



Workforce Program Application 2019-20

(Basic Food and Employment Training, Worker Retraining, ABAWD, WorkFirst, Opportunity Grant, Early Achievers)

For office use only: 50 54 56 57 59 80 81 82 83 84 85 86 87 88

BASIC FOOD & EMPLOYMENT (BFET) WORKFIRST
 OPPORTUNITY GRANT OPP. GRANT FUTURE
 WORKER RETRAINING EARLY ACHIEVERS

Date Received: ___/___/___ eJas ID: _____

Intent: _____ Eligibility Date: ___/___/___



Instructions: Fill in all sections. Return completed application to the Career Center or WorkFirst Office. Incomplete forms may delay selection process. Call 360-442-2330 with questions.

CONTACT INFORMATION

Name (Last, First, M.I.) _____ Student I.D. _____ - _____ - _____

Street Address _____ Email _____

City, State, Zip _____ County _____

Home (_____) _____ - _____ Cell (_____) _____ - _____ Texting okay? YES NO

Cell Carrier _____ Social Security No. _____ - _____ - _____ Date Of Birth ____/____/____

I am a: U.S. citizen YES NO Permanent Resident YES NO Washington Resident YES NO

Length of continuous time lived in Washington _____ years _____ months

EDUCATION

I have earned a: GED High School Diploma Degree or Certificate: _____ N/A

Have either of your parents received a bachelor's degree? YES NO I am a: returning student new student to LCC

Are you an I-BEST student? YES NO UNSURE ABAWD / not a student

What Program are you currently or planning to pursue at LCC:

<input type="checkbox"/>	Accounting Technology (AAS)*
<input type="checkbox"/>	Adult Basic Ed/High School 21+/ESL
<input type="checkbox"/>	Advanced Manufacturing Technology (AAS)
<input type="checkbox"/>	Automotive Technology (AAS)/(COP)*
<input type="checkbox"/>	Business Management (AAS)*
<input type="checkbox"/>	Business Technology (BTEC)-Administrative Services Manager (AAS)*
<input type="checkbox"/>	Business Technology (BTEC) – Medical Office Administration*
<input type="checkbox"/>	Business Technology (BTEC) – Administrative Assistant (COP)
<input type="checkbox"/>	Business Technology (BTEC) –Medical Reception (COP)
<input type="checkbox"/>	CEO (Career Education Options)
<input type="checkbox"/>	Chemical Dependency Studies (AAS)

<input type="checkbox"/>	Chemical Dependency Studies (AAS)
<input type="checkbox"/>	CNC (COP)
<input type="checkbox"/>	Commercial Driver's License- CDL (COC)
<input type="checkbox"/>	Continuing Ed
<input type="checkbox"/>	Criminal Justice (AAS)
<input type="checkbox"/>	Diesel Technology (AAS)*
<input type="checkbox"/>	Early Childhood Ed (AAS/AAS-T)*
<input type="checkbox"/>	Early Childhood Ed (COP)*
<input type="checkbox"/>	Engineering Technician (COP)
<input type="checkbox"/>	Health Occupations Core (COC)
<input type="checkbox"/>	Information Technology Systems (AAS/AAS-T)
<input type="checkbox"/>	Licensed Practical Nurse (COP)
<input type="checkbox"/>	Machine Trades (AAS)*

<input type="checkbox"/>	Machinist (COP)*
<input type="checkbox"/>	Manufacturing Occupations (COP)*
<input type="checkbox"/>	Medical Assisting (AAS)/(COP)*
<input type="checkbox"/>	Multicraft Trades (COP)
<input type="checkbox"/>	Nursing Assistant Certified (CNA) (COC)
<input type="checkbox"/>	Production Technician (COP)
<input type="checkbox"/>	Registered Nurse (AAS/RN- DTA)*
<input type="checkbox"/>	Registered Nurse Prerequisites
<input type="checkbox"/>	Retail Management (COC)*
<input type="checkbox"/>	Teacher Education (BAS)†
<input type="checkbox"/>	Welding (AAS)/(COC)*
<input type="checkbox"/>	Not applicable

* Opportunity Grant eligible
† Worker Retraining only

INCOME & ELIGIBILITY

I have submitted the FAFSA or WASFA for school year: 2019-20 2020-21

What is the current monthly income of your household? \$ _____

What is your current household size? _____

Eligibility Table	
People in the household	Gross Monthly Income
1	\$2,082
2	\$2,818
3	\$3,555
4	\$4,292
5	\$5,028
6	\$5,765

