

Ohio Technical Skills Innovation Network (Ohio TechNet) Consortium Participant Intake Form

Introduction / Confidentiality

Your college has joined a group of other community colleges to form a consortium with the joint mission of improving education programs in advanced manufacturing. The US Department of Labor (USDOL) has awarded the consortium a Trade Adjustment Assistance Community College & Career Training (TAACCCT) grant to fund this mission. A requirement of USDOL is to evaluate the performance of the grant. To that end, the information below is being requested from you. This information will be used together with other state employment and education records to assess the performance of the program in supporting students' learning and employment. In addition, you may be contacted to participate in a post-completion survey. All information provided by you will be safeguarded using encryption security measures and not used for any purpose other than the evaluation of grant-funded programs. The information that is collected on this form will be retained in the program files by the college and their authorized evaluation partners in the performance of their duties. As required by law, at the conclusion of the grant period, all personal information assembled for the evaluation will be destroyed.

Contact Information

First Name	Middle Initial	Last Name
Address		
City	State	Zip Code
Home Phone	Cell Phone	Alt. Contact Phone
Email Address		Alternate Contact Name/Relation

Participant Information

Social Security #	Student ID #	Date of Birth _____ (MM / DD / YYYY)
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Race (choose all that apply) <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander
Highest Level of Educational Attainment	<input type="checkbox"/> Less than a HS Diploma <input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree or Higher
Check all that apply: (See next page for definitions) <input type="checkbox"/> Eligible for Veteran's Benefits <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Eligible for Pell Grant <input type="checkbox"/> Eligible for TAA Benefits		Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Hourly Wage _____ Hours/Week _____

Consent

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the USDOL is authorized to collect information to implement the TAACCCT 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 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.

I understand that my participation in the evaluation of the Ohio TechNet grant is entirely voluntary. If I do not sign below, I will not be included in the evaluation of the grant. However, I will be counted in USDOL reporting, which uses no individual personally identifiable information. By signing below I am giving my consent to participate in this evaluation and attest that the information provided is to the best of my knowledge complete and accurate. In addition, all student data provided on this form will be entered into the Ohio Workforce Case Management System for use in reporting and evaluating grant outcomes. I agree that the partner staff of OhioMeansJobs may exchange information about me with the authorized evaluation partners for use in evaluating the grant.

Student Signature _____ Date: _____
(MM / DD / YYYY)

For Office Use Only

College Name	First Semester as Participant Year: Term:	Grant-Affected Program	Program Credit Status	Credit Non-Credit	Enrollment Status	Full-Time Part-Time
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Ohio Technical Skills Innovation Network (Ohio TechNet) Consortium Participant Intake Form Glossary

Definitions

Eligible for Veteran’s benefits: A person is considered eligible for Veteran’s benefits if they meet one of the following conditions:

1. Is a person who served on active duty in the armed forces for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
2. Is a person who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or 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 was discharged or released from such duty with other than a dishonorable discharge; or
3. Is a person who is (a) the spouse of any person who died on active duty or 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.


Employed: A person who works for pay.

Individual with a disability: A person is considered to have a disability if, as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), there is a physical or mental impairment that substantially limits one or more of the person’s major life activities.

Eligible to receive a Pell grant: A person is considered eligible to receive a Pell grant if they can demonstrate “sufficient financial need” and are enrolled in an eligible college. The guidelines for “sufficient financial need” are complex, so eligibility is determined by filing a Free Application for Federal Student Aid (FAFSA).

Eligible to receive TAA benefits: A person is eligible to receive Trade Adjustment Act (TAA) benefits if they are a worker who has lost their job through no fault of their own and who previously worked for an employer whose closure or layoffs were certified by the U.S. Department of Labor to have been caused by foreign competition. People generally find out whether they are eligible for TAA benefits from their prior employer, their union, or a One-Stop workforce center.

This workforce product was funded by a grant awarded by the U.S. Department of Labor’s Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

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