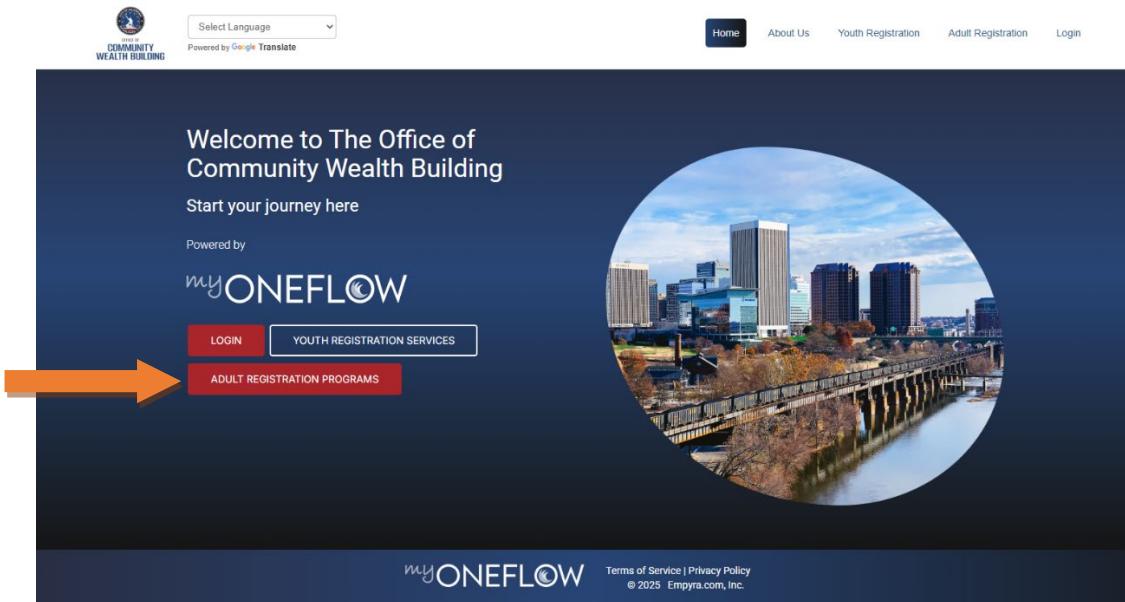




1. Using your internet browser (Microsoft Edge works best), visit
<https://cityofrichmond.myoneflow.com/oneflow/ocwbrSiteHome.aspx>

2. Select **Adult Registration**



3. Create your OneFlow Account by completing the registration form then click **SAVE**

- a. (if you receive an error message stating “SSN already in use,” please contact us at (804) 646-0984)

Office of Community Wealth Building Registration Form

First Name *	Middle Initial	
Last Name *	Suffix	Address
Zip code *	Birth Date	
Gender Identity	Race	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary	<input type="button" value="– Select –"/>	
<input type="radio"/> Prefer not to answer		
SSN *	Cell phone(Primary Phone) * (1)	
Gender	Work phone(Alternate Phone) * (1)	
Program of Interest *	Email (Username) *	
<input type="button" value="– Select –"/>	<input type="button" value="– ext"/>	
Password * <input type="button" value="Generate Password"/>	Confirm Password *	
<small>>Password must use a minimum of 8 character(s), contain at least 1 digit(s), and cannot be same as previous 5 passwords</small>		
Are you Spanish Speaker or need assistance *		
<input type="button" value="– Select –"/>		

* - Indicates a required field
(1) - Indicates at least one response is required.

SAVE

4. Select **I Agree** to the data and license agreement

Data Sharing & End User Licensing Agreement

End-User License Agreement for OneFlow

This End-User License Agreement (EULA) is a legal agreement between you (either an individual or a single entity) and the mentioned author (empyra.com) of this Software for the software product identified above, which includes computer software and may include associated media, printed materials, and "online" or electronic documentation ("SOFTWARE PRODUCT").

By installing, copying, or otherwise using the SOFTWARE PRODUCT, you agree to be bound by the terms of this EULA. If you do not agree to the terms of this EULA, do not install or use the SOFTWARE PRODUCT.

SOFTWARE PRODUCT LICENSE

a) OneFlow is being distributed for personal, commercial use, non-profit organization, educational purpose. You are NOT allowed to make a charge for distributing this Software (either for profit or merely to recover your media and distribution costs) whether as a stand-alone product, or as part of a compilation or anthology, nor to use it for supporting your business or customers. It may be distributed freely on any website or through any other distribution mechanism, as long as no part of it is changed in any way.

