



Trade Adjustment Assistance (TAA) Eligibility and Information Packet

Thank you for applying to the TAA program. Enclosed is information pertaining to your TAA eligibility and benefits. It is very important that you carefully review the enclosed information.

Below are the contents of this packet with corresponding instructions. The packet forms are also available at: <http://www.ctdol.state.ct.us/TradeAct> and may be filled out electronically.

Contents of Packet (Hard copy and online)	Instructions
Program Eligibility Letters	Review and save.
Participant's Guide to TAA	Read and save.
TAA Overview Acknowledgement Form	After reading Participant's Guide, sign and save for first appointment.
Career Development Plan (DOL-118)	Complete for first appointment. May also access online:
TAA Reemployment Assessment (JS-54)	Complete for first appointment.
Job Search Assessment (DOL-128)	Complete for first appointment.
Work Based Training Flyer	Review and save.
Documentation Requirements	Review and gather required documents for first appointment.
Self-Certification Documentation Form	Review and sign for first appointment.
Authorization for Release of TAA Data Form	Review and sign for first appointment.
WIOA Equal Opportunity Notice	Review and sign for first appointment.
Babel Notice for Limited English Proficiency	Review and save.
Instructional Checklist	Review to ensure all steps have been taken as instructed in this packet.

You will be contacted within two – three weeks to schedule an appointment with a Career Development Specialist (CDS) to begin the process of developing your individualized reemployment plan. At this first meeting, the necessary program enrollments will be completed in addition to a review of available services and benefits. Your CDS will be your primary case manager throughout your entire time as a TAA participant to help guide you through to a successful completion of your program. Staff from partner programs may also become part of your team to assist and ensure best possible outcomes are achieved.

Before your first appointment, you are strongly encouraged to register and attend a live **TAA Informational Session Webinar**. A direct link to the registration can be found on our homepage at: <http://www.ctdol.state.ct.us/TradeAct>.

Training is a lifetime benefit under the TAA program, however, other benefits of the program require separate applications and have deadlines, that if missed, those benefits may no longer be available as explained in the Participant's Guide.

You must have an account in CTHires.com, the Connecticut Department of Labor's workforce job and training information management system to participate in the TAA program. If you have not done so already, please register in the system by:

1. Select **Sign In** on the CTHires homepage.
2. Scroll down the page and under Option 3 – Create a User Account
3. Select **Individual**
4. On the next page select **Comprehensive Registration**.
5. Complete all the required fields on each page of the application.

In addition to the wide array of benefits available through the Trade Act, you will also have access to a full complement of supportive services included with the Workforce and Innovation Opportunity Act (WIOA) program. [<http://www.ctdol.state.ct.us/wia/boardinfo.htm>]. This "co-enrollment" with the WIOA program is a requirement of the TAA regulations (§618.325) and statistics show participants who are co-enrolled have significantly better outcomes than those who are not.

As part of the co-enrollment process, additional verification documentation will need to be collected. Some of this verification will automatically be completed if a valid unemployment insurance claim is filed. Other information can be uploaded into your CTHires account on your own or collected later in the enrollment process. Some information can also be self-attested to. See documentation lists below.

To upload documents into your CTHires account, please follow these steps:

1. Sign into your account
2. Select the Menu drop down in the upper left-hand corner
3. Scroll down to the Document Management tab
4. Select Upload a Document
5. Follow the instructions to select and upload your document(s)



TAA PROGRAM BENEFITS OVERVIEW - ACKNOWLEDGEMENT FORM

PLEASE COMPLETE AND BRING WITH YOU TO YOUR FIRST APPOINTMENT

I _____ acknowledge, that on _____
print your name date(s)

read the Participant's Guide to the TAA Program in Connecticut and viewed the recorded benefit rights overview webinar or the PowerPoint presentation on the Connecticut Department of Labor website:

<http://www.ctdol.state.ct.us/TradeAct>.

I understand that if I have any questions regarding this material, it is my responsibility to ask my TAA representative immediately for clarification or assistance.

Client's signature after reviewing material

Counselor's signature at first appointment Date

INSTRUCTIONS: After you have read the Participant's Guide and viewed the benefits overview presentation, please list any questions you may have when you meet with a CTDOL representative. Use additional sheets if necessary.

1.
2.
3.

