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|---|--|
| <input type="checkbox"/> East LA College | <input type="checkbox"/> LA Trade-Tech College |
| <input type="checkbox"/> LA City College | <input type="checkbox"/> LA Southwest College |
| <input type="checkbox"/> LA Harbor College | <input type="checkbox"/> LA Valley College |
| <input type="checkbox"/> LA Mission College | <input type="checkbox"/> West LA College |
| <input type="checkbox"/> LA Pierce College | |

PARTICIPANT INFORMATION

_____		_____		_____	
Last Name		First Name		Middle Name	
_____			_____	_____	_____
Street Address			City	State	Zip Code
_____		_____		_____	
Home Phone		Cell Phone		Email Address	
_____		_____		_____	
_____	_____	_____	_____		
Date of Birth	Age	Social Security #	Student ID # (If applicable)		

Preferred method of communication (Mark all that apply): Email Phone Call Text I Agree to Accept Text Messages: Yes No

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 USC 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 on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties.

DEMOGRAPHICS

Gender: Male Female Transgender **Ethnicity:** Hispanic or Latino Not Hispanic or Latino
Race (Select all that apply): Asian American Indian/Alaskan Native Black or African American Native Hawaiian or Pacific Island White

EMPLOYMENT & INCOME INFORMATION

EMPLOYED: (Wage per hour) \$ _____ or Gross Annual Salary \$ _____ **UNEMPLOYED**
 Full-time Name of Employer: _____ Receiving Federal Employment Compensation
 Part-time (_____ # hours/week) Current Title: _____ If withdrawn from receiving benefits, please indicate date ____/____/____ and reason: _____
 Dislocated worker receiving Trade Adjustment Assistance (TAA) as a result of lay off? (*Laid off due to product or service sent to another country*)

EDUCATION

LEVEL (Check only one)
 Some High School School: _____ City: _____ Grade Level: _____
 Not High School Graduate (Indicate highest grade level completed _____)
 High School Diploma/GED Associate's Degree Bachelor's Degree Master's Degree or Higher

STATUS (Check only one)

Full-time college student (12 units or more) Part-time college student (Less than 12 units)
Eligible for Pell Grant funding Yes No Not sure

SPECIAL BACKGROUND

US Veteran (38 USC 101) Yes No Spouse of US Veteran Yes No
If male, and DOB after 1960, did you register for Selective Service? Yes No
Disabled as defined by the American with Disabilities Act (ADA 3.2a) Yes No

SIGNATURE

By signing, I attest that the information given is accurate to the best of my knowledge. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without cost, and without any effect on class grades. If applicable, I understand that submission of this electronic document will be treated as my signature for the purpose of program intake.

Applicant Signature

Date

Participant Form Reviewed By (Name & Signature) _____

Date _____

Initial Served Date: _____

(Participated in grant-funded activity, i.e. job fair, career panel, workforce development, informational session, H-PACTS orientation, etc.)

Completed by: _____

Participant Enrollment Date (if, applicable): _____

(Participated in grant-funded program of study; enrolled participant expected to complete the program)

Must have completed **all** of the following:

- Enrollment to LACCD College
- Participant intake form
- Signed Release of Information
- Signed Equal Opportunity is the Law

Completed by: _____

Comments and Follow-up Notes:



Release of Information

RELEASE OF PERSONAL INFORMATION

I, _____, hereby authorize the Los Angeles Healthcare Competencies to Careers Consortium (LAH3C) and the Grant Administrators for the Department of Labor's Trade Adjustment Assistance Community College Career Training (TAACCCT) Grant Program at the *College* to release any personal information, including name, social security number, wages, address, telephone number, email, and all information submitted, as part of your application process to the TAACCCT Program to the agencies designated below for the purpose of reporting, evaluating, and/or providing services. I understand that the information will be kept confidential and will only be accessed when necessary. I am aware that state and federal privacy laws protect my records.

- Department of Labor
- City of Los Angeles Workforce Investment Board
- Los Angeles Trade Technical College
- Los Angeles Community College District
- External Evaluator (As required by Department of Labor)

RELEASE OF PHOTOGRAPHS, VIDEOS, AND AUDIO

I, _____, hereby consent to the use of photographs, videos, and audio at their sole discretion for an unlimited period of time in their marketing efforts in any form or publication. Such areas of application may include, but not be limited to, publications, advertisements, promotional materials, website applications, or audiovisual productions associated with marketing, general College awareness, and/or program outreach. I understand that signing this release does not guarantee publication of the photo, video, and/or audio.

SIGNATURE

By signing the terms of this release form, I confirm that I have read and understood the information. I have received a copy for my records.

Applicant Signature

Date



Equal Opportunity is the Law

CIVIL RIGHTS STATEMENT

It is against the law for the recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and Against any beneficiary of programs financially assisted under the Trade Adjustment Assistance Community College and Career Training (TAACCCT) Grant Program on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any TAACCCT Grant Program financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access to TAACCCT Grant Program financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a TAACCCT Grant Program financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Los Angeles Community College District, Diversity Office
770 Wilshire Blvd.
Los Angeles, CA 90017

Or

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, DC 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

FOR ADDITIONAL INFORMATION OR TO FILE A COMPLAINT, CONTACT:

Los Angeles Community College District, Diversity Office
770 Wilshire Blvd.
Los Angeles, CA 90017
Diversityprograms@laccd.edu
213-891-2315

By signing the terms of this Agreement, I confirm that I have read and understood the information. I have received a copy for my records.

Applicant Name

Applicant Signature

Date



Eligibility Checklist (Left Side)

- Signed participant intake form and eligibility verification section
- Signed Release of Information Form
- Signed Equal Opportunity is the Law Form
- TAA verification, if applicable



Participant File Checklist (Right Side)

- Case notes
- Certificates/degree obtained
- Digital badges obtained