1. GRANT OF LICENSE.

This EULA grants you the following rights: Installation and Use. You may install and use an unlimited number of copies of the SOFTWARE PRODUCT. Reproduction and Distribution. You may reproduce and distribute an unlimited number of copies of the SOFTWARE PRODUCT; provided that each copy shall be a true and complete copy, including all copyright and trademark notices, and shall be accompanied by a copy of this EULA. Copies of the SOFTWARE PRODUCT may be distributed as a standalone product or included with your own product as long as The SOFTWARE PRODUCT is not sold or included in a

5. Click **Next** to watch the Orientation video that will explain some of the services we can provide to you

Office of
**COMMUNITY
WEALTH BUILDING**

COLLAPSE MENU

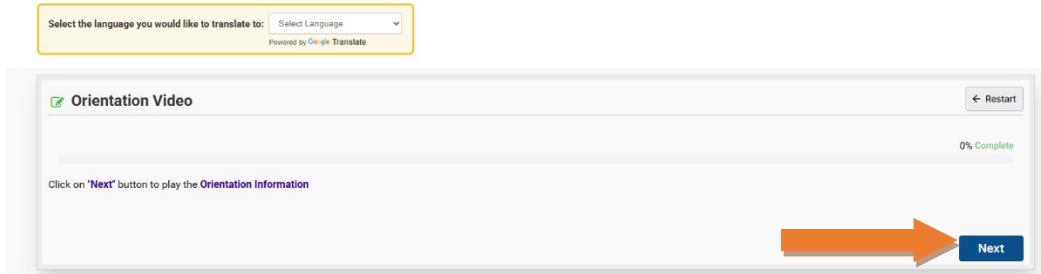
- My OneFlow
- My Plan
- My Documents
- Timesheet
- Qualifications & Skills
- My Profile
- Events
- Calendar
- Contact Request

Select the language you would like to translate to: Powered by Google Translate

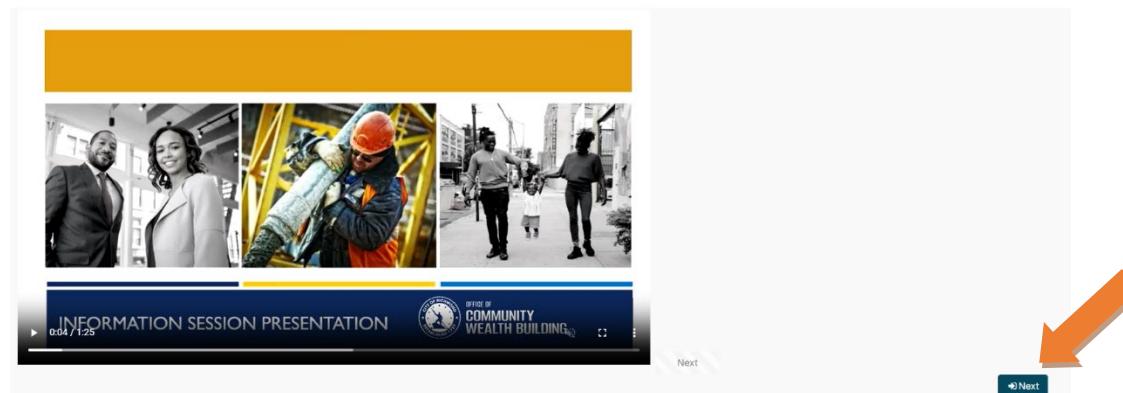
Orientation Video ← Restart

Click on 'Next' button to play the Orientation Information 0% Complete

Next



6. Once the video has completed, select **Next**



7. Confirm that you watched the video by selecting **Yes** then click **Next**

Powered by Google Translate

Orientation Video

← Restart

50% Complete

* Have you watched the orientation videos provided for the course?

Yes

Next



8. Select **Close** (top right)

Contact [804-646 0984](tel:804-646-0984) is case help is needed

FORM REVIEW

Orientation Video Status: ✓ Completed

Thank you for completing the form. Please review the actions available below.

Form Outputs

Date Completed: 05/22/2025 No available actions found.

