

WV WORKS List of Local Services

Name \_\_\_\_\_ Case No. or SSN \_\_\_\_\_

**(Please put your initials beside each service as it is discussed with you)**

\_\_\_\_\_ WORKFORCE West Virginia Career Centers/Other Employment Resources (List addresses and telephone numbers for all available employment resources.)

\_\_\_\_\_ Activity Placements  
(List available types of activities that may be possible to meet a work requirement, such as CWEP, providing day care. Explain each briefly here and provide more detail in discussion.)

\_\_\_\_\_ GED/Adult Basic Education Classes/Head Start  
(List addresses and telephone numbers for contacting facilities about additional information. Explain what to expect from such classes.)

\_\_\_\_\_ College/Vocational Training  
(List addresses and telephone numbers for colleges and vocational training within commuting distance. List the kinds of vocational training available. Discuss the availability of financial aid and how to apply. List information about how to contact the financial aid officer at each facility. Attach as many pages as necessary and refer to the attachments here).

\_\_\_\_\_ Statutory Benefits  
(List address and telephone number of agencies where application can be made for disability payment, such as SSI, RSDI, VA. Explain MRT process.)

\_\_\_\_\_ Day Care  
(List addresses and telephone numbers for child and adult day care available locally.)

\_\_\_\_\_ Vision/Dental Services  
(Explain the benefits.)

\_\_\_\_\_ Support Service Payments  
(Provide the client with an updated pamphlet describing support services. Tell the client whether or not he will qualify for continued support services if his case is closed due to earnings. Explain the limits and that verification is required.)

\_\_\_\_\_ Direct Deposit/EBT  
(Explain these processes. List telephone numbers to call for problems.)

WV WORKS List of Local Services Template (Rev. 9/06)

- \_\_\_\_\_ Medical Card  
(List a contact telephone number for problems with medical cards. Explain how to use one when the family is new to Medicaid and the reason Medicaid is received.)
  
- \_\_\_\_\_ Fair Hearing Information  
(Explain the purpose of a Pre-Hearing Conference and a Fair Hearing, when to request one and how one may be requested.)
  
- \_\_\_\_\_ Legal Services  
(List address and telephone number of available legal services groups. Explain the role such groups play in applying for SSI, in domestic violence situations, in Fair Hearing.)
  
- \_\_\_\_\_ Home Visits  
(Explain that home visits are required and at which points in their receipt of assistance they will occur. When the client is employed, ask if he can be contacted at work.)
  
- \_\_\_\_\_ Housing Assistance  
(List the address and telephone number to apply for subsidized housing. Include verbal explanation of how to apply.)
  
- \_\_\_\_\_ Health Department  
(List the address and telephone number of local health services. Discuss vaccinations/immunizations and when to contact a medical professional.)
  
- \_\_\_\_\_ Mental Health Services  
(List the address and telephone number of agencies which provide counseling, substance abuse assistance, parenting skills, etc. Discuss appropriate times to contact these agencies.)
  
- \_\_\_\_\_ WIC  
(List the address and telephone number of the closest WIC location. Discuss the benefits of the Program.)
  
- \_\_\_\_\_ Family Planning  
(List the address and telephone number of agencies/organizations which provide information about family planning and/or supply birth control devices.)
  
- \_\_\_\_\_ Domestic Violence  
(List addresses and telephone numbers to obtain information about available services for victims of domestic violence. Discuss: this is offered to everyone even those who have no history of DV {especially important when both parents are present}, confidentiality of information, safety is the first concern, etc.)

- \_\_\_\_\_ Earned Income Tax Credit (EITC)  
(Explain that those who file an income tax return may qualify for EITC and how to apply for it. Provide a pamphlet with the information when they are available.)
  
- \_\_\_\_\_ Post-Employment Options  
Discuss the 2 employment assistance options available to a former WV WORKS participant when the WV WORKS benefit is closed due to employment.
  
- \_\_\_\_\_ Sexual Harassment  
(Worker must provide the attached sexual harassment handout, Attachment A, and briefly discuss with applicant)
  
- \_\_\_\_\_ Accommodations for Disabilities – If the client indicates or there is available documentation that he has a mental, physical or learning disability, the Worker must discuss with the client that special accommodations will be made in order for him to participate in the WV WORKS Program.

## WHAT DOES “SEXUAL HARASSMENT” MEAN?

“Sexual harassment” means that someone is bothering you or doing unwanted or unwelcome things of a sexual or gender-related nature. For example, someone who makes unwelcome sexual or gender-related remarks and gestures by:

- Touching you inappropriately
- Making offensive jokes or remarks about women or men
- Making sexual requests or suggestions
- Staring at or making unwelcome comments about your body
- Displaying sexually offensive pictures
- Being verbally abusive to you because of your gender

## WHAT CAN YOU DO IF YOU ARE “SEXUALLY HARASSED”?

- Contact your WV WORKS Worker or Supervisor if you are in a WV WORKS employment or training activity.
- Contact the nearest Equal Employment Opportunity Commission (EEOC) representative or call the EEOC office at (800) 669-4000.

WV WORKS List of Local Services – Attachment A