



Welcome to the New Jersey Health Professions Consortium. We are a region-wide capacity building initiative designed to strengthen and expand health care industry occupational training through workforce readiness and integrated basic skills preparation, workforce supportive services, and occupational skill development leading to certification and employment for participants. The NJHP Consortium is a multi-county partnership serving all of NJ. Funded by the U.S. Department of Labor, TAACCCT provides community colleges with funds to expand and improve programs that prepare participants for employment in high-wage, high-skill occupations, and facilitate their employment or further education.

## TAACCCT/NJPREP Intake application

Application Date

Site/College

### Personal Information *(please print clearly)*

First Name

Middle Initial

Last Name

Address

Apt / Flr (circle one if applicable)

City

State

Zip Code

SSN

Date of Birth

Email

Home Phone

Cell

What is the best way to contact you?  
(please check one)

☐ Home Phone

☐ Cell Phone

☐ Email

### Secondary Contact

First Name

Last Name

Address

Apt / Flr (circle one)

City

State

Phone

Email

Relationship

### Alternate Contact

First Name

Last Name

Address

Apt / Flr (circle one)

City

State

Phone

Email

Relationship

### Demographic Information

Gender:

☐ Female

☐ Male

Ethnicity:

☐ Am. Indian/Alaskan Native

☐ Hawaiian/Pacific Islander

☐ More than one

☐ Asian

☐ Hispanic/Latino

☐ Black/African American

☐ White

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
US Citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (have green card/resident alien)	<input type="checkbox"/> No, issued a work visa	
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>If <i>Yes, to Veteran</i></b>	<input type="checkbox"/> Veteran status	<input type="checkbox"/> less 180 days served	<input type="checkbox"/> Eligible spouse	
Disability status	<input type="checkbox"/> N/A	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	

## Education Information at Intake

Highest level of education achieved	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Associates	<input type="checkbox"/> Doctoral
	<input type="checkbox"/> Certificate	<input type="checkbox"/> Bachelor	
	<input type="checkbox"/> Some College	<input type="checkbox"/> Masters	
Which TAACCCT program are you are interested in?	<input type="text"/>		Start Date <input type="text"/>
<b>Are you currently pursuing a degree? (not including TAACCCT course)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>if you answered <b>Yes</b></i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Name of School	<input type="text"/>		Program/Major <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
		Anticipated Degree	<input type="text"/>

## Educational Goals

What are your current educational plans?  
(please select one)

☐ To complete the program I applied for and start working

☐ To earn an Associates Degree

☐ To earn my my Bachelor's Degree

☐ Transfer to a 4 yr. college and get my Bachelor's Degree

☐ I am not sure

Other (please specify)

What is your career goal upon completing your education?

## Employment Information at Intake

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Employer	<input type="text"/>		Job Title <input type="text"/>
Hourly Wage (Avg)	<input type="text"/>	Hours/Wk (Avg)	<input type="text"/>

## Additional Information

TAA participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Pell Grant Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
WIOA/ITA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
TANF Recipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SNAP Recipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dislocated Worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Unemployment Benefits	<input type="checkbox"/> N/A	<input type="checkbox"/> Currently Receiving	<input type="checkbox"/> Will Be Receiving
			<input type="checkbox"/> Exhausted UI

Information collected during the enrollment process will be used for official business only to fulfill U.S. DOL's reporting requirements, your individual data will never be reported, and data will only be used in aggregate or anonymized. You will be asked to document your employment after program completion. Additional data may be needed throughout the grant period and will be collected through questionnaires and /or surveys. Your privacy and the information you provide will be safeguarded and stored in accordance with Federal requirements.

### PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USUC 2372 - 2372a. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected will be retained in the program files of the grantee and may only be released to other Department officials in the performance of their official duties.

### DISCLAIMER

All programs offered through this grant are equal opportunity programs and as such, auxiliary aids and services are available upon request to individuals with disabilities.

These programs and the publication of this document are funded by a \$15,000,000 grant awarded by the U.S. Department of Labor Employment and Training Administration. This application was created by the grantee and does not necessarily reflect the official position of the US Department of Labor. The US Department of Labor makes no guarantees, warranties, or assurances of any kind, expressed or implied, with respect to such information. The US Department of Labor does not guarantee the accuracy of the information, completeness, timeliness, adequacy, continued availability, or ownership. This includes any information on linked websites. Personal information will be used solely to fulfill reporting requirements to the US Department of Labor and related research by our external evaluator (Rutgers University) to support program improvement. This includes information on demographics, program participation, post-program outcomes, and social security number. All data will remain secure and confidential and will be reported only in the aggregate. Providing this information is not a qualification for participation in this or other college programs.

I certify that the information provided on this application is accurate, true and has been provided voluntarily. I understand that false or misleading information given in my application or interview(s) can result in disqualification from the program(s).

Applicant Signature

Date Signed

Office Use only:

Please list any other sources of funding not listed:

Site's Student ID

Start Date

End Date

Which TAACCCT Program enrolled

Credit / Contact Hours (circle one)

WIA/ITA County  
(for billing purposes)

Reviewed by (Site Staff initials)

Entered into SF by (initials)

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