[Review Answers](#)

[Edit Answers](#)

9. Verify the information on the questionnaire, then select **Next** (repeat for next page)

Intake Application

CLIENT INFORMATION

* First Name: Robert

* Last Name: Test

* Address:

* Zip code: 23220

Richmond, Richmond city, Virginia

Mailing Address:

Mailing Zip code:

P.O. Box:

0% Complete

← Restart

Next



Intake Application

0% Complete

← Restart

* Social Security Number: 234-56-7894

* Email Address: allen.v.robert@gmail.com

* Date of Birth:

* Gender:

Female

Male

Not Disclosed

* Cell Phone: (800) 666-1004

Home Phone:

Work Phone:

10% Complete

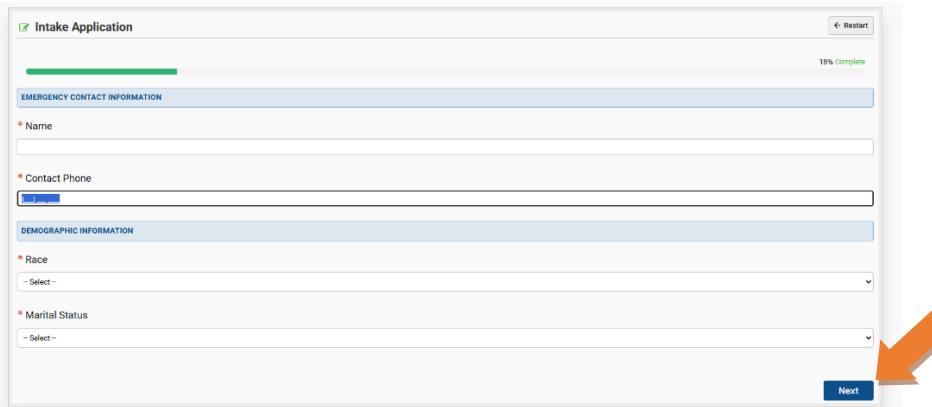
← Restart

Next



10. Enter the contact information for your emergency contact.

11. Enter **YOUR** demographic information and select **Next**



Intake Application

18% Complete

EMERGENCY CONTACT INFORMATION

* Name:

* Contact Phone:

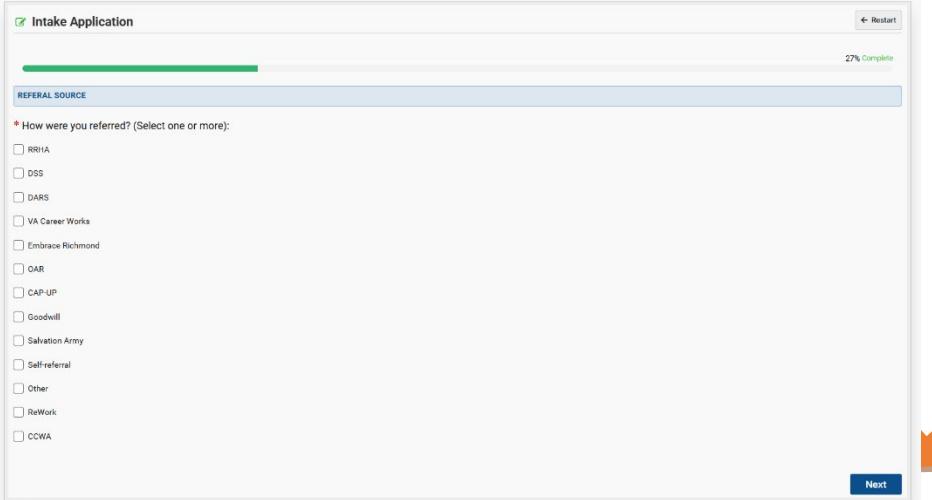
DEMOGRAPHIC INFORMATION

* Race: - Select -

* Marital Status: - Select -

Next

12. How did you hear about us? (If your answer is not listed, check OTHER and enter your answer. Click **Next**



Intake Application

27% Complete

REFERRED SOURCE

* How were you referred? (Select one or more):

RRHA
 DSS
 DARS
 VA Career Works
 Embrace Richmond
 OAR
 CAP-UP
 Goodwill
 Salvation Army
 Self-referral
 Other
 ReWork
 CCWA

Next

13. Enter your highest level of **Completed** Education

a. (if you did not finish High School, select the corresponding option)



Intake Application

30% Complete

EDUCATION INFORMATION

* What is your highest level of education completed?

- Select -

Next

14. Enter your Household Size for Family Size.

a. If you live alone enter “1”

15. List the names of all household members.

a. If more space is needed, select “Add Another.”

