

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
- ✓ Be employed a minimum of 1 hour per month in order to receive childcare (if funds available) or transportation assistance.
- ✓ Present social security numbers for self and dependent child (ren).
- ✓ Present birth certificates for the dependent child (ren).
- ✓ Present a **valid** driver's license or state issued photo identification.
- ✓ Present the most current year's federal income tax returns or income explanation form

- ✓ Fit within the income guidelines as specified below:

2019 250% of the Federal Poverty Level 100% of the Federal Poverty Level		
Family Size	TANF-Eligible Income Eligibility (250%-101)	Low-Income Eligibility (100%)
2	\$42,275-\$16,910	Less Than \$16,910
3	\$53,325-\$21,330	Less Than \$21,330
4	\$64,375-\$25,750	Less Than \$25,750
5	\$75,425-\$30,170	Less Than \$30,170
6	\$86,475-\$34,590	Less Than \$34,590
7	\$97,525-\$39,010	Less Than \$39,010
8	\$108,575-\$43,430	Less Than \$43,430

Poverty Chart Update Effective 05/01/2019



Arkansas Career Pathways Initiative *Southern Arkansas University Tech*

The following information is requested to determine eligibility to participate in the Career Pathways Initiative (CPI). You will be contacted with more information about the program if you appear eligible to participate in the CPI. Completing this form does not commit you to participate in the program nor does it guarantee eligibility.

Application

Please Print

Date: _____

Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip: _____ County: _____

Phone: (____) ____ - ____ *Is this a cell phone? (Y/N)* Alternate Phone (____) ____ - ____

Email address: _____

Emergency Contact

Name: _____ Phone :(____) ____ - ____ Relation: _____

Do you use: Facebook, Twitter, No, but I would like help setting up an account.

User name for Facebook, Twitter, etc.: _____

Social Security: ____ - ____ - ____ Birth date: ____ / ____ / ____

Race: Asian/Pacific Islander

Black (Non-Hispanic Origin)

Hispanic

American Indian or Alaska Native

White (Non-Hispanic Origin)

Non-Resident Alien

Other

Gender: Male Female

Are you a single parent?

Yes No

<i>Employment Information</i>
Current Employment Status <input type="checkbox"/> Part-time, <input type="checkbox"/> Full-time, <input type="checkbox"/> Seasonal, <input type="checkbox"/> Self-employed, <input type="checkbox"/> Unemployed
Name of Employer:
Time with Employer in months _____
Your hourly or yearly salary: \$ _____

Education Information

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)? _____

Do you receive: *(Please answer "yes" or "no" to each question.)* By circling one:

TEA: Yes No

Case Manager's Name (if current): _____

Are you a former recipient of TEA: Yes No

Food Stamps: Yes No

AR Kids Yes No

Medicaid Yes No

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.

For Office Use Only:

Date of DHS Verification: ___ / ___ / ___