Office Use Only: A copy of this signed acknowledgement must be given to the client at the first appointment and the original kept in the case file.

Career Development Plan

General Information

CTHires Account Number	First Name, M.I., Last Name
Assistance needed? <input type="checkbox"/>	<input type="checkbox"/> Job Search Skills <input type="checkbox"/> Resume and Cover Letter <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Employer Research <input type="checkbox"/> Education/Training <input type="checkbox"/> Career Counseling/Career Change <input type="checkbox"/> Other (specify):
What job skills do you currently have?	
What equipment can you operate (i.e., office, industrial, manufacturing, etc.)?	
What language(s) can you speak fluently?	What language(s) can you write fluently?

Professional designations, certificates, licenses

List the Type of Professional Designation, Certificate, or License	Date Obtained	Current?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Computer skills

Indicate current skill level, if any. (✓)	Word	Excel	Project	Publisher	Access	Outlook	PowerPoint	Internet
Beginning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List other computer software/programming skills.								

Education/Training - Record most recent first

Facility	Area of Study, Major / Minor	Dates Attended		Degree, Diploma, Certificate Earned
		From	To	

Additional Considerations

Have you experienced difficulty in finding or keeping employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what specific problems or challenges have you experienced?
How long have you been seeking desired employment without success?
What particular lack of skills or knowledge, if any, do you feel is limiting your job prospects?
Are you willing and able to relocate in order to accept a job? Yes <input type="checkbox"/> No <input type="checkbox"/>
If training is available and you are approved to attend, can you foresee any monetary or other reason you would be unable to complete the training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.
List hobbies and areas of interest.

The remainder will be completed by a Connecticut Department of Labor Career Development Specialist



TAA Reemployment Assessment

Name: _____ CTHires# _____ Petition No.: _____

The goal of the TAA program is to provide you with the assistance needed to quickly return to suitable employment, “suitable” meaning work of equal or higher skill level compared to your past trade-impacted employment, paying wages at least 80 percent of your average weekly wage. A career development specialist (CDS) will assess your employment and training needs and help you develop an individual employment plan. After examining your work history, educational background and recent job-seeking efforts along with current and projected labor market data, training may be considered if the assessment reveals that you lack marketable skills necessary to return to suitable employment. Your employment plan may also include short-term prevocational services such as those intended to enhance your communications and interviewing skills.

Any training proposed must be evaluated in terms of its appropriateness for you, as well as its cost, duration and anticipated effectiveness. There must be a reasonable expectation of employment following completion of the training, using the skills and education acquired in training. Your CDS will provide additional information to help you make an informed choice among approvable training options. Training that would likely result in employment that meets or exceeds the 80 percent wage-replacement goal will be given highest priority.

If you are initially found to possess marketable skills but demonstrate a need for training over time, your employment plan may be amended to include training. Maintain a list of all job-seeking efforts to assist your CDS monitor the effectiveness of your employment plan.

Please answer the following questions:

- 1 Has your trade-impacted employer notified you of recall? Yes No
- 2 Has *any* employer offered you work? Do you expect to be offered employment? Yes No
 If yes, when do you expect to return to work? For whom? _____
- 3 Are you interested in applying for training? Yes No
 If yes, indicate preferred method of training: classroom on-the-job training either
 When would you prefer to begin? as soon as possible later, if unable to obtain work
- 4 Do you have any health issues that would prevent you from participating in training? Yes No
 If yes, explain. _____
- 5 Are you receiving, or are you within two years of receiving, either Social Security benefits or a private pension? Yes No
 If yes, how many more years do you plan to remain attached to the labor market? _____
- 6 If you are at least 50 years old, are you interested in learning about Alternative Trade Adjustment Assistance (ATAA) or Reemployment Trade Adjustment Assistance (RTAA)? Yes No

ATAA and RTAA are wage subsidy programs for trade-impacted individuals 50 years of age or older who return to lower-paying work. ATAA, an alternative to training, is an option only if included in the Trade Act certification covering your worker group. RTAA is not necessarily an alternative to training but is available only if your petition number is 70,000 or greater.

- 7 Form JS-54A/*Information Regarding the Provision of Employment and Case Management Services to Adversely Affected Workers* provides details about available services. Please indicate which of these services are of interest to you. If any service is not of interest at this time, please explain on the reverse side.