Intake Application

37% Complete

List household members:

* Family Size

* Name	* Age	* Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/> - Select -	Add Another

Next

16. Answer whether you receive the following services, then select **Next**

Intake Application

63% Complete

ASSISTANCE & EMPLOYMENT

Are you currently receiving the following types of assistance?

* Are you currently receiving TANF?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving SNAP/Food Stamps?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently participating in VIEW?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving WIC?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving SSDI?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving SSI?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving Medicaid?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving Unemployment Insurance?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving General Relief?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving Energy Assistance?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving Disaster Assistance?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently Participating in SNAP-ET?	<input type="radio"/> Yes	<input type="radio"/> No
* Are you currently receiving any other form of assistance?	<input type="radio"/> Yes	<input type="radio"/> No

Next

17. Enter your employment status, then select **Next**

Intake Application

63% Complete

* What is your employment status?

Employed

Not Employed

Next

18. Enter your information related to the last day of employment and income

- a. This section will appear if you selected **NO** to the previous question
- b. "Monthly Income" includes SSI/SSD
- c. If you do not know the exact date you last worked, please make a rough estimate

Intake Application [Restart](#)

70% Complete

DECLARATION OF UNEMPLOYMENT

* I hereby affirm that I am currently unemployed and that my monthly income is \$

* What was your last date of employment?

 **Next**

19. Select **I Agree to the OCWB Workstation Guidelines, then click **Next****

- a. Explains the rules and expectations of our Computer Lab

92% Complete

CITY OF RICHMOND OFFICE OF COMMUNITY WEALTH BUILDING WORKFORCE STATION GUIDELINES

Conduct:

1. Participants must respect staff, employers, visitors, and other participants at all times
2. All participants using the Workforce Center must be registered with the Virginia Workforce Connection (VAWC).
3. Food and beverages are not allowed in the Workforce Station.(Marshall St. location) Career Station smoking areas are located to the right of the front entrance, near the benches
4. Noise must be kept to a minimum.(Please speak softly.)
5. Please refrain from smoking near the front entrance. (At the Marshall St. Career Station, designated smoking areas are located to the right of the front entrance near the benches.)

Computer Policy:

1. All participants must sign the computer log-out sheet in order to use a computer.
2. Participants are allowed up to 4 hours of computer usage per day.
3. You are welcome to check your personal email and conduct legitimate employment-related business while using the computers.
4. Playing music or music videos is not permitted. If using a job training-related application that requires sound, please use headphones. Note: The OCWB does not provide headphones.
5. Displaying offensive materials via the internet or software is strictly prohibited. 6. Installing software, programs, games, or other applications is not allowed.
7. Do not modify, download, or remove any software, hardware, or equipment. This includes games, apps, music, movies, or any non-employment-related content.
8. Abuse of equipment, furniture, hardware, or software is not allowed.
9. Any workstation left unattended for more than 10 minutes may be claimed by another participant.
10. Participants must respect copyright laws and avoid using copyrighted materials without permission.

Office Service:

1. Printing, faxing, and other services are available to OCWB participants only. Printouts should be limited to 5 pages per person, per day. If you have extenuating circumstances, please speak with a Workforce Center Assistant or Case Manager.
2. If you borrow any materials or supplies (e.g. tape, scissors, stapler, hole punch, pens, etc.), please return them to the receptionist before leaving.

Telephone Usage:

1. All cell phone or personal calls must be taken outside the Workforce Center. For the Marshall St. Career Station, participants may use the lobby telephone located near the front door, adjacent to the job board. Telephones at the front desk are for staff use only.

* I acknowledge that I have read, understand, and agree to follow the Workforce Center guidelines. I understand that failure to comply with these guidelines may result in my dismissal from the Center.

I agree  **Next**

20. Select **I Agree** to the OCWB Program Disclosure and Release Form, then click **Next**

- Allows OCWB to use the information you have provided to assist you in receiving the assistance you requested

Intake Application Restart

95% Complete

OFFICE OF COMMUNITY WEALTH BUILDING PROGRAM DISCLOSURE AND RELEASE FORM

The following declarations are made pursuant to PUBUC LAW 91-579 (PRIVACY ACT 1979). The disclosure of this information is voluntary; however, omission of an item means you might not receive full consideration for services for which this information is needed.

