***Requirements for entrance into the program. Unfortunately, if any of the answers to #1 through #10 are “no”, you do not qualify for the program, but we may be able to provide you with alternative resources therefore please complete the remainder of the form and submit the document as instructed on page 2.***

1. **Are you fluent in spoken and written English?** Yes [ ]  No [ ]
2. **Are you eligible to work in the US without sponsorship?** Yes [ ]  No [ ]
3. **Are you over the age of 18?** Yes [ ]  No [ ]
4. **Are you a resident of Allegheny County?** Yes [ ]  No [ ]
5. **Do you have a high school diploma or GED?** Yes [ ]  No [ ]
6. **Have you graduated from a degree, diploma, or certificate program?** Yes [ ]  No [ ]
7. **Do you have basic computer skills?** Yes [ ]  No [ ]
* Computer skills are required for enrollment.By selecting yes, you are confirming that you do have the ability to attend a virtual classroom via Zoom, open a word document, type, save and email the word document to your instructor.
1. **Income eligibility is under 200% FPL for a household and must be determined before admission. Are you willing to provide documents proving applicable and non-applicable household income?** (See page 3)

 Yes [ ]  No [ ]

1. **Is your goal to obtain employment in one of the following careers?** Yes [ ]  No [ ]  (See question 11)
2. **Would you participate in the following three phases to help you gain employment?**
* Phase I: complete the 36-hour Career Preparation class Yes [ ]  No [ ]
* Phase II: complete a Career Training program identified during your Career Preparation class

(Please see training program descriptions) Yes [ ]  No [ ]

* Phase III: work with a PA CareerLink counselor to identify employment opportunities

 (There is no guarantee of employment)Yes [ ]  No [ ]

1. **Select the following training programs you would like to learn more about:**

|  |  |  |
| --- | --- | --- |
| **On Campus,** **Face-to-Face Training** | **Off campus,** **Virtual Training** | **Hybrid Training** **(Combination of on campus/virtual)**  |
| [ ]  **Certified Nursing Assistant**[ ]  **Phlebotomy** | [ ]  **Health Information Technology**[ ]  **Microsoft Office Certification** | [ ]  **CompTIA A+ Certification** |

1. **What supports would you need to accomplish this goal?** (If you do not have the following supports, we will share appropriate resources with you.)
* **Technology:**

Do you have a reliable internet connection? Yes [ ]  No [ ]

Do you have a computer? Yes [ ]  No [ ]

Is it a Chromebook? ­­­­­­­­­­­­ Yes [ ]  No [ ]

* **Transportation:**

If you choose an on campus or hybrid training program, do you have the transportation needed to attend classes at CCAC Braddock Hills Center? Yes [ ]  No [ ]

* **Childcare (*If you have children*):**

Do you have childcare during class time to allow you to complete assignments?

Yes [ ]  No [ ]

Do you have multiple childcare supports in place? Yes [ ]  No [ ]

**Completing Phase I – Career Preparation is the first step towards an employment goal which establishes eligibility for the student to access and complete one of the identified training programs in Phase II, resulting in certification in a designated area to gain employment in their field or related field.**

* **I understand that I am required to meet via Zoom with a representative from CCAC to discuss my eligibility, interest in the Career Preparation and Training Program, complete an application, and financial documents must be received by CCAC before I can begin Phase I – Career Preparation.**
* **I understand that I am required to meet with the coordinator periodically throughout phases I, II, III and the first 90 days of employment.**
* **I understand that this program is only available to individuals who have not earned a certificate or degree.**
* **I understand that the goal of the program is to obtain employment after my training is complete.**

*Your signature below indicates that you have read and understand the above information and agree to the terms.*

**Student Signature:** **Date:**

**STUDENT INFORMATION (Please Print)**

**First Name: ­­­­­­­­­­­­­­**

**Last Name:**

**Phone:** **Email:**

**REFERRAL SOURCE (Please Print)**

**Where did you hear about this program? (Circle one):**

**ccac.edu Facebook Instagram Twitter Agency (if Agency, please complete the following details):**

**Name of Agency:** ­­­­­­­­­

**Agency Contact Name:**

**Agency Contact Title:**

**Phone:**

**Email:**

**Upon completion, please email the entire document to:**

**CCAC Representative:** Margaret Hess - Program Coordinator/Instructor

**CCAC Email:** mhess@ccac.edu

**Community Services Block Grant (CSBG) Income Eligilibility**

**Applicable/Non-Applicable Income Guidelines**

|  |  |
| --- | --- |
| **Applicable Income** | **Non-Applicable Income** |
| Salaries/Wages | TANF |
| Social Security Retirement Benefits  | SSDI and SSI |
| Unemployment Compensation  | Social Security Survivor Benefits  |
| Child Support Income  | Training Program Stipends  |
| Dividends/ Interest  | Salary or wages for those under 18 years of age in the home  |
| Cash receipts of family members and others residing in the home.  | Income from unrelated persons in the home such as foster child  |
| Alimony or spousal support | Income Tax Refunds/ EITC |
| Pension or retirement income from a former job | CARES Act Economic Relief Funds |
| Private Disability Insurance  | General Assistance (GA) |
| VA non-service-connected disability pension | VA service-connected disability compensation |
| Veteran’s pension |  |
| Worker’s compensation |  |