<input type="checkbox"/> Comprehensive, specialized assessment of skill levels and service needs <input type="checkbox"/> Information about suitable training available and how to apply <input type="checkbox"/> Information on how to apply for financial aid <input type="checkbox"/> Short-term prevocational services to prepare for employment or training <input type="checkbox"/> Individual career counseling; job search and placement counseling <input type="checkbox"/> Labor market information/job vacancies and needed skills: occupations in demand	<input type="checkbox"/> Individual employment plan <input type="checkbox"/> Information about supportive services
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CONNECTICUT DEPARTMENT OF LABOR**YOUR JOB SEARCH SKILLS ASSESSMENT**

The questions below are intended to help determine what services will be beneficial to you in your job search. Please answer all questions. *There are no wrong answers.*

YOUR JOB TARGET

	Yes	No
1. Do you know the type of work you are seeking?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you believe that your skills may be transferable to other jobs or occupations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you believe that your skills may be outdated?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you believe that you may need to make a career change?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you finding job postings that require the skills that you have?	<input type="checkbox"/>	<input type="checkbox"/>

YOUR COMPUTER SKILLS

	Yes	No
6. Do you know how to use the Internet for your job search?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you able to complete online applications without assistance?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you able to use any of the following Microsoft software programs? (Check all that apply.) <input type="checkbox"/> Word <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> None		
9. Do you have an email address? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>

YOUR RÉSUMÉ, JOB SEARCH STRATEGY AND INTERVIEWING SKILLS

	Yes	No
10. Do you have a résumé? If no, skip to #17.	<input type="checkbox"/>	<input type="checkbox"/>
11. Is your résumé up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has your résumé been reviewed or critiqued by a certified professional résumé writer? - If unsure, check "No."	<input type="checkbox"/>	<input type="checkbox"/>
13. When you send your résumé to an employer, are you often contacted for an interview?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you send a cover letter with your résumé?	<input type="checkbox"/>	<input type="checkbox"/>
15. When you send your résumé to an employer, do you usually send it to a specific person?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is your résumé posted on any of the following websites? (If yes, check all that apply.) <input type="checkbox"/> CT.jobs <input type="checkbox"/> Career Builder <input type="checkbox"/> Monster <input type="checkbox"/> Indeed <input type="checkbox"/> LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>
17. Which of these methods do you utilize for your job search? <input type="checkbox"/> Networking <input type="checkbox"/> Internet <input type="checkbox"/> Applying in person/cold calling <input type="checkbox"/> Newspaper <input type="checkbox"/> None		

	Yes	No
18. Do you sometimes have difficulty completing job applications? (For example, do you leave sections blank because you are unsure about what to include or lack the information needed to answer certain questions?)	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you research companies before interviewing with them?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you know what questions an employer may ask you during an interview?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have difficulty answering interview questions?	<input type="checkbox"/>	<input type="checkbox"/>
22. During an interview, are you able to explain why you want to work for the employer?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you know what questions to ask during an interview?	<input type="checkbox"/>	<input type="checkbox"/>
24. After an interview, do you send the employer a thank-you letter?	<input type="checkbox"/>	<input type="checkbox"/>
25. Following your first interview with an employer, are you sometimes contacted for a second interview?	<input type="checkbox"/>	<input type="checkbox"/>

During the past six months, have you participated in a workshop or seminar about any of the following? (Check all that apply.)

- Résumés Interviewing skills Job search strategies

If so, who provided these services? _____

What, if anything, would be most helpful to you concerning your efforts to find work?

Print Name

Date

Department of Labor Representative

Signature

Date

Program: ERS UI REA TAA

NOTES:



Work-Based Training Opportunities For TAA Participants

Trade Adjustment Assistance (TAA) is a federal entitlement program that assists U.S. workers who have lost their jobs as a result of foreign trade. This program seeks to provide adversely affected workers with opportunities to obtain the skills, credentials, and support necessary to become reemployed.

