b>CLOTHING COSTS:</b> (GASTOS DE ROPA):			
<b>OUTSTANDING DEBTS:</b> (DEUDAS PENDIENTES):			
<b>CHILD SUPPORT PAYMENTS:</b> (PAGOS DE MANUTENCION INFANTIL):			
<b>MISCELLANEOUS (SPECIFY):</b> (MISCELANEOS ;ESPECIFICAR):			
<b>TOTAL MONTHLY EXPENSES:</b> (TOTAL DE GASTOS MENSUALES):			

SOURCES OF MONTHLY INCOME (INGRESOS ECONOMICOS MENSUALES)	MONTHLY INCOME (INGRESOS MENSUALES)	** PLEASE DESCRIBE ANY EXTENUATING OR UNEXPECTED CIRCUMSTANCES / EXPENSES. (POR FAVOR DESCRIBA CUALQUIER CIRCUMSTANCIA/ GASTOS ATENUANTES O INESPERADOS)
<b>WAGES (YOUR OWN):</b> (INGRESOS SUYOS):		
<b>WAGES (OTHER FAMILY MEMBERS):</b> (INGRESOS DE OTROS MIEMBROS EN SU FAMILIA):		
<b>UNEMPLOYMENT INSURANCE:</b> (INGRESOS DE DESEMPLEO):		
<b>PUBLIC ASSISTANCE, SPECIFY:</b> (ASISTENCIA PUBLICA):		
<b>CHILD SUPPORT PAYMENTS:</b> (MANUTENCION INFANTIL):		
<b>FOOD ASSISTANCE:</b> (CUPONES DE ALIMENTO):		
<b>OTHER INCOME, PLEASE SPECIFY:</b> (INGRESOS ADICIONALES: FAVOR DE ESPECIFICAR):		
<b>TOTAL MONTHLY INCOME:</b> (TOTAL DE INGRESOS MENSUALES):		

NAME: (NOMBRE): \_\_\_\_\_

DATE: (FECHA): \_\_\_\_\_



## Client Incentive Information Sheet

Client Name: \_\_\_\_\_

CBMS Number: \_\_\_\_\_

### **Incentives for Countable Work Activities**

TANF Recipients who meet their average monthly participation hours (without deeming) will receive \$50.00 per month paid on your EBT card.

### **Incentives for Obtaining a GED or HS Diploma while enrolled in TANF**

TANF Recipients will receive \$250.00 for obtaining their GED or HS Diploma paid on your EBT card.

### **Incentives for Unsubsidized Full time Employment**

An \$85.00 incentive package + \$20.00 gas voucher (if applicable) will be given to you upon providing the Case Manager the appropriate documents to verify FULL TIME employment of your first job.

Individuals who received a minimum of one month TANF benefits before obtaining employment and who maintain unsubsidized employment, averaging 32+ hours per week will receive the following incentives:

- 1<sup>st</sup> Month: \$100.00 cash incentive
- 2<sup>nd</sup> Consecutive Month: \$150.00 cash incentive
- 3<sup>rd</sup> Consecutive Month: \$200.00 cash incentive
- 6<sup>th</sup> Consecutive Month: \$300.00 cash incentive
- 9<sup>th</sup> Consecutive Month : \$400.00 cash incentive
- 12<sup>th</sup> Consecutive Month: \$500.00 cash incentive

*This set of incentives are dependent on recipient maintaining 32+ hours per week in uninterrupted unsubsidized employment and the recipient will be responsible for providing proof through:*

1. Check stub and /or
2. Employer written verification on company letterhead

*The recipient is responsible for contacting their case manager to receive these and understands this is a one-time only offer.*

*Employment Services shall determine eligibility for incentive payments within 30 business days of receiving all required verification.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CM Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*LIFE IS...  
AN OPPORTUNITY, TAKE IT.  
A JOURNEY, COMPLETE IT.  
A PROMISE, FULFILL IT.  
BEAUTY, PRAISE IT.  
A STRUGGLE, FIGHT IT.  
A GOAL, ACHIEVE IT.  
A PUZZLE, SOLVE IT.*