

# Ohio Technical Skills Innovation Network (TechNet) Consortium

## Participant Intake Form

<b>Introduction / Confidentiality</b>	<p>Your college has joined a group of other community colleges to form a consortium with the joint mission of improving education programs in advanced manufacturing. The US Department of Labor (USDOL) has awarded the consortium a Trade Adjustment Assistance Community College and Career Training (TAACCT) grant to fund this mission. A requirement of USDOL is to evaluate the performance of the grant. To that end, the information below is being requested from you. This information will be used together with other state employment and education records to assess the performance of the program in supporting students' learning and employment. In addition, you may be contacted to participate in a post-completion survey.</p> <p>All information provided by you will be safeguarded using encryption security measures and not used for any purpose other than the evaluation of grant-funded programs. The information that is collected on this form will be retained in the program files by the grantee and their authorized third party partners in the performance of their official duties. As required by law, at the conclusion of the grant period, all personal information assembled for the evaluation will be destroyed.</p>				
<b>Contact Information</b>	First Name		Middle Initial	Last Name	
	Address				
	City		State	Zip Code	
	Home Phone		Cell Phone		Alt. Contact Phone
	Email Address				Alternate Contact Name/Relation
<b>Participant Information</b>	Social Security #		Student ID #		Date of Birth <span style="float: right;">____/____/____ ( MM / DD / YYYY )</span>
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		
	Race (choose all that apply) <input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander
	Highest Level of Educational Attainment		<input type="checkbox"/> Less than a HS Diploma <input type="checkbox"/> HS Diploma		<input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree or Higher
	Check all that apply: (see definitions on next page if needed)		Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Eligible for Veteran's Benefits <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Eligible for Pell Grant <input type="checkbox"/> Eligible for TAA Benefits		If Yes: Hourly Wage _____ Hours/Week _____		
<b>Consent</b>	<p>I understand that my participation in this study is entirely voluntary. I have read this entire form and I understand it completely. By signing below I am giving my consent to participate in this study and attest that the information provided is to the best of my knowledge complete and accurate. I authorize the disclosure of the information contained in this form to authorized third parties.</p> <p>In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372 – 2372a. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled.</p> <p>Student Signature _____ <input type="checkbox"/> I agree to be contacted for a post-participation survey      Date: ____/____/____ ( MM / DD / YYYY )</p>				

**For Office Use Only**

College Name	First Semester as Participant Year:      Term:	Grant-Affected Program	Program Credit Status <input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit	Enrollment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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List any Certificates and/or Credentials which you hold: \_\_\_\_\_

How did you hear about Lakeland's welding program? \_\_\_\_\_

How did you become interested in welding? \_\_\_\_\_

When is the preferred time for you to take classes? ☐ DAY ☐ EVENING ☐ WEEKENDS

When is the best time to reach you by phone? \_\_\_\_\_

**Employment Information:**

Are you currently employed? ☐ Yes ☐ No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Have you ever worked in the manufacturing industry ☐ Yes ☐ No

If yes, positions held: \_\_\_\_\_ Number of years \_\_\_\_\_

**Potential barriers impacting your education or employment: (check all that apply)**

☐ Criminal background

☐ Finances

☐ Health Issues

☐ Transportation

☐ Child Care

☐ Academic

☐ Obtaining a job

☐ Other, please list: \_\_\_\_\_

**For additional information please contact:**

Katie Smyntek, Welding N.O.W. Recruiter, [ksmyntek2@lakelandcc.edu](mailto:ksmyntek2@lakelandcc.edu), 440-525-7541

Linn Gahr, Welding N.O.W. Project Manager, [lgahr2@lakelandcc.edu](mailto:lgahr2@lakelandcc.edu), 440-525-7516, 440-525-7639 – fax  
Lakeland Community College, 7700 Clocktower Dr. Kirtland, Ohio 44094

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## Participant Intake Form Glossary

### Definitions

**Eligible for Veteran's benefits:** A person is considered eligible for Veteran's benefits if they meet one of the following conditions:

1. Is a person who served on active duty in the armed forces for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
2. Is a person who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 12301 (a), (d), or, (g), 12302, or 12304 of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; or
3. Is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

**Employed:** A person who works for pay.

**Individual with a disability:** A person is considered to have a disability if, as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), there is a physical or mental impairment that substantially limits one or more of the person's major life activities.

**Eligible to receive a Pell grant:** A person is considered eligible to receive a Pell grant if they can demonstrate "sufficient financial need" and are enrolled in an eligible college. The guidelines for "sufficient financial need" are complex, so eligibility is determined by filing a Free Application for Federal Student Aid (FAFSA).

**Eligible to receive TAA benefits:** A person is eligible to receive Trade Adjustment Act (TAA) benefits if they are a worker who has lost their job through no fault of their own and who previously worked for an employer whose closure or layoffs were certified by the U.S. Department of Labor to have been caused by foreign competition. People generally find out whether they are eligible for TAA benefits from their prior employer, their union, or a One-Stop workforce center.

### **EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;

providing opportunities in, or treating any person with regard to, such a program or activity; or

making employment decisions in the administration of, or in connection with, such a program or activity.

### **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_