

In order to be fully admitted into the Career Pathways Initiative, the applicant must meet the following requirements:

The applicant must:

- ✓ Have a dependent child under the age of 21 who lives in the home on a permanent basis.
- ✓ Currently receive services from DHS (food stamps, Medicaid, ARKids, TEA)
 - If no services are received, the applicant must present a copy of their federal income taxes (annual income at or below 250% of the Federal Poverty Level (FPL).
 - If no taxes were filed, a copy of the child(ren)'s birth certificate will be accepted.
- ✓ Be employed a minimum of 1 hour per month in order to receive childcare (if funds available) or transportation reimbursement.
- ✓ Present social security numbers for self and dependent child(ren).
- ✓ Present a valid driver's license or state issued photo identification.
- ✓ Fit within the income guidelines as specified below:

250 Percent of the Federal Poverty Level as of January 23, 2009 http://aspe.hhs.gov/poverty/09poverty.shtml		
Family Size	Annual Income	Monthly Income
1*	\$27,075	\$2,256.25
2	\$36,425	\$3,035.42
3	\$45,775	\$3,814.58
4	\$55,125	\$4,593.75
5	\$64,475	\$5,372.92
6	\$73,825	\$6,152.08
7	\$83,175	\$6,931.25
8	\$92,525	\$7,710.42

If Family Size is over 8, add \$9,350 to the annual income for each additional member.

Have you earned a: HS Diploma GED (date obtained _____)
Date enrolled in GED: _____

If neither is selected: Are you interested in earning a GED? Yes No

Are you currently enrolled in College? Yes No Where? _____ Program/Major? _____

Have you earned a previous degree: Yes No
If yes, date obtained: _____ Type of Degree: _____ Name of school: _____

Have you applied for Financial Aid (Pell Grant)? Yes No
Are you currently in default on a student loan? Yes No

Additional Information _____

How did you hear about Career Pathways? _____
What is your career pathway (What are your career plans)? _____

By signing below I give full permission to the CPI staff at Southern Arkansas University Tech to review my financial and academic records including but not limited to my FAFSA application, income tax return, if requested, test scores, transcripts, and participation with DHHS programs. This information will be used to determine my eligibility to participate in CPI. The program may also access pertinent records related to my employment and attendance/graduation.

I verify that I am a parent, with a child under the age of twenty-one that lives with me in my residence, on a full time, permanent basis.

Signature

Date

The above information will provide enough information to begin a review to assess your current needs. Submission of this form authorizes CPI to communicate with any person or persons to verify the foregoing information, including but not limited to earnings from employers, and to contact financial institutions for financial data and any other agency or persons regarding your financial condition. Assistance is not guaranteed.



Authorization to Release or Obtain Information for the Career Pathways Initiative

In the course of providing the best possible service to the participants of the Arkansas Career Pathways Initiative Program, the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the Arkansas Career Pathways Initiative personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives of the Pathways program. I understand that the information is confidential and will only be shared with the agencies, institutions, or parties listed below unless the release or provision of such information is otherwise prohibited by law or regulation. I understand the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions, or other parties unless the release or provision of such information is otherwise prohibited by law or regulation:

- The Department of Health, the Department of Human Services, and the Division of Childcare and Early Childhood Education may provide information regarding my participation in agency programs. This will include names, social security numbers, and other necessary information pertaining to my children.
- The Department of Workforce Services (DWS) may provide information regarding my participation in the Transitional Employment Assistance (TEA) program, unemployment insurance benefit program and my participation in Workforce Investment Act (WIA) employment and training programs.
- The Department of Workforce Education (DWE) may provide information including WAGE, Adult Education, and current and past education participation.
- The Arkansas Department of Higher Education and affiliated educational institutions may provide records relating to my current and past education.
- The educational institution involved in my participation in the Career Pathways Initiative may provide information between internal departments.
- The Workforce Investment Act service provider may provide information regarding my participation in adult work programs.

The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

The Department of Education and local school districts may provide information regarding my current and past education.

Private and career training institutions may provide records relating to current and past training and education.

My current and past employers may provide information related to my employment.

My likeness and the likeness of my dependents may be used for public relations purposes in the media including newspapers, newsletter, TV ads, and other media venues.

Child's Name: _____

Social Security Number: ____ - ____ - ____

Child's Name: _____

Social Security Number: ____ - ____ - ____

Child's Name: _____

Social Security Number: ____ - ____ - ____

Child's Name: _____

Social Security Number: ____ - ____ - ____

As a condition to my authorization, the Arkansas Career Pathways Initiative agrees to use the information obtained solely for the purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. This authorization is valid for 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to my participation in the Career Pathways Initiative. I understand that, as a condition of my receiving services, information collected by the Career Pathways Initiative will be used for purposes of determining overall program performance.

Student's Signature

Printed Name

Date



Authorization to Release Information to the Camden Workforce Incentives Program

Potential Participant is (choose one):

- Interested in the Camden Workforce Incentives Program and agrees to complete this Authorization to Release Information and necessary Program Registration Forms
- Not interested in the Camden Workforce Incentives Program and declines to complete this form

Full name: _____ Date of Birth: _____

Address: _____

Telephone (home/work/cell): _____

Email: _____

Potential Participant (choose one):

Sex (choose one):

Has graduated from high school

Male

Female

Has not graduated from high school

Ethnicity (choose one):

If not a high school graduate has a G.E.D.

Potential Participant has been referred for dual registration to (choose two):

American Indian or Alaska Native

Asian

Black, not of Hispanic origin

Hispanic

Adult Education for KeyTrain instruction in accord with a OWE/Adult Education prescribed c1ietJt development plan

Native Hawaiian or other Pacific Islander

White, not of Hispanic origin

Other Please Specify _____

COBITC Pre-Employment Program

Career Pathways Initiative

Governor's Career Readiness Certificate Program

I _____ authorize the following agencies to share pertinent information about myself for the process of verifying my eligibility and tracking my progress and completion within the Camden Workforce Incentives Program:

1. Camden Workforce Partners and Participating Business & Industries: Ouachita Partnership for Economic Development headquartered at 625 Adams Avenue SE, Camden, Arkansas,
2. SAU Tech (Adult Education - G.E.D., Career Pathways Initiative, and COBITC Pre-Employment Program.) headquartered at 100 Carr Road, East Camden, Arkansas, and the
3. State of Arkansas through the Arkansas Department of Workforce Services with a local office at 232 Adams Avenue, Camden, Arkansas.

The information that will be shared includes but is not limited to: name, date of birth, social security number and Work Keys results. This release form can be revoked at any time with a written statement from me.

Student/Client Signature: _____

Date: _____