ELIGIBILITY QUESTIONS

Are you eligible for Financial Aid? If No, please explain: <input type="checkbox"/> Default <input type="checkbox"/> Selective Service <input type="checkbox"/> Suspended <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Have you applied for Special Conditions with Financial Aid? (if there has been a 30% change in income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you currently receiving the Early Achievers Grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you qualify for W.I.O.A.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you qualify for Trade Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Have you received or are you currently receiving unemployment benefits *in the last 48 months? If yes, which state? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure <input type="checkbox"/> Pending
Have you exhausted your unemployment insurance within the last 4 years? Date exhausted? ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you a veteran? *within the last 48 months If Yes, Discharge Date ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you a displaced homemaker? (loss of primary income due to household death, separation divorce) *within the last 48 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you formerly self-employed? (business closure or downturn due to economy) *within the last 48 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you underemployed? (working in a temporary job in which you are overqualified) *within the last 48 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you eligible for basic food benefits? Please refer to the Eligibility Table for details. (EBT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you receiving a TANF grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you currently have reliable childcare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Will you need childcare while you are attending classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Have you applied for the Opportunity Grant Program at LCC before? If yes, when? ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Have you received the Opportunity Grant at another college? If yes: College _____ City/State _____ Year(s) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Individual Employment Plan for: Name (First/Last): _____

Program of Study: _____

ACADEMIC GOALS

Goal of Training: New Career Skills upgrade in current occupation ESL/ABE/GED classes

CAREER GOALS

What type of career do you plan to start after your training? _____

How strongly do you feel about this career choice? _____% (100% is sure; 0% is unsure)

What types of workplaces hire individuals in this occupation? _____

EMPLOYMENT BACKGROUND

Are you currently working? Yes No Previous/Current Employer _____

If Yes, How many hours per week? _____ Last Day Worked ____/____/____ Length of Employment _____

What was/is your position title? _____

Please list positions/jobs that you have held in the past: _____

List any skills from current or past positions that can be applied to your desired career (i.e. customer service, typing, etc.): _____

POTENTIAL BARRIERS

Check any issues that would affect your ability to gain employment in your desired field:

- | | | |
|---|--|--|
| <input type="checkbox"/> Transportation/
Driver's License Issues | <input type="checkbox"/> Lack of Education | <input type="checkbox"/> Family or Personal Issues |
| <input type="checkbox"/> Legal or Criminal History | <input type="checkbox"/> Child Care | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Disabilities or Learning
Challenges | <input type="checkbox"/> Limited English | <input type="checkbox"/> Gaps in Employment |
| | <input type="checkbox"/> Financial Needs/Living Expenses | <input type="checkbox"/> Substance Abuse |

Others not listed: _____

SUPPORTIVE RESOURCES

How can Workforce Programs best support your educational goals? Check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Help with Technology | <input type="checkbox"/> Help with Test Anxiety |
| <input type="checkbox"/> Job Search and Resume Help | <input type="checkbox"/> Mentoring/Coaching | <input type="checkbox"/> Study Skills/Tutoring |
| <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> Personal Support | |

Others not listed: _____

Community/campus services referred to: _____

By signing I agree to update this plan yearly or as my employment goals change.

Signature: _____ Date: ____/____/____

**IEP
REVIEW**

Signature: _____ Date: ____/____/____

RELEASE OF INFORMATION

I, _____ herby authorize Lower Columbia College and its authorized representatives to give any information regarding my attendance and performance to an authorized representative of the WorkSource, Employment Security Department, Goodwill Work Opportunity Center, Lower Columbia CAP and/or authorized representative of any program that is funding my tuition, who may be concerned with my case, if such information should arise. This authorization includes, but not limited to evaluations, transcripts, registration, financial aid, or any information that may affect my program eligibility.

PRINT CLEARLY

Permission is also given for Lower Columbia College to obtain information from these organizations as may be necessary for the same purposes. This authorization includes, but is not limited to: evaluations, transcripts, registration, financial aid, unemployment eligibility, and other information that may affect my eligibly for or participation in program administered by the agency.

I give Lower Columbia College permission to use personal identifying information such as name and student email address in the Canvas learning management system to administer Workforce Programs. I acknowledge this information may be accessible to other students in the Workforce Programs. By providing my signature I agree to be added to the Workforce Program Canvas page(s) pending eligibility for the program.

Check this box to opt out of Canvas. This decision can be reversed at any time.

DEPARTMENT OF SOCIAL & HEALTH SERVICES (DSHS)

I, _____, give permission for the Washington State Department of Social and Health Services and Lower Columbia College to use and share confidential information about me (except as limited below) as necessary for Employment and Training (E&T) activities as required by the BFET and/or WorkFirst program. This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing.

PRINT CLEARLY

This consent DOES NOT permit sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment. I understand that I must fill out a separately approved consent form if I am under 18 years of age, I want to further limit information shared about me, someone else is representing me in this matter, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.

STUDENT COMMITMENT (Please INITIAL and SIGN below) **Not applicable for ABAWD*

My initials and signature below indicate that if I am selected and while I am in the program, I understand and I agree:

_____ I will comply with the Satisfactory Academic Progress standards as outlined by the Federal Financial Aid regulations.

_____ I will immediately contact a Staff member if my income, program of study, or enrollment changes.

_____ I am responsible for meeting with a Program staff as required by specific program and complete any additional program requirements.

Signature: _____ Date: _____/_____/_____

