

Grant # TC-22543-11-60-A21 Mod #1	College	Student ID
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PART A (INTAKE FORM) Participant Information

Today's Date _____

Name First M.I. Last	Social Security Number
Cell Number	Do you agree to be contacted via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No Please initial: _____

Income Information	Social Challenges:
Annual Personal Income: _____ Annual Household Income: _____	<input type="checkbox"/> Single / Head of Household <input type="checkbox"/> Children at Home <input type="checkbox"/> Parental Caretaker <input type="checkbox"/> First Generation College Student <input type="checkbox"/> Receiving Social Services (if yes, please list below) _____ _____ _____ _____
Skill Determination Factors	
COMPASS Score MAT: RDG: WRIT:	
TABE Score	
NCRC Score	
ACT Score	

Disability Status	Workforce Investment Act
Are you disabled as defined by the American with Disabilities Act (ADA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you registered at your Campus Disability Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive or have you applied to receive Workforce Investment Act funds? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART B Release of Information

I attest that the information provided is voluntary, true to the best of my knowledge, will be kept confidential, and will only be used in accordance with the law. I understand that declining to disclose disability status will not cause me to be denied participation or receive unfair treatment. I am aware that I am subject to immediate termination of the training program if I am found to be ineligible after enrollment, and that I will be held financially liable for any funds expended upon my behalf, due to false or misleading information that I provided. For Department of Labor reporting purposes, I give authorization to KCTCS and its 16 member college's TAACCCT project staff to access my student financial and academic records. Staff may use social security numbers only for the calculation of program performance measure outcomes and ensure they are maintained in a secure and confidential manner. Furthermore, I agree to report my employment status, progress and earnings for 12 months upon completion of training to appointed staff member.

Participant Signature	Date
Witness Signature	Date

This project was funded in part by a grant awarded under the Trade Adjustment Assistance Community College and Career Training Grant, as implemented by the U.S. Department of Labor's Employment and Training Administration.

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PART C Eligibility Documentation

Employed	Unemployed
<p><i>Please check all that apply.</i> I am currently employed:</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Underemployed</p> <p>If you are currently employed, does your employer provide:</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> Education Benefits</p>	<p><i>Please check all that apply.</i> I am currently:</p> <p><input type="checkbox"/> A Dislocated Worker</p> <p><input type="checkbox"/> Receiving Unemployment</p> <p><input type="checkbox"/> Trade Assistance Eligible</p> <p>If you are a Trade Impacted Worker:</p> <p>Lay-off Date: _____</p> <p>Certification # (if known) : _____</p> <p>Name of your last employer:</p> <hr/> <p>Address</p> <p>Street _____</p> <hr/> <p>City _____ State/County _____ Zipcode _____</p> <hr/> <p>Last hourly wage:</p> <hr/>

OFFICE USE ONLY	
<p>This person is deemed:</p> <p><input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible</p> <p>Documentation of the following was provided by the applicant:</p> <p><input type="checkbox"/> Employment status <input type="checkbox"/> Low skill</p> <p><input type="checkbox"/> TAA certification</p> <p><input type="checkbox"/> Veteran</p>	<p>Justification:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

I attest that the verification process has been completed in accordance with the Department of Labor’s eligibility requirements outlined in (Round I) TAACCCT Solicitation for Grant Application.

<p>Authorized Staff Signature</p> <p>Authorized Staff Signature</p>	<p>Date</p>
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