



WORKABILITY I APPLICATION

THIS APPLICATION PACKET MUST BE
COMPLETE BEFORE SUBMITTING

Every blank and box must be completed

Social Security card must be signed



WEST END SELPA WORKABILITY 1 PROGRAM

To Whom It May Concern:

The vision of WorkAbility I (WAI) is to enable young individuals with disabilities to successfully prepare for the workplace. Exciting transition options for students with special needs are, the pre-employment transition skills training and temporary work experience opportunities offered through the WorkAbility I program. The program's partnership with the local business community has established an opportunity for students to experience the realistic requirements of the current job market in order to gain the skills for private sector employment. Students are paid a competitive wage for a predetermined number of hours by the WorkAbility I Program, based on the student's aptitude and abilities and grant funding.

Attached is a referral packet for your son/daughter (student) to apply for the WorkAbility I Program. WorkAbility I is a grant funded program from the California Department of Education, which is coordinated by the West End Special Education Local Plan Area (WESELPA) in San Bernardino County.

The student is responsible for **thoroughly** completing the referral packet, which includes all necessary signatures, photocopies of his/her Social Security card and a picture I.D. If the student has an alien registration card, a photocopy **must** also be included.

Return the completed packet to the special education teacher, who will submit it to the WorkAbility I office for approval. Upon receipt of the completed referral packet by the WorkAbility I Transition Case Technician, an interview will be arranged with the student. Any missing information will result in the return of the packet to the referring teacher.

If your son/daughter is to be considered for temporary paid work experience, he/she must meet the following criteria:

WorkAbility I Independent and Supported Employment Placement Criteria:

- Must be 16 years of age.
- Must have current / active IEP.
- Must have Federally approved "Right to Work" Documentation - original Social Security card or Alien Registration with Employment Authorization card for non-USA citizens only
- Must have school picture identification card or California Identification card.
- Must have desire to work.
- Must meet district criteria for work permit (grades/attendance).
- Must attend school on a regular basis.
- Must possess appropriate behavior in a school setting.
- Must have appropriate hygiene and be able to follow company dress code.

The Following is Additional Criteria for Independent Work Experiences Only

- Must be capable of independent employment
- May be required to pass a pre-employment drug screening/drug test.
- Criminal convictions will not necessarily exclude your child from the WorkAbility I program, but will be considered for appropriate placement. ***Do not disclose the following: convictions for marijuana related offenses which are more than two years old, convictions that have been sealed, expunged, impounded or legally eradicated; misdemeanor convictions for which probation was completed and the case dismissed; information regarding referral to, and/or participation in any pre-trial or post trial diversion program; information regarding arrests or detentions that did not result in a conviction; or information regarding minor traffic violations*
- Before your child can begin working, they must first complete the following tasks with their WorkAbility I Transition Case Technician.
 1. Interview with Transition Case Technician
 2. Obtain References and Letters of Recommendation
 3. Practice Employment Application
 4. Practice Interview Questions
 5. Job Site Application
 6. Job Site Interview
- The duration of this process will depend on the student's follow through and their ability to accomplish all tasks accurately as determined by the Transition Case Technician. This process can take anywhere from 4 weeks to 2 months; longer in some cases.

Receipt of the WorkAbility Application does not guarantee participation. Based on the number of openings, students will be met with on a "first come, first served" basis.

KEEP THIS COPY FOR YOUR INFORMATION. If you have any questions, please contact the Vocational Services Office at 909/476-6127.

Sincerely,
The WorkAbility I Staff





WEST END SELPA WorkAbility I

Policies & Procedures

Mission of WorkAbility I “WAI”

The mission of WorkAbility I (WAI) is to promote the involvement of key stakeholders, including students, families, educators, employers, and other agencies in planning and implementing an array of services that will culminate in successful student transition to employment, lifelong learning and quality adult life.

WorkAbility I Program Information

The WAI program assists all referred secondary students with an active IEP in one of the following ways:

- Prescreening assessment (formal or informal career survey/interest inventory).
- Pre-Employment Transition Skills (PETS) training and presentations.
- Counseling information for post-secondary education or training.
- Subsidized (WAI paid) temporary employment placement and site support, based on grant funding
- One-year follow-up after program exit.

