



## ANEW Enrollment Form

Date: \_\_\_\_\_

### **CONTACT INFORMATION:** PLEASE PRINT CLEARLY

Name (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (apt./unit) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (county) \_\_\_\_\_

Phone \_\_\_\_\_ Indicate preferred contact method:  Cell  Text  Email

Email (print clearly) \_\_\_\_\_

### **OUTREACH & RECRUITMENT INFORMATION:**

#### How did you hear about ANEW?

- |  |  |
|--|--|
| <input type="checkbox"/> Friend/Family                 | <input type="checkbox"/> Craigslist          |
| <input type="checkbox"/> Pre-Apprenticeship program    | <input type="checkbox"/> Port Jobs           |
| <input type="checkbox"/> Apprenticeship program        | <input type="checkbox"/> DOC                 |
| <input type="checkbox"/> Union                         | <input type="checkbox"/> Event (name): _____ |
| <input type="checkbox"/> Social media (indicate) _____ |  |
| <input type="checkbox"/> WorkSource                    |  |

### **PROGRAM INFORMATION:**

<p><b>Are you Interested in pre-apprenticeship?</b></p> <p>What program are you interested in applying for?</p> <p><input type="checkbox"/> Trades Rotation Program (TRP)</p> <p><input type="checkbox"/> P.A.C.E. Program</p> <p><input type="checkbox"/> C.B.C. Program</p> <p>What is your potential start date?</p> <p>Start date: _____</p> <p>Have you previously been enrolled in a pre-apprenticeship program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which one?</p> <p><input type="checkbox"/> ANEW-TRP <input type="checkbox"/> PACE <input type="checkbox"/> PACT <input type="checkbox"/> YouthBuild</p> <p><input type="checkbox"/> TRAC <input type="checkbox"/> CTAP <input type="checkbox"/> TERO <input type="checkbox"/> Job Corps</p> <p><input type="checkbox"/> Other: _____</p> <p>Have you already submitted an application to an Apprenticeship Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which one? _____</p>	<p><b>Are you already an apprentice?</b></p> <p>What trade are you in? _____</p> <p>What union? _____</p> <p>Are you interested in applying to the Apprentice Resource Center (ARC) for support?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you complete a pre-apprenticeship program before entering apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which one?</p> <p><input type="checkbox"/> ANEW-TRP <input type="checkbox"/> PACE <input type="checkbox"/> PACT <input type="checkbox"/> YouthBuild</p> <p><input type="checkbox"/> TRAC <input type="checkbox"/> CTAP <input type="checkbox"/> TERO <input type="checkbox"/> Job Corps</p> <p><input type="checkbox"/> Other: _____</p>
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**SELF IDENTIFICATION INFORMATION:**

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**What is your Household size (including yourself)?**  1  2  3  4  5  6+

**Do you have children or dependents?**  Yes  No **If yes, how many?** \_\_\_\_\_

**What are their ages?**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**What is your current household type?**

- Single adult
- Single minor
- Couple, no children
- One parent family
- Two parent family
- Foster family

**What is your current living situation?**

- Rent house or apartment
- Own residence
- Transitional/temporary housing
- Work release (completion date: \_\_\_\_\_)
- Couch surfing
- Live in a public housing community or shelter
- Homeless

**Have you experienced homelessness at any time within the last year, including currently?**

*(more than one night staying at a hotel, motel, staying at a shelter or temporary housing program, couch surfing, sleeping in a car, a park, campsite or on the street, doubled up with another family due to hardship, or in a residence with inadequate facilities (i.e. no heat, water, electricity).*

- Yes  No

**Are you currently or have you ever been in foster care?**

- Yes, before the age of 13
- Yes, after the age of 13
- No
- I do not know

**Can you speak English**  Yes  No

**Can you read and write English**  Yes  No

**What is the primary language spoken in the home, if other than English?**

- Amharic
- Arabic
- Chinese
- Korean
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Ukrainian
- Vietnamese
- Other: \_\_\_\_\_

**Are you currently receiving any of the following services? (Please check all that apply)**

- SNAP/food stamps
- Unemployment
- TANF / WorkFirst  Yes  No
- SSI/SSDI
- Receive government assistance for housing
- Other support services: \_\_\_\_\_
- I DO NOT receive any of the services above

**How do you identify?**

- Male
- Female
- Transgender
- Non-binary
- Other: \_\_\_\_\_
- Prefer not to disclose

**How do you identify?**

- Heterosexual (Straight)
- Gay
- Lesbian
- Bisexual
- Other: \_\_\_\_\_

**Are you of Hispanic, Latino, or Spanish origin?**  Yes  No

**How do you best describe yourself?**

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- More than one race
- Prefer not to disclose

**Additional Questions**

- Do you have challenges understanding math or written instructions?  Yes  No
- Do you have a disability or require accommodations for a medical condition?  Yes  No
- Are you currently or have you in the last 12 months received mental healthcare?  Yes  No
- Are you currently or have you in the last 12 months received care for drug or alcohol addiction?  Yes  No
- I prefer not to disclose this information  Yes