As an eligible TAA participant, a primary benefit available to you is the ability to take advantage of work-based training such as on-the-job (OJT) and apprenticeship training while working full time with a new employer. A summary of each program is provided below:

<u>On-The-Job Training</u>	<u>Apprenticeship Training</u>
<ul style="list-style-type: none"> ◆ Provides new employee training at the work site using other skilled employees as instructors. ◆ The new employee will be trained to the employer's specific work requirements. ◆ Employer receives up to a 50% wage reimbursement of the new employee's wage rate. ◆ Employer reimbursement between 2 and 9 months, depending on the complexity and skill level of the job. 	<ul style="list-style-type: none"> ◆ New employee becomes a registered apprentice and follows established apprenticeship work-schedule. ◆ TAA can fund 100% of the related instruction, books, tools, uniforms, equipment and books. ◆ Employer receives up to a 50% wage reimbursement of the new employee's wage rate. ◆ Funding can continue until the worker reaches suitable employment or 130 weeks, whichever comes first.

An eligible TAA participant is allowed one training plan per TAA certification, so if you were to elect to participate in an OJT or apprenticeship, this would be considered your one training plan. In addition, because you are working full time, you will not be eligible for income support payments (known as TRA), as may be available with other types of training.

Once you are assigned a TAA Career Development Specialist, that person will work with you to identify the most appropriate reemployment plan based on your own individual circumstances. If work-based training is a suitable option, your Career Development Specialist will provide you additional details and assist with referring you to interested employers.*

When you do meet with your Career Development Specialist, please let them know as soon as possible if you believe you may be interested in this type of training. Training approval must be made by CTDOL **before** employment begins.

* Please note: If applicable, every effort will be made to refer you to suitable employment opportunities, however, this is subject to available job openings and specific hiring requirements of the employer and no guarantee can be made with respect to new employment.

200 Folly Brook Boulevard, Wethersfield, CT 06109

The Connecticut Department of Labor is an Affirmative Action/Equal Opportunity employer and equal opportunity program and service provider. Auxiliary aids and services are available upon request to individuals with disabilities.

REQUIRED DOCUMENTATION

The following enrollment questions need to have verifying documentation. As much documentation as possible should be gathered before your first appointment, but may also be collected any time during the enrollment process. Any questions regarding documentation can be addressed by your case manager.

Questions	Documentation (Not an all-inclusive list)
Social security number	Verification is made with a valid unemployment claim. If no claim is made, other verification documents can be used including, social security card, passports, employment records, W-2 form, others.
Date of birth	Verification is made with a valid unemployment claim. If no claim is made, other verification documents can be used including, birth certificate, driver's license, passport, DD-214, others.
Unemployment compensation status	Verification is made with a valid unemployment claim.
Selective service registration (if applicable)	www.sss.gov , Contact Selective Service (847) 688-6888, Selective Service verification form.
US citizenship	Verification is made with a valid unemployment claim. If no claim is made, other verification documents can be used including, Alien registration card, birth certificate, DD-214, voter registered card, others.
Veteran status (if applicable)	DD-214, military documentation – ID or other DD forms.
Dislocated Worker	TAA 857 Determination Letter (will be in system already)
Public assistance recipient (if applicable)	If receiving all or any of the following public assistance, specific verification documents will be needed for each program, examples include:
TANF	Public assistance records/printout, Copy of public assistance check, Statement from Social Services agency.
SSI	Public assistance records/printout, Copy of public assistance check, Statement from Social Services agency.
General Assistance	Public assistance records/printout, Copy of public assistance check, Statement from Social Services agency.
Refugee Cash Assistance	Public assistance records/printout, Copy of public assistance check, Statement from Social Services agency.
SNAP	Current food stamp receipt, Food stamp card with current date, Current authorization to obtain food stamps.
SSDI	Public assistance records/printout, Copy of public assistance check, Statement from Social Services agency.
Youth Parent (if applicable)	School program for pregnant teens, School records, Physician's note
Basic Skill Deficient (if applicable)	Standardized test scores, school records, case notes, other documentation

SELF-ATTESTATION FORM

Self-attestation is allowable as verification for some questions in the WIOA application that are deemed not documentable or may cause undue hardship for the individual to obtain. However, If documentation can be obtained, good faith efforts should be made to do so. These questions will be reviewed with you at the time of enrollment.