WorkAbility I Job Training Referral Process (age 16+)

- Student completes WAI referral packet, available from site Transition Case Technician or special education staff, and obtains necessary parent permission.
- Student returns the completed packet, which includes photocopies of Social Security Card/Permanent Residence Card, photo identification and work permit to the Transition Case Technician
- **Consideration for paid employment is not a guarantee, but a privilege.**

If Considered for Temporary Job Placement, Student:

- Must maintain excellent attendance, behavior, and classroom citizenship/achievement.
- If under age 18, must obtain a work permit from school.
- Must be able to work independently with supervision by an on-site manager and off-site support from Transition Case Technician.
- Must take responsibility for transportation to and from work.
- Will work as scheduled and agreed upon by employer and Transition Case Technician, per state and federal labor laws.
- Must notify the employer and Transition Case Technician when he/she will be absent from work.
- Must notify Transition Case Technician of any change of address or phone number.
- Is responsible for correctly completing and submitting time sheets to Transition Case Technician and signing time card.
- Will be paid once a month for a predetermined amount of hours based on available grant funding; check will be issued by San Bernardino County Superintendent of Schools.

I have read, understand and agree to the WorkAbility I information and criteria.

Parent/Guardian or Adult Student Signature

Date

WorkAbility I is funded by a grant from the
California Department of Education, Special Education Division





Web Log ☐
Privacy Log ☐

SSID Number

WORKABILITY I PROGRAM APPLICATION

Student Name: _____
Last First Middle

Address: _____
Street Apt. # City State / Zip

Home Phone: _____ Cell Phone: _____

Student Email: _____ Parent Email: _____

Parent/Guardian Name: _____ Parent Cell: _____

☐ Male ☐ Female Date of Birth: _____ Age: _____ Social Security #: _____

School: _____ Grade: _____ Expected Year of Graduation: _____

School Contact Person: _____ Primary Disability: _____

Employment

Are you currently working? ☐ Yes ☐ No If yes, where?: _____

Hourly Wage?: _____ Number of hours worked per week?: _____

Volunteer

Are you currently volunteering? ☐ Yes ☐ No If yes, where?: _____

Volunteer Hours per week?: _____ Are you receiving school credits? ☐ Yes ☐ No

IEP ETHNICITY LIST:

<input type="checkbox"/>	African Am	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Tahitian	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Other
<input type="checkbox"/>	White	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Korean	<input type="checkbox"/>	
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	





WORKABILITY I PROGRAM Student Agreement

Student and Parent/ Guardian Must Agree to All Statements in Order to Participate in WorkAbility I.

STUDENT INITIALS on each line.

1. _____ I understand that the WorkAbility I placement is only a **temporary paid work experience.**
2. _____ My transportation to and from the job site is my and/or my parent's responsibility.
3. _____ I **must** attend school in order to work on that school day.
4. _____ My classroom attendance, grades, and behavior must be maintained.
5. _____ If my address or phone number changes, I will immediately contact the WorkAbility I Transition Case Technician.
6. _____ If any problems should occur on the job, I will contact the WorkAbility I Transition Case Technician **immediately.**
7. _____ I will be supervised by the on-site manager, with support from the WorkAbility I Transition Case Technician.
8. _____ I will notify my employer and the WorkAbility I Transition Case Technician if I am unable to report for work.
9. _____ I will **not** work any hours that require overtime or extra holiday pay.
10. _____ I will accurately and honestly record my work hours to the WorkAbility I Transition Case Technician.
11. _____ I will be responsible for having time sheets verified by the employer and returning them to the designated area, or WorkAbility I Transition Case Technician, prior to the deadline date and time.
12. _____ I understand that not all employers participate in the WorkAbility I Program.
13. _____ **I understand that it may take up to 60 days to receive my first paycheck.**
14. _____ I understand that while involved in the WorkAbility I Program, if I have committed or attempted to commit robbery or extortion, stolen or attempted to steal school property or private property, or knowingly received stolen school property or private property, I will be terminated from the WorkAbility I Program and may be suspended or expelled from school as stated in *Education Code Sections 48900 - 48927.*

I understand that if I fail to comply with any school rules, performance guidelines, and policies, including the stated above, it could result in the termination of paid work experience hours provided by the WorkAbility I Program and that disciplinary action by the school as well as legal action by the employer may be taken.

Student Signature

Parent/Guardian Signature

WESELPA
8265 Aspen Ave. Suite 200 Rancho Cucamonga, CA 91730
909/476-6127





WORKABILITY I PROGRAM

CONSENT FORM

Student Name: _____

☐ **Yes** ☐ **No** **CONSENT.** I give consent for my son/daughter to participate in temporary paid work experience through the WorkAbility I Program. I will give support to my child for transportation to and from a job site. I will encourage good grooming, proper clothing, and positive work habits.