**Do you have a driver's license?**  Yes  No

**What is your Driver's License status?**

- Valid
- Suspended
- Never Licensed

**If yes?** State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

**If suspended, please explain:** \_\_\_\_\_

**What is your current status?**

- Citizen
- Legal Resident
- Immigrant
- Refugee

**Are you a Veteran?**

- Yes
- No
- Spouse of eligible veteran

**EDUCATION INFORMATION:**

**What is your current education status? (Check ALL that apply)**

- Currently attending high school or GED program
- 9<sup>th</sup>-12<sup>th</sup> grade, no diploma or GED
- HS Diploma
- GED Certificate
- Some College
- Associate degree
- Technical or Vocational certificate
- Bachelor's degree
- Masters or Doctoral degree

**What school district was your high school in?**

- Federal Way S.D.
- Highline S.D.
- Seattle Public Schools
- Peninsula S.D.
- Other HS in WA State
- Other HS in NOT in WA State

Did you ever attend high school in the *Seattle Public School District*?  Yes  No

If yes, which high school \_\_\_\_\_

Do you currently have a student attending a *Seattle Public School* living in your household?  Yes  No

Do you have access to your transcripts?

Yes

No

**COURT INVOLVEMENT:** Please note we ask these questions to better assist you with placement into employment.

Have you **ever** been justice involved (juvenile or adult)?  Yes  No

If yes, select from below

No

Yes, juvenile justice involved

Yes, misdemeanors only

Yes, misdemeanors and felony

Yes, felony only

Do you have any pending court dates for **any** matters?  Yes  No

If yes, please list: \_\_\_\_\_

Are you currently on probation or in Work Release?  Yes  No

If yes, please provide following:

County: \_\_\_\_\_ Duration (till when?): \_\_\_\_\_

Probation Officer/CO: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have check in requirements with your PO/CO?  Yes  No

If yes, how often? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

What is your current employment status?

Employed - full-time

Employed - part-time

Employed - seasonal

Currently on unemployment

Not employed - looking for work

Other: \_\_\_\_\_

**Current or most recent employment**

Employer:		Starting Hourly Wage:	
City, State:		Ending Hourly Wage:	
Job title:		Hours Worked Per Week:	
Start date (Month/Year):	End date (Month/Year):	Reason for Leaving:	

**EMERGENCY CONTACT:**

Name (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (apt./unit) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (county) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

**INFORMATION VERIFICATION STATEMENT:**

Please read and initial the statements below and provide your signature and date.

\_\_\_\_\_ *I certify that the information provided is true to best of my knowledge. I am also aware that the information I have provided is subject to review and verification by ANEW staff, and I may have to provide documentation to support the information provided.*

\_\_\_\_\_ *I allow release of this information for verification purposes and understand that it will be used to determine eligibility of services. I understand that receiving services is subject to availability of funding and that training and/or services are not guaranteed to me.*

\_\_\_\_\_ *My signature indicates my willingness to be screened through Washington State Connections and allows the release of this information to ANEW staff for program monitoring, verification, additional data collection, and evaluation purposes.*

\_\_\_\_\_ ***My personal information will not be provided to any outside person or agency except where needed to determine eligibility for related programs or grant reporting purposes. Information provided on this form will not affect any benefits I am already receiving from other agencies.***

**NON-DISCRIMINATION POLICY:**

*ANEW follows the equal opportunity employment and training policy and does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, background, or marital status.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## If you are 18 - 20 years old, you may be eligible for support from ANEW through Passport to Apprenticeship!



Passport to Apprenticeship offers case management and financial support to apprentices and pre-apprentices ages 18-20 who have experienced homelessness or foster care. ANEW has a contract through this program and designed this questionnaire to help us in determining if you are eligible for additional funding from ANEW through this program. Please answer the following questions if you are between the ages of 18-20 and are interested in accessing additional funding through ANEW. People who are eligible and enroll in Passport to Apprenticeship can receive support services until turning 26.

### **INFORMATION VERIFICATION STATEMENT:**

\_\_\_\_\_ WSAC reserves the right to verify information provided by you on this application through the collection of additional documentation and personal interviews.

\_\_\_\_\_ I grant permission to discuss my eligibility for the Passport to Careers program with the financial aid office and support staff at the college I attend.

\_\_\_\_\_ I also authorize the sharing and verification of the information provided in this application with appropriate officials, such as my McKinney-Vento liaison, social worker, shelter manager, case manager, church official, or any other person(s) in an official capacity.

***By signing below, I certify that all the information provided on this worksheet and the attached documentation is complete and correct. I understand if I intentionally provide false or misleading information, I may be legally responsible and could be required to repay any state financial aid I receive.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Supplemental Documentation:**

#### **Attaching documentation verifying unaccompanied homelessness**

\_\_\_\_\_ By checking this box, you declare that you are able to provide verification of your status as an unaccompanied homeless youth from an authorized official such as a McKinney-Vento liaison, social worker, shelter manager, case manager, or church official. Please attach your documentation to this application.

#### **Unable to obtain documentation verifying unaccompanied homelessness**

\_\_\_\_\_ By checking this box, you declare you are unable to provide independent verification of your status as an unaccompanied homeless youth.

In place of the verification, please attach a letter explaining your situation qualifying you as an unaccompanied homeless youth and explaining why you are unable to get documentation from an authorized official. Attach any information you may have in support of your statements. If you have chosen to leave your parents' home, you will need to demonstrate that you were at risk of harm if you continued living with your parents.