Name:	CTHires State ID:	DATE:
Mailing Address (No. & Street or P.O. Box Number):		
City, State, Zip Code:		
My current address as of application date: Same as above <input type="checkbox"/> (To self-attest, need applicant statement with corroborating witness signature)		
I have a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose		
I am currently in the U.S. Military or a Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		
My employment status is: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed, but received notice of termination from employment or military separation. <input type="checkbox"/> Never Employed		
Educational Information:		
Highest school grade completed: Grades 0-12		
Highest education level completed: Secondary diploma, some post-secondary, certificate, AS, BS, Master's degree: <input type="checkbox"/> Not applicable		
High school diploma or equivalent received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Status: <input type="checkbox"/> I am currently attending school. <input type="checkbox"/> I am not currently attending school		
English is not my native language <input type="checkbox"/> My native language is: <input type="checkbox"/> Not applicable		
I am Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ex-Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to self-identify		
Displaced homemaker: (Dependent on income of family member, but is no longer supported by that income) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Size:		
Annualized family income (last 6 months x2):		
I am long term unemployed (27 weeks or more): <input type="checkbox"/> Yes <input type="checkbox"/> No		
This question pertains to eligibility related to a special grant to help individuals affected by the opioid crisis as they prepare for new careers and help them obtain employment that is particularly suited to their recovery efforts. Do you, a friend, or any member of your family have a history of opioid use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to answer		

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information in subject to verification and further understand, if misrepresented may be grounds for immediate termination from any program and/or penalties as specified by law.

Applicant's Signature:	Date:
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AUTHORIZATION FOR THE RELEASE
OF CONFIDENTIAL TAA/UI DATA

I understand that my Trade Adjustment Assistance records that are maintained at the Connecticut Department of Labor are protected under state and federal statute and may only be released for limited purposes provided in law, or with my written consent.

I _____, authorize the **Connecticut Department of Labor** to release to the WIOA Program partner located at the CT American Job Center, my TAA records to be used for the effective provision of services to me by such as :

- **Career Coaching – One-On-One**
- **Job Search Techniques and Tips**
- **Skill and Interest Assessments**
- **Interviewing and Networking Techniques**
- **Referrals to Business Services Team and Other Networks**
- **Advice and Support Through Peer Groups**
- **Customized Services For:**
- **Individuals with Disabilities**
- **Veterans**
- **Former Offenders**
- **Newly and Long-Term Unemployed**
- **Individuals with Unique Circumstances**
- **Various assistance such as transportation, child-care assistance and other needs you may have during training and job search activities**

I also authorize the Department of Labor to release my Unemployment Insurance (UI) and wage record information for the last fifteen months to the Workforce Development Board, its One Stop Operator, and/or Career Center partners for the purpose of determining my eligibility for training programs and other services funded under the Workforce Innovation and Opportunity Act (WIOA).

I understand that the above confidential information will only be used by such entity for the specific reasons outlined above and that all records will be destroyed upon the expiration of this release. I further understand that I can revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. This authorization will expire 15 months after I sign this release.

I am signing this form voluntarily, of my own free will.

Date _____

Signature

Connecticut Department of Labor

EQUAL OPPORTUNITY IS THE LAW

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

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

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

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

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

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

For more information, contact your local American Job Center or the Connecticut Department of Labor, Equal Opportunity Officer, 200 Folly Brook Boulevard, Wethersfield, CT 06109, Telephone: Voice (860) 263-6067; TDD/TTY (860) 263-6074; Fax (860) 263-6039.

WIOA – Title 1

Equal Opportunity Law and Complaint Procedure

CERTIFICATE OF NOTICE

This is to certify that I have read and understand the attached notice on equal opportunity law and the complaint process pertaining to WIOA Title 1 funded programs and activities.

Client Signature _____ Date _____

Witness Signature _____ Date _____

Original – to file
Copy – to customer



Babel Notice for Limited English Proficient Individuals with 11 Language Translations
(Spanish, Chinese, French, German, Tagalog, Italian, Vietnamese, Korean, Polish, Russian and Portuguese)

English

IMPORTANT! *This document(s) contains important information about your unemployment compensation rights, responsibilities and/or benefits. It is critical that you understand the information in this document.*

DEADLINE FOR APPEAL: *If you disagree with this determination or decision, you must file an appeal before the deadline noted in this document.*

IMMEDIATELY: If needed please visit one of our American Job Centers for assistance in the translation and understanding of the information in the document(s) you have received. Visit www.filectui.com for office locations.

Spanish

¡IMPORTANTE! Este documento(s) contiene información importante sobre sus derechos, obligaciones y/o beneficios de compensación por desempleo. Es muy importante que usted entienda la información contenida en este documento.

