

What is Career Pathways Initiative (CPI)?

Furthering your education can lead to better jobs and higher wages. The Arkansas Career Pathways Initiative (CPI) may be able to help provide you that opportunity by assisting you in completing a short-term, career certificate program and/or a two-year degree program leading to a high-demand career. Career Pathways may be able to help you with job placement support, textbook loans, fuel vouchers, tuition and fee payment, childcare payment and career and academic counseling.

You may be eligible to participate in Career Pathways if:

- you are a parent or legal guardian of a child under 21 years of age who lives with you
- You are a current or former TEA/SNAP Food Stamp/Medicaid adult recipient whose gross income is less than 250% of the Federal Poverty Limit, and
- you intend to seek employment in a high demand occupation immediately following completion of a certificate or associate degree program

Number of persons in household	TANF-eligible Income per household (Max income 250% of the Federal Poverty Level)	
	Per YEAR (this amount or less)	Per MONTH (this amount or less)
2	\$ 43,550	\$ 3,629
3	\$ 54,900	\$ 4,575
4	\$ 66,250	\$ 5,521
5	\$ 77,600	\$ 6,467
6	\$ 88,950	\$ 7,413
7	\$ 100,300	\$ 8,358
8	\$111,650	\$ 9,304

To apply for UACCB CPI: (submit the following documents to CPI staff)

1. Complete a **CPI application** (entirely, neatly, and use a pen please)
2. Latest **federal form 1040 income tax return** (just those 2 pages, signed)
OR pay slips, check stubs and/or an income verification form (ask us about these)
3. Driver's license or government issued **photo ID**
4. Your **Social Security card**
5. A copy of your **Medicaid** or **SNAP** card
6. **ONE of the following** for each child (*if the children are not listed on your taxes*)
 - Each Child's Social Security *card* (not just the number)
 - Each Child's birth certificate
 - Baptism or other religious document
 - Paternity acknowledgement
 - Child support letter
 - Adoption papers

UACCB Student ID # _____

(Please use a pen and write legibly. Failure to complete all requested information may delay or prevent CPI participation.)

UACCB Career Pathways Initiative (CPI) Applicant Information				
Last Name:		First:		Maiden:
Physical Address:				Apartment/Unit #:
City:			State:	Zip:
Cell Phone:		Home Phone:		County:
Social Security #:		Alternate Phone Number:		
Emergency Contact:		Emergency Contact Number:		
School Email:		Personal Email:		
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (Non-Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Non-Hispanic Origin) <input type="checkbox"/> Other		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-citizen - Country of Citizenship: _____
Do you receive (check all that apply):				
<input type="checkbox"/> Transitional Employment Assistance (TEA)-Current or former <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Medicaid/AR Kids/CHIP				

Household members: List all people who live in the home, including yourself.

Social Security #	Full Name (first, middle, last)	Birth Date	Relationship to you

Education (List the current or most recent first)			
College: _____ City and State: _____			
From _____	To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: _____
College: _____ City and State: _____			
From _____	To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: _____
GED: _____ City and State: _____			
From _____	To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School: _____ City and State: _____			
From _____	To _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you registered for classes for the upcoming semester? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, what term do you plan to start attending UACCB? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II Year:		
Degree/Major:		
What do you plan to obtain at UACCB? <input type="checkbox"/> GED <input type="checkbox"/> Technical Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Undecided <input type="checkbox"/> Certificate of Proficiency <input type="checkbox"/> Arkansas Career Readiness Cert <input type="checkbox"/> Non-degree seeking or completing general education coursework only		
Have you applied for Financial Aid (Pell Grant)? Yes <input type="checkbox"/> No <input type="checkbox"/> If denied Pell, have you APPEALED? Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any sources of assistance you will be receiving to help you attend college (WIOA, Arkansas Rehabilitation Services, Single Parent Scholarship, etc.):		
Are you in default on a student loan (failed to make required payments) or owe money to another college? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, specify:		
How did you hear about Career Pathways? <input type="checkbox"/> DHS Counselor <input type="checkbox"/> Poster <input type="checkbox"/> Radio <input type="checkbox"/> Friends/Family <input type="checkbox"/> Mail <input type="checkbox"/> Financial Aid Office <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Other:		
What is your ultimate goal after completing your program? Mark all that apply.		
<input type="checkbox"/> Immediate employment in high demand/high wage career <input type="checkbox"/> Self-employed/ Open own business <input type="checkbox"/> Do not plan to seek immediate employment <input type="checkbox"/> Move out of state to seek employment/be with family/friends <input type="checkbox"/> Join Military <input type="checkbox"/> Continue Education -College: <div style="text-align: center;">Program of Study:</div>		

Employment History

Are you employed now? If so, where?	
If employed, what is your job title?	How much are you paid?
How many jobs have you had in the past 2 years?	Of those jobs, what types of work did you do?
What have you liked most about past jobs?	
Why did you change jobs?	
Is there anything that would have helped you stay employed?	
Have you done any volunteer work?	If so, what types?
What is keeping you from working now if you are not currently working?	

Military Service

Branch:	From To	Rank at Discharge:
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Goals

What are your short and long-term goals?

