



Date:

Applying for which program: **BFET**  **Childcare Services**  **Worker Retraining**

**Workforce Education Funding Application & Individual Employment Plan**

<b>Applicant Information</b>		
Name:		SSN:
Date of birth:	Student ID:	
Mailing address:		
City:	State:	ZIP Code:
Phone #:	E-mail:	
Have you lived in Washington State for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Resident #:	
<b>Employment Information</b>		
Last or current Employer:		
Employer address:		Length of employment (Years/Months):
First Day of Work:	Last Day of Work:	Job Title:
Reason for Job Separation ( <i>Check one</i> ): <input type="checkbox"/> Mass Layoff/Company Closure <input type="checkbox"/> Lack of Work <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Fired <input type="checkbox"/> Other ( <i>please explain</i> ):		
<b>Eligibility Information</b>		
Are you currently receiving any of the following? (check all that apply):		
<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Basic Food Employment & Training (Food Stamps) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Pell Grant <input type="checkbox"/> State Need Grant <input type="checkbox"/> Student Loans <input type="checkbox"/> Scholarships <input type="checkbox"/> Agency Funding <input type="checkbox"/> Other financial aid ( <i>please explain</i> ):		
Check all that apply during the past <b>48</b> months:		
<input type="checkbox"/> Exhausted Unemployment Insurance <input type="checkbox"/> Discharged from Military Check all that apply during the past <b>24</b> months:		
<input type="checkbox"/> Widowed/Divorced/Legally Separated <input type="checkbox"/> Self Employed (currently unemployed)		
Have you completed a current FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No Completed a current WASFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>** Please note: students must complete a FAFSA or WASFA to be considered for Workforce Ed. Funding</b>		
Are you working with a Dislocated Worker or Trade Act Counselor at WorkSource? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Counselor's Name:		
Have you been approved for Commissioner approved training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
<b>Educational Information and History</b>		
Education (check all that apply): <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School 21 <input type="checkbox"/> Some College <input type="checkbox"/> College Certificate <input type="checkbox"/> AA or AAS Degree <input type="checkbox"/> Bachelor Degree		
Please list any Certificate or Degree that you have earned:		
Please list any colleges you have previously attended:		
<b>Educational Goals</b>		
Program of study at YVC:		
Name of program advisor:		Date you last met with advisor?
Are you currently enrolled in a Professional/Technical Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many credits are you taking?

**Interest and Career Goals**

What is your training goal?  Training for new career  Upgrading skills for current occupation

Degree or certificate you are pursuing:

What is your career goal?

Why are you interested in this career?

What type of workplace hires individuals in this occupation? (eg. hospitals, auto dealerships, etc.)

What is the entry level salary for your desired occupation?

Please list the skills you will acquire through your training program to qualify for this occupation:

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

Please list any experience gained through employment, volunteer work and/or hobbies that is related to your desired career:

Are there any barriers that would affect your ability to gain employment in your desired occupation?

Yes  No If Yes, please list:

What is your plan to resolve this barrier?

**Supportive Services and Needs**

What support do you need in order to obtain your educational goal? Please check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Academic Advising          | <input type="checkbox"/> Disability Support Services | <input type="checkbox"/> Counseling (personal/career) |
| <input type="checkbox"/> Study Skills               | <input type="checkbox"/> Tutoring                    | <input type="checkbox"/> Childcare                    |
| <input type="checkbox"/> Other Provider Referrals : | <input type="checkbox"/> Other (Please explain):     |   |

If **childcare** is needed in order to attend college *please check below the days/times requested:*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Monday/Time:   | <input type="checkbox"/> Tuesday/Time: | <input type="checkbox"/> Wednesday/Time: |
| <input type="checkbox"/> Thursday/Time: | <input type="checkbox"/> Friday/Time:  |  |

**Student Certification and Release of Information**

"I \_\_\_\_\_, give permission for the Washington State Department of Social and Health Services and Yakima Valley 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 Basic Food E&T (BFET) program.

This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing.

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 the 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."

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize the falsification of this information by me may subject me to penalties as provided in the Washington State Law RCW 74.08.055. I hereby authorize my employer, my DSHS Case Manager/Child Care Coordinator, the Employment Security Department, Division of Child Support, and Yakima Valley College to release and exchange information from my records for the purposes of determining eligibility and facilitating my enrollment and participation.

I understand participation in a Workforce Education funding programs require program access to my student records. I approve release of my grades, transcripts, financial aid information, test results, and any other information related to my education with the assurance that the information will be held in the strictest confidence.

I also understand that I am required to notify the Workforce Education Coordinator if I change my program of study or make any changes to my class schedule.

*Please note: Eligibility for Workforce Education funding is based on eligibility and availability of funds.*

**Signature of Applicant:**

**Date:**



## Academic Training Plan

Program of Study:		Program Code:	
Estimated Completion Date:		Academic Year:	

Enter your class schedule below.

If you have on-line classes, please list the date/time you anticipate completing the class.