PLAZO LÍMITE PARA APELAR: Si usted está en desacuerdo con esta determinación o decisión, debe presentar una apelación antes del plazo límite indicado en este documento.

INMEDIATAMENTE: Si es necesario, visite uno de nuestros Centros de Trabajo Estadounidense para obtener ayuda en la traducción y comprensión de la información contenida en los documentos que ha recibido. Visite www.filectui.com para ver las ubicaciones de las oficinas.

Chinese

重要提示! 这份文件包含有关失业补偿的权利、责任和/或利益的重要信息。您需要理解本文件中的信息，这一点至关重要。

上诉截止日期: 如果您不同意本裁定或决定，您必须在本文件所载截止日期前提出上诉。

即刻: 如有需要，请访问我们的美国就业中心网站之一以获得翻译协助，并了解您收到的文件内容。请访问www.filectui.com 以了解办公地址。

French

IMPORTANT! Ce document contient des informations importantes sur vos droits d'allocation de chômage, vos responsabilités et/ou vos bénéfices. Il est indispensable que vous compreniez le contenu de ce document.

DATE LIMITE POUR FAIRE APPEL: Si vous n'êtes pas d'accord avec cette détermination ou décision, vous devrez faire un appel avant la date limite signalée dans ce document.

IMMÉDIATEMENT : le cas échéant, veuillez consulter une de nos agences pour l'emploi américaines afin d'obtenir de l'aide avec la traduction et la compréhension des informations contenues dans le ou les documents qui vous ont été remis. Pour savoir où se trouvent nos locaux, consultez le site www.filectui.com.

German

WICHTIG! Diese(s) Dokument(e) enthält (enthalten) wichtige Hinweise zu ihren Rechten, Pflichten bzw. Leistungen im Rahmen der Arbeitslosenunterstützung. Es ist entscheidend, dass Sie die Informationen in diesem Dokument verstehen.

FRIST ZUR BESCHWERDEEINLEGUNG: Wenn Sie mit der Feststellung oder Entscheidung nicht einverstanden sind, müssen Sie vor Ablauf der in diesem Dokument aufgeführten Frist eine Beschwerde einlegen.

ALS SOFORTMASSNAHME: Besuchen Sie bitte erforderlichenfalls eines unserer American Job Center, um Hilfe bei der Übersetzung oder dem Verständnis der Informationen in dem/den Dokument(en) zu erhalten, das/die Sie erhalten haben. Geschäftsstellenstandorte können unter www.filectui.com eingesehen werden.

Tagalog

IMPORTANT! Ang mga dokumentong ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong mga karapatan na makatanggap ng kabayaran, mga responsibilidad at /o benepisyo dahil sa pagkawala ng trabaho. Napakahalagang maunawaan mo ang mga impormasyong nilalaman sa dokumentong ito.

HULING ARAW PARA UMAPILA: Kung hindi ka sumasang-ayon sa pagpapasiya o desisyon, dapat kang maghabol o magharap ng apila bago dumating ang huling araw na nabanggit sa dokumentong ito.

AGARAN: Kung kinakailangan mangyaring bisitahin ang aming mga Amerikanong Sentro ng Trabaho (American Job Center) para sa tulong sa pagsalin at pag-unawa sa impormasyon sa (mga) dokumento na tinanggap mo. Bisitahin ang www.filectui.com para sa mga lokasyon ng opisina.

Italian

IMPORTANTE: Questo documento contiene informazioni importanti sui Suoi diritti di indennizzo di disoccupazione, sulle sue responsabilità e i suoi benefit. È cruciale che Lei comprenda appieno le informazioni contenute in questo documento.

SCADENZA PER IL RICORSO: Se non si trova in accordo con questa determinazione o decisione, dovrà presentare ricorso prima della scadenza riportata nel presente documento.

IMMEDIATAMENTE: se necessario, per ricevere assistenza nella traduzione e nella comprensione delle informazioni contenute nei documenti ricevuti, visitare uno dei nostri American Job Center. Visitare www.filectui.com per le sedi degli uffici.

Vietnamese

QUAN TRỌNG: Tài liệu này chứa đựng tin tức quan trọng về quyền hạn, trách nhiệm và/hoặc những lợi lộc được đền bù trong khi thất nghiệp. Đó là điều tối cần thiết mà quý vị phải hiểu rõ những tin tức trong tài liệu này.