1. I hereby approve the release/exchange of all information that is determined pertinent for verification and other services, employment, and training purposes to the Richmond Office of Community Wealth Building (OCWB) and its program contractors, and any other agency, organization, or institute needing such information for verification for services, employment, and training purposes. This includes, but is not limited to: employment, previous income, receipt of public assistance (T ANF), Social Security or SST benefits, medical records and history to include psychological evaluations and educational records and history.

2. I hereby authorize the appropriate county Department of Social Services and/or Social Security Administration to release information concerning the amounts and types of assistance I receive from that agency. I understand that this information will be used to determine my eligibility for services and employment/training programs sponsored by OCWB and its program contractors. I acknowledge that this consent is voluntary and that I may revoke my consent.

3. I hereby grant to the OCWB, and its program contractors the absolute right to use photographs of me, and/or statements made by or about me without compensation to me, during and after the time I may be a participant of any program or services sponsored by the OCWB, and its community partners for the purpose of publicity of the City of Richmond Office of Community Wealth Building programs or activities.

4. Disclosure by you of your Social Security Number (SSN) is beneficial in obtaining the services, benefits, or training that you are seeking. Solicitation of the SSN by the OCWB is authorized under provisions of Executive Order 9397 dated November 22, 1943. Your SSN will be used as an indicator for your records as a customer or while as a participant. It will also be used in connection with lawful request for information about you from other agencies and employers. The information collected through the use of the SSN will be used only as necessary in personnel administrative processes carried out in accordance with established regulations.

5. I understand that any of the following items of payroll information that may be determined with my eligibility determination and enrollment into any services or programs sponsored by the OCWB, will become public information at that time.

6. I hereby authorize you to release any information pertaining to wages earned, public assistance, Unemployment Insurance benefits, interest on savings, child support, alimony, annuities, pensions, participation with Vocational Rehabilitation, Veteran's benefits, or school records. I understand that this information is solely for the purpose of verifying eligibility for services provided by the Office of Community Wealth Building and will not be released for any other purpose without my written permission.

7. I authorize the release of information for the purpose of verification and termination from the OCWB programs and/or follow up to OCWB participation. This may include, but is not limited to, information from employers; and official academic transcripts from training programs, including technical schools, colleges, and universities, or trade schools, which I have attended under the OCWB program.

8. This disclosure and release form is valid for five years following the signature date

* I hereby certify that I have read and understand and will comply with the above statements

I agree Next

21. Click **Next**

Intake Application Restart

99% Complete

Thank you for completing the form. A staff member will review your submission and reach out to you via phone shortly. Please keep an eye out for the call.

Next

22. Click the **Sign** button for the [first] document to complete the signature

Contact **804-646-0984** in case help is needed

FORM REVIEW

Intake Application Status: **Completed**

Date Completed: 05/22/2025

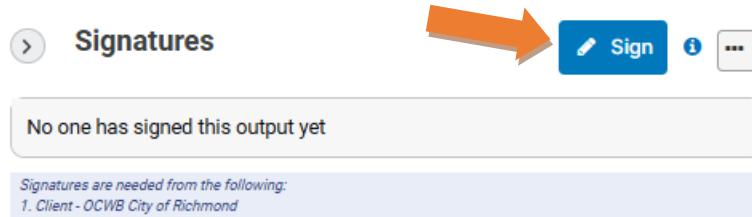
Review Answers Edit Answers

Once one of the outputs in this list has been signed, form answers will become locked and no longer editable.

Form Outputs

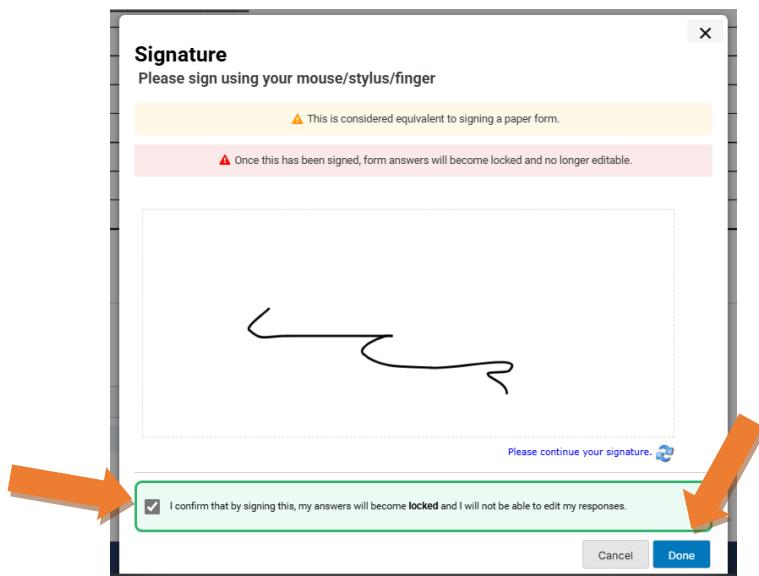
Output	Signature	What's Next
01- Intake Application	⚠ Your Signature is Required	Sign
02_ Guidelines Form	⚠ Your Signature is Required	Sign
03_Program Disclosure & Release form	⚠ Your Signature is Required	Sign

