

Hawaii CC	<input type="checkbox"/>	Leeward	<input type="checkbox"/>
Honolulu CC	<input type="checkbox"/>	UH Maui	<input type="checkbox"/>
Kapiolani CC	<input type="checkbox"/>	Windward CC	<input type="checkbox"/>
Kauai CC	<input type="checkbox"/>	Please Check One	

UH Community College Career Training Program (TC-26474-14-60-A-15)

SCHOOL HEALTH AIDE (SHA) CERTIFICATE PROGRAM

PARTICIPANT INTAKE FORM

Why is the college asking for this intake form?

The U.S. Department of Labor (USDOL) Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant pays for the development and delivery of the SHA certificate curriculum, instructor training, supplies and any equipment by the college. In return for this investment, the USDOL requires the college to: (1) verify eligibility of students to receive federal support and (2) track student progress toward earning the certificate, and the award of the certificate to students that successfully complete the program.

The intake form: a) is completed once, b) documents the college's fulfillment of its requirements to the USDOL, and c) is treated as Personally Identifiable Information (PII).

CONTACT INFORMATION

Name: _____ UH ID#: _____
Last, First, Initial

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Phone Number: (____) _____ Cell Phone Number: (____) _____

What is your preferred method of contact? Please check one: Email Cell Phone Phone

ELIGIBILITY INFORMATION

Age at the time of enrollment: _____ Birthdate: _____ (mm/dd/yyyy)

Please check all that apply to you (Definitions are on page 2) * **Indicates required attachments**

TAA Eligible Individual (*required form BT-1) Eligible Veteran (*required form DD-214)

With a Disability Selective Service Registered (registration card or qualified for federal aid)

What is your current employment status (at enrollment)? **Employed** **Unemployed**

COURSE/PROGRAM INFORMATION

I am pursuing Pursuing a Certificate Only taking courses Full-time Part-time

Spring Fall Year: _____

My educational goal is: To complete a program training certificate/credential To complete a degree

Please enter in your name in case pages are separated

PARTICIPANT INTAKE

University of Hawai'i Community Colleges: Trade Adjustment Assistance Community College & Career Training (TAACCCT) Round 4 Grant

DEFINITIONS

TAA (Trade Adjustment Assistance) Eligible: Individuals are considered "TAA eligible" if they have lost their job through no fault of their own (due to lack of work) as a result of foreign trade. Acceptable document verification: form BT-1

Employed – "Incumbent Worker": Individuals are considered "incumbent workers" if they are currently employed but are seeking new training that will improve their job performance and/or lead to a new job title or job description with a new or same employer. Includes those that are over-qualified, "underemployed" for their current job. Acceptable document verification: Current paystub.

Unemployed: Individuals are considered "unemployed" if they are without a job and are either currently seeking work or are a student. Includes dislocated workers or those who have been laid off or have received notice of termination or were self-employed but are unemployed as a result of general economic conditions in the community in which they reside.

Eligible Veteran: Individuals are considered "eligible veterans" if: **1)** they served on active duty in the armed forces for a period of less than or equal to 180 days and were discharged or released from such service under conditions other than dishonorable; **2)** they served on active duty in the armed forces for a period of more than 180 days and were discharged or released with other than a dishonorable discharge; or were discharged or released because of a service-connected disability; or were discharged or released as a member of a reserve component under an order to active duty pursuant to section 12301 (a), (d), or (g), 12302, or 12304 of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized, and were discharged or released from such duty with other than a dishonorable discharge; or **3)** they are: **(A)** the spouse of any person who died on active duty or because of a service-connected disability; **(B)** the spouse of any member of the armed forces serving on active duty who at the time of application for assistance under this part is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: **(i)** missing in action; **(ii)** captured in the line of duty by a hostile force; or

(iii) forcibly detained or interned in the line of duty by a foreign government or power; or **(C)** the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability, or the spouse of a veteran who died while a disability so evaluated was in existence.

Acceptable document verification: form DD-214

APPLICANTS ACKNOWLEDGMENT AND CERTIFICATION

I certify that the information contained in this application is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may be required to provide documentation in its support. I am also aware that I am subject to immediate termination from the program if I am found to be ineligible after enrollment and may be prosecuted if the information I have provided is false. I authorize the release of information contained in this application for use in verifying my eligibility, attaining outcomes data such as employment and wages from unemployment insurance quarterly wage records, etc., and the sharing of that data between federal and state governmental agencies. I understand that the information will not be released for any purpose other than to authorized state or federal personnel for monitoring purposes and the purposes described above.

Equal Opportunity Notice—As a condition to the award of financial assistance from the Department of Labor under Title I of WIA, the University of Hawaii system assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

—Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I financially assisted program or activity;

—Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination against qualified individuals with disabilities;

—The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and

—Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in the educational programs.

I have also been informed that the grantee is required by Public Law 107-288, section 2(a) of the Jobs for Veterans Act 38 U.S.C. 4215(a) to give priority of service to veterans (and some spouses) "who otherwise meet the eligibility requirements for participation" in DOL training programs.

In compliance with the Family Education and Rights to Privacy Act (FERPA), I authorize the release of information between my employer, the One-Stop Center (if applicable), the Hawaii Department of Labor and Industrial Relations, Hawaii Department of Human Services and the UH Community Colleges and its agents associated with the C3T grant program to include: educational records, demographic information including Employment Eligibility Verification information, employment status, attendance records, test scores and certifications earned through participation in the training programs through the UH Community College.

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. All information will remain secure and confidential and used solely for state and federal reporting purposes

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO PERSONS WITH DISABILITIES.

THIS PROGRAM HAS BEEN FUNDED BY A GRANT FROM U.S. DEPARTMENT OF LABOR IN AMOUNT OF \$9,999,870.

Applicant's signature: _____

Date: _____

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