☐ **Yes** ☐ **No** **PICTURES.** I hereby give my consent to the San Bernardino County Superintendent of Schools to take, or authorize others to take still pictures, motion pictures, video tapes, or voice recordings of my child in relation to the WorkAbility I Program. I understand that these may be used through radio, television, newspapers, or films for educational purposes, public interest, or information purposes, as related to the WorkAbility I Program.

☐ **Yes** ☐ **No** **RELEASE OF INFORMATION TO PROSPECTIVE EMPLOYERS.** I hereby authorize the WorkAbility I Program to release information to prospective employers for the purposes of assisting my child in job placement. I understand that only necessary information to assist my child in job placement will be released.

☐ **Yes** ☐ **No** **TEMPORARY WORK EXPERIENCE.** I understand that this is only a temporary work experience program. The employers are under no obligation to hire my son/daughter. Paid work experience and the numbers of hours provided is contingent on grant funding to the WorkAbility I Program.

Parent/Guardian or Adult Student Signature

Date



WE SEL PA
8265 Aspen Ave. Suite 200 Rancho Cucamonga, CA 91730
909/476-6127



WORKABILITY I PROGRAM EMERGENCY CONTACTS

1. Student Name: _____ Parent/Guardian: _____

Address: _____

Phone Day: _____ Phone Evening: _____

2. Name: _____ Relationship: _____

Address: _____

Phone Day: _____ Phone Evening: _____

3. Name: _____ Relationship: _____

Address: _____

Phone Day: _____ Phone Evening: _____

AUTHORIZATION OF MEDICAL TREATMENT OF A MINOR/ ADULT STUDENT IN THE EVENT OF INJURY

I, the undersigned, parent and/or legal guardian of _____, whose date of birth is: _____, do hereby authorize medical and/or surgical treatment by a State of California licensed Medical Doctor (M.D.) and/or a State of California Hospital and/or a licensed Hospital Emergency Room and/or a Private Practice Office operated by a State of California licensed Medical Doctor, duly certified and licensed and/or their representatives as agent/s for the undersigned to consent to any x-ray, laboratory, anesthetics, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of a licensed Medical Doctor as per the provisions of the Medical Practice Act and who is on the staff of the accredited hospital, whether such diagnosis or treatment is rendered at the office of the treating physician or any accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority, consent, and power on the part of our aforesaid agent/s to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his Medical and Surgical Judgment may deem advisable pursuant to the provisions of Section 25.8 of the Civil Code of California.

In addition, you are authorized to release and/or to receive any and all medical records and/or related medical information pertaining to and or aiding in the treatment rendered the Minor/ Adult Student named above with regards to the Minor's/ Adult Student's Industrial Accident/Injury.

Parent/Guardian or Adult Student Signature

Date





WORKABILITY I PROGRAM

IDENTIFICATION VERIFICATION FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

**PLEASE ATTACH COPIES OF SOCIAL SECURITY CARD
AND PICTURE I.D. TO THIS FORM.**

SOCIAL SECURITY CARD MUST BE SIGNED BY STUDENT

SCHOOL ID
OR
CA STATE ID

SIGNED
SOCIAL SECURITY CARD

I certify that I have seen the original picture I.D. and Social Security card and they appear to be acceptable according to the requirements of the Form I-9, Employment Eligibility Verification.

SIGNATURE OF PERSON
PHOTOCOPYING ORIGINAL DOCUMENTS

DATE

WESELPA
8265 Aspen Ave. Suite 200 Rancho Cucamonga, CA 91730
909/476-6127



STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)

Minor's Information

Minor's Name (First and Last)	Home Phone	Grade
Home Address	City	Zip Code
Birth Date	Social Security Number	Age
Student's Signature		

School Information

School Name	School Phone
School Address	City
	Zip Code

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent's Name (Print First and Last)	Parent's Signature	Date
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To be filled in and signed by employer

Business Name or Agency of Placement	Business Phone	Supervisor's Name
Business Address	City	Zip Code
Employer's Maximum Expected Work Hours: _____ hours per day _____ hours per week		
Describe nature of work to be performed: _____		

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name (Print First and Last)	Employer's Signature	Date
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For authorized work permit issuer use ONLY

Maximum number of work hours when school is in session:								Maximum number of work hours when school is not in session:							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor's Age (Evidence Type)								Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability							
Verifying Authority's Name and Title (Print)															
Verifying Authority's Signature															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.