23. Once the document opens, scroll to the **Bottom of the page**, Click **Sign** (most likely in the bottom left)

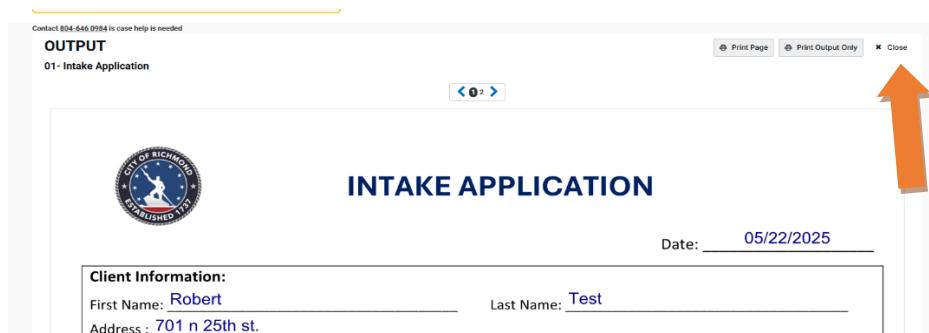


24. Sign in the dotted area using **Click and Drag**,

25. Once the document is signed, **Check the green box** (if available), click **Done**



26. Once the document is signed, scroll back to the top of the page and click **Close** (top right)



27. Repeat steps 22-26 for the next 2 documents with the **Sign** button

28. Once all documents are signed, you should “View” in the same place it previously said “Sign”

29. Select **Close** (top right)

Output	Signature	What's Next
01- Intake Application	✓ Your Signature is Complete	✓ Complete View
02_ Guidelines Form	✗ Waiting on signatures	✗ Waiting on View
03_Program Disclosure & Release form	✓ Your Signature is Complete	✓ Complete View

30. Your screen should now look like the image below. This signifies your registration and intake are **Complete**

- You will now be awaiting contact from your engagement specialist. They will schedule your initial meeting and help to create your path to success. Please keep a check on your phone and email.**

My Plan

Forms Show All

ORIENTATION VIDEO (COMPLETED 05/22/2025) View

INTAKE APPLICATION (COMPLETED 05/22/2025) View

Requested Documents

SOCIAL SECURITY CARD (UPLOAD REQUIRED 05/22/2025) Upload

DRIVER'S LICENSE OR IDENTIFICATION CARD (UPLOAD REQUIRED 05/22/2025) Upload

VISA OR GREEN CARD (UPLOAD REQUIRED 05/22/2025) Upload

SNAP/TANF/GENERAL RELIEF (UPLOAD REQUIRED 05/22/2025) Upload

UNEMPLOYMENT INSURANCE (UPLOAD REQUIRED 05/22/2025) Upload

SOCIAL SECURITY BENEFITS (UPLOAD REQUIRED 05/22/2025) Upload

Ongoing Classes

No ongoing classes found.

31. You will see that it asks for certain documents (only focus on those that pertain to your situation).

There are 3 ways to submit these documents:

- Upload the documents online (scanned file or upload a picture)
- Bring them in person during your initial meeting with your engagement specialist
- Bring them to our offices prior to your meeting with your engagement specialist.

32. Upon completion of the intake, you should have 4 separate emails from Office of Community Wealth Building

-  **Cityofrichmond.ocwb** 10:21
Career Service Intake Application – Next St...
Dear Robert Test, Thank you for completing th... ★
-  **Cityofrichmond.ocwb** 10:12
Thank you for completing Orientation Form...
Dear Robert Test, Thank you for completing th... ★
-  **Cityofrichmond.ocwb** 10:10
Welcome email
Hello Robert Test, Welcome to City of Richmo... ★
-  **Cityofrichmond.ocwb** 10:10
City of Richmond Office of Community Wea...
CITY OF RICHMOND OFFICE OF COMMUNITY... ★