

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: ☐ Cell ☐ Text ☐ Email

Email (print clearly) _____

OUTREACH & RECRUITMENT INFORMATION:**How did you hear about ANew?**

- ☐ Friend/Family
- ☐ Pre-Apprenticeship program
- ☐ Apprenticeship program
- ☐ Social media (indicate) _____
- ☐ WorkSource
- ☐ Apprenticeship program

- ☐ Craigslist
- ☐ Port Jobs
- ☐ DOC
- ☐ Event (name): _____

PROGRAM INFORMATION:**Are you already an apprentice?** ☐ Yes ☐ No

What trade are you in? _____

What union? _____

Are you interested in applying to Apprenticeship Opportunity Project (AOP) for support? ☐ Yes ☐ NoDid you complete a pre-apprenticeship program before entering apprenticeship? ☐ Yes ☐ No

If yes, which one?

☐ ANew-TRP ☐ PACE ☐ SVI ☐ YouthBuild ☐ TRAC ☐ CTAP ☐ Other: _____**Are you Interested in pre-apprenticeship?** ☐ Yes ☐ No

What program are you interested in applying for?

- ☐ Trades Rotation Program (Kent, WA)
- ☐ P.A.C.E. Program (Seattle, WA)
- ☐ C.B.C. Program (Location varies)

What is your potential start date? start date: _____

Have you previously been enrolled in a pre-apprenticeship program? ☐ Yes ☐ No

If yes, which one?

☐ ANew-TRP ☐ PACE ☐ SVI ☐ YouthBuild ☐ TRAC ☐ CTAP ☐ Other: _____

SELF IDENTIFICATION INFORMATION:

Date of Birth: _____

Age: _____

What is your family size (including yourself)? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7+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, read, and write in English? ☐ Yes ☐ No**What is the primary language spoken in the home, if other than English?**

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Russian | <input type="checkbox"/> 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
☐ I DO NOT receive any of the services above, *BUT an immediate family member (parent/spouse/sibling) does*
☐ I DO NOT receive any of these services, *BUT I or an immediate family member did less than 12 months ago*

How do you identify?

- | | | |
|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to disclose |

How do you identify?

- ☐ Heterosexual ☐ Bisexual
☐ Gay ☐ Other: _____
☐ Lesbian

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

How do you best describe yourself?

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

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

Health care coverage?

- ☐ Yes Provider: _____
☐ No

Driver's license status?

- ☐ Yes State: _____ Driver's License Number: _____
☐ No

What is your current status?

- ☐ Citizen
☐ Legal Resident
☐ Immigrant
☐ Refugee

Veteran status?

- ☐ Veteran
☐ Spouse of eligible veteran
☐ Not applicable

EDUCATION INFORMATION:

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

- ☐ Attending high school or equivalent ☐ No high school diploma
☐ Enrolled in GED program ☐ Associate degree
☐ Attending post-secondary/vocational training ☐ Technical or Vocational certificate
☐ HS Diploma ☐ Bachelor's degree
☐ Completed GED ☐ Masters or Doctoral degree

Which high school did you attend? _____

What school district was your high school in? _____

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

Have you ever filled out FAFSA? ☐ Yes ☐ No

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

Have you ever been convicted of a crime?

- ☐ No
☐ Yes, *misdemeanors only*
☐ Yes, *misdemeanors and felony*
☐ Yes, *felony only*

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? _____

Do you have any pending legal matters (such as child support, criminal, civil, etc.)? ☐ Yes ☐ No

If yes, please describe: _____

Do you have any pending court dates? ☐ Yes ☐ No

If yes, please list: _____

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:		
Previous employment (just prior to current or last job)	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. I understand that if I am enrolled for pre-apprenticeship training, my employment status will be tracked by ANEW for up to 2 years.*

_____ *In order to verify the information or conduct further program evaluation, I understand it may be necessary to collect additional information from records at government agencies. This information would include but not be limited to Washington State Employment Security Department, Social Security Administration, or TANF (Temporary Assistance to Needy Families) records. The Washington State Basic Food Employment and Training (BFET) program helps ANEW provide job search, job search training, self-directed job search, and skills training to Supplemental Nutrition Assistance Program (SNAP) recipients.*

_____ *My signature indicates my willingness to be screened through Washington State Connections and allows the release of this information and job placement data to ANEW staff and researchers for program monitoring, research, 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.***

Signature _____

Date _____

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.

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.