HẠN CHÓT KHIẾU NẠI: Nếu quý vị không đồng ý với quyết định này, quý vị phải nộp đơn khiếu nại trước hạn chót ghi rõ trong tài liệu này.

NGAY LẬP TỨC: Nếu cần thiết xin đến một trong những Trung Tâm Việc Làm Hoa Kỳ (American Job Centers) để được trợ giúp trong việc thông dịch và hiểu những thông tin trong (các) tài liệu mà quý vị nhận được. Xin truy cập www.filectui.com để biết địa chỉ các văn phòng.

Korean

중요! 이 문서는 실업보상 권리, 책임 및/또는 혜택에 대한 중요한 정보가 포함 되어 있습니다. 이 문서에 있는 정보를 이해 하는 것은 매우 중요합니다.

항소 마감: 이 결정에 이견이 있으시면 항소인은 문서에 언급된 마감일 전에 항소를 제기하셔야 합니다.

즉시: 귀하가 수령하신 문서의 내용에 대한 번역 및 이해를 위해 도움이 필요하시면 미국 직업 센터(American Job Centers)에 방문하십시오. www.filectui.com에 접속하시면 지역별 직업 센터의 위치가 수록되어 있습니다

Polish

WAŻNE! Dokumenty mogą zawierać ważne informacje o Pana(-i) prawach do zasiłków dla bezrobotnych, obowiązków i/lub świadczeń. Zrozumienie informacji zawartych w niniejszym dokumencie jest bardzo ważne.

DATA WYGAŚNIĘCIA TERMINU SKŁADANIA ODWOŁAŃ: Jeśli nie zgadza się Pan(-i) z decyzją zawartą w niniejszym dokumencie, odwołanie należy złożyć przed datą wygaśnięcia terminu wyszczególnionego w treści niniejszego dokumentu.

PILNE: W razie potrzeby odwiedź jedną z placówek American Job Centers, aby uzyskać pomoc w tłumaczeniu i zrozumieniu informacji zawartych w otrzymanym dokumencie. Odwiedź www.filectui.com, aby znaleźć lokalizację najbliższej placówki.

Russian

ВАЖНО! Данный документ(ы) содержит важную информацию о Ваших правах на пособие по безработице, ответственностях и/или выгодах. Крайне важно, чтобы Вы поняли всю информацию, представленную в данном документе(ах).

КРАЙНИЙ СРОК ДЛЯ ОБЖАЛОВАНИЯ: Если Вы не согласны с представленным постановлением или решением, Вы должны подать заявление на обжалование данного документа до крайнего срока, указанного в нём.

НЕЗАМЕДЛИТЕЛЬНО: При необходимости, пожалуйста, посетите один из наших Американских центров по трудоустройству (American Job Center) для получения переводческой помощи и понимания информации, содержащейся в полученном Вами документе (-ах). Посетите сайт www.filectui.com, где указаны адреса офисов.

Português

Importante! Este documento (s) contém informações importantes sobre seus direitos de indemnização do desemprego, responsabilidades e / ou benefícios. É importante que você compreenda as informações contidas neste documento.

Prazo para Recurso: Se você não concordar com esta determinação ou decisão, você deve apresentar e apelar antes do prazo referido no presente documento.

IMEDIATAMENTE: Se necessário, visite um dos nossos Centros Americanos de Trabalho para obter assistência na tradução e compreensão das informações contidas no(s) documento(s) que você recebeu. Visite www.filectui.com para os locais do escritório.

Packet Checklist (For self-use)

Item	Yes	No	Uploaded into CTHires (if possible)
Reviewed Program Eligibility Letters			N/A
Read the TAA Participants Guide			N/A
Completed the TAA Overview Acknowledgement Form			
Filled out the Career Development Plan form (DOL-118)			
Filled out the TAA Reemployment Assessment form (JS-54)			
Filled out the Job Search Assessment form (DOL-128)			
Reviewed the Work Based Training Flyer			N/A
Reviewed the Babel Notice for Limited English Proficiency			N/A
Created an account in CTHires.com			N/A
Registered to attend a live TAA orientation webinar			N/A
Gathered required enrollment verification documents			
Completed the self-attestation form (if self-attesting)			
Reviewed and signed the Authorization for Release of TAA Data Form			
Reviewed and signed the WIOA Equal Opportunity Notice			