<b>First Quarter</b>			<b>Second Quarter</b>			<b>Third Quarter</b>			<b>Fourth Quarter</b>		
<input type="checkbox"/> Fall <input type="checkbox"/> Winter			<input type="checkbox"/> Fall <input type="checkbox"/> Winter			<input type="checkbox"/> Fall <input type="checkbox"/> Winter			<input type="checkbox"/> Fall <input type="checkbox"/> Winter		
<input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Course #	Class Title	CR	Course #	Class Title	CR	Course #	Class Title	CR	Course #	Class Title	CR
Quarter Total		CR	Quarter Total		CR	Quarter Total		CR	Quarter Total		CR
<b>Fifth Quarter</b>			<b>Sixth Quarter</b>			<b>Seventh Quarter</b>			<b>Eighth Quarter</b>		
<input type="checkbox"/> Fall <input type="checkbox"/> Winter			<input type="checkbox"/> Fall <input type="checkbox"/> Winter			<input type="checkbox"/> Fall <input type="checkbox"/> Winter			<input type="checkbox"/> Fall <input type="checkbox"/> Winter		
<input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Course #	Class Title	CR	Course #	Class Title	CR	Course #	Class Title	CR	Course #	Class Title	CR
Quarter Total		CR	Quarter Total		CR	Quarter Total		CR	Quarter Total		CR

<b>Applicant Signature:</b>	<b>Date:</b>
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### SELF-ATTESTATION FORM

<b>Student Information:</b>		<b>SID#</b>
Last Name:	First Name:	MI:
<b>Self-attestation Questions:</b> Students who are dislocated workers, displaced homemakers, formerly self-employed, or eligible under the expanded eligibility or stop gap employment policies may self-attest to the information below.		
1.	Are you formerly self-employed, and no longer have work because of local economic conditions? <b>(FORMERLY SELF-EMPLOYED)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are you formerly self-employed, and no longer have work because of a natural disaster? <b>(FORMERLY SELF-EMPLOYED)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Are you a displaced homemaker? <b>(DISPLACED HOMEMAKER)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Are you currently unemployed? <b>(DISPLACED HOMEMAKER or DISLOCATED WORKER)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are you a displaced homemaker or have you previously been laid-off and are currently employed, but have a net income of less than 175% of the federal poverty level? <i>If yes, complete the wage information below.</i> <b>(DISPLACED HOMEMAKER or STOP GAP)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have you previously been laid-off and are now working a temporary job with wages at least 20% less than your customary job/work history. <i>If yes, complete the wage information below.</i> <b>(STOP GAP)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Have you previously been laid-off and are currently employed in a position that is temporary in nature and only intended to support you as you complete training? Upon completion of your training program, do you intend to end this job for a position in line with your training program? <b>(STOP GAP)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Have you earned 45 college-level quarter credits? <b>(EXPANDED ELIGIBILITY)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Have the minimum qualifications for your current position changed <u>and</u> training is necessary to maintain employment? <b>(EXPANDED ELIGIBILITY)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Are you currently employed in a position that is no longer in demand? <b>(EXPANDED ELIGIBILITY)</b> <a href="https://fortress.wa.gov/esd/employmentdata/">https://fortress.wa.gov/esd/employmentdata/</a>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Wage Information:</b> To determine eligibility, displaced homemakers may complete the information for current income below. Stop Gap employment applicants may complete the information for both current and prior income.		
<b>Current Income:</b>		<b>Prior Income (Year _____):</b>
Net Income:	\$_____ per year	\$_____ per year
Household Size:	_____ # of people in your household	
<b>To be completed by the Worker Retraining Office (completed by _____):</b>		
Poverty Level:	Is applicant's current income below 175% of the federal poverty level based on household size? \$_____ per year ( <a href="http://aspe.hhs.gov/poverty/15poverty.cfm">http://aspe.hhs.gov/poverty/15poverty.cfm</a> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
% Difference:	Is applicant's current income at least 20% lower than prior income? 1 - Current Income \$_____ ÷ Prior Income \$_____ = _____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Self-Attestation Statement:</b>		
<i>I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from the Worker Retraining program and/or penalties as specified by law.</i>		
Student Signature:		Date:

## Basic Food Employment & Training (Food Stamps) Program Student Guidelines

The following is your personal checklist to ensure you are successful here at Yakima Valley College and are aware of the policies governing this program.			
<input type="checkbox"/>	I understand that in order to participate in the BFE&T program. I must be receiving food assistance from DSHS and not be on <b>TANF</b> . I agree to turn in all paperwork requested by DSHS in order to keep my food benefits open. <u>My basic food benefits must be open each quarter in order for me to receive BFE&amp;T assistance.</u>		
<input type="checkbox"/>	To remain on BFE&T I must submit a monthly progress report to the BFE&T office <b>by the 15<sup>th</sup> of each month</b> . (Progress reports will be made through CANVAS.) I also understand that my hours will be reported to DSHS as proof of my participation in the BFE&T program. <b>Must be enrolled in and attending at least 6 credits/hours per week.</b>		
<input type="checkbox"/>	I understand that my classes must count towards my program in order to qualify for BFE&T.		
<input type="checkbox"/>	I will maintain a 2.0 or higher overall GPA (or satisfactory progress if enrolled in experience problems <b>as soon as problems occur</b> ).		
<input type="checkbox"/>	I agree to seek help from instructors, tutors, or my peers for any classes in which I experience problems as soon as problems occur.		
<input type="checkbox"/>	If I need assistance in overcoming any challenges that may prevent me from coming to school every day, or if I feel that I need to withdraw, I will immediately call my BFE&T office at 509.574.4743		
<input type="checkbox"/>	I understand, at the end of my training, I am required to submit an exit interview to my BFE&T office.		
<input type="checkbox"/>	I understand that the BFE&T program is a skill-building program and that my full participation in all program activities is required.		
I have read and I understand the BFE&T Program Student Guidelines and have received a copy.			
Student Signature:			Date:
BFE&T Office Staff Initials:			Date:
<b>To Be Completed by YVC Staff Only</b>			
<b>Academic Year</b>	<b>Academic Quarter:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>Approve/Denied</b> <input type="checkbox"/> BFE&T <input type="checkbox"/> Does Not Qualify	<b>Reviewed by</b> <input type="checkbox"/> <input type="checkbox"/>