What is your motivation for going to college?

Assistance Needed

☐ Childcare ☐ Fuel ☐ Tuition* ☐ Books* ☐ Testing fees ☐ Other (uniform, supplies)

*you must use all of your Pell grant funds before CPI will consider paying for tuition and books

Current childcare arrangements:

Backup childcare plan:

I currently have reliable transportation: ☐ Yes ☐ No

Backup transportation plan:

What are your living arrangements (rent, own, live with parents, etc.)?

Can you use help with the following? (Check all that apply)

☐ How to look for work ☐ Getting work experience ☐ Finding stable housing ☐ Help with drug/alcohol abuse
☐ Help with domestic violence problems ☐ Help with emotional problems/depression ☐ Help with stress management
☐ Improving parenting skills ☐ Establishing a checking/savings account ☐ Learning to set goals and achieve them
☐ Improving study skills ☐ Creating a family budget ☐ Other _____

Are there any present financial problems that could affect your ability to stay in school and/or stay employed?

☐ Danger of Eviction ☐ Utility shut-off ☐ Other _____

Why should you be approved to participate in CPI?

By signing below, I give full permission to the UACCB CPI staff to review my financial and academic records including, but not limited to, my FAFSA application, test scores, transcripts, and participation with AR Dept. of Human Services and AR Dept. of Workforce Services programs. By signing below, I understand participation in CPI may be revoked at any time due to falsifying information or engaging in inappropriate behavior. I also recognize assistance is limited and not guaranteed.

Signature

Date



Arkansas Career Pathways Initiative
University of Arkansas Community College
at Batesville

Participation Agreement

As a participant in the Career Pathways Program at UACCB, you are eligible to receive services and benefits that are intended to assist you in furthering your education and increasing your position in the career pathway. We will not discriminate on the basis of gender, race, color, disability, national origin, or age. This is our commitment to you. In return, we ask that you make the following commitment to us:

1. I accept responsibility for my own academic success and agree to attend classes regularly. I understand that satisfactory attendance is defined as having a minimum or no absences in each of my classes.
2. I understand that the Career Pathways staff may communicate with my instructors at any time concerning my attendance, my progress, and my grade. It is my responsibility to get my attendance reports signed by my instructor if required.
3. I agree to attend an advisement session with my CPI advisor at the beginning of each semester. It is my responsibility to make an appointment with my CPI advisor if required, every month to discuss progress.
4. I understand that financial services offered by Career Pathways should not be duplicated by another agency including, but not limited to, WIOA, Employment and Training, DHS, or DWS. It is my responsibility to ensure that I do not receive financial assistance from more than one agency for the same service during the same time period.
5. I understand that my Pell grant must be exhausted before I can request assistance with tuition and fees or the purchase of books to keep.
6. I understand and agree to abide by the requirements and terms for receiving financial support through the Career Pathways program.
7. I agree to participate in career exploration, financial aid advisement, academic advising, and workshops that are scheduled each semester as advised by my CPI advisor.
8. I understand that if my grade point drops below a 2.0, the services that are offered to me may be discontinued.
9. If my personal and/or academic conduct is deemed inappropriate, I may be dismissed from the CPI program.
10. I was provided a copy of the Career Pathways Orientation.
11. I understand funds are limited and not guaranteed.

If I fail to comply with the above obligations and responsibilities, I understand that I will be dismissed from the Career Pathways program.

Student Name (Please Print)

Student Signature

Date

Staff Signature

Date

AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE UACCB CAREER PATHWAYS INITIATIVE

To provide 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 the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. Non-personally identifiable information can be shared by ADHE/CPI with other entities to promote the program both inside and outside the state. I understand a copy 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.

Please initial each line.

- ☐ The Department of Health and Human Services and the Division of Child Care and Early Childhood Education (DHHS/DCCECE) 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 and Opportunity Act (WIOA) employment and training programs.
- ☐ The Department of Career Education 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 the internal departments.
- ☐ The Workforce Investment Opportunity 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 may be used for public relations purposes in media including newspapers, newsletters, TV ads and other media venues.

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 occupation and education goals. This authorization can be revoked at any time with a written statement from me. 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

Print Name

Date

Arkansas Career Pathways

CERTIFICATION OF ELIGIBILITY CRITERIA

This is a certification that the information provided on this form is true and correct to the best of the knowledge of those individuals whose signatures are affixed. If the information changes, the applicant will notify the Career Pathways Initiative (CPI) staff. CPI is to review and check off the following statements with the CPI applicant.

☐ I understand that I am required by law to provide my Social Security Number or proof that I have applied for a Social Security Number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act (42 U.S.C. 1137). The Social Security Number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

☐ I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.

or

☐ I do not have a Social Security Number and do not know how to apply for one, I understand that CPI will refer me to the appropriate agency and may provide other help as appropriate.

Applicant Certification

I certify to the best of my knowledge that the information in this form is true, including income and citizenship/qualified non-citizenship information.

Printed name: _____

Signature: _____

Date: _____

Street/PO: _____

City/State/Zip: _____

SSN: _____

Date of Birth: _____

Phone: _____

Email: _____