



You must have a dependent child under the age of 21 who lives in the home on a permanent basis AND have annual income below the 250% poverty level listed in the column below, AND provide copies of the documents listed below.

2020 HHS Poverty Guidelines

Persons in Family or Household	250% Annual
2	\$43,100
3	\$54,300
4	\$65,500
5	\$76,700
6	\$87,900
7	\$99,100
8	\$ 121,500

Documents to be provided ONLY after notification that application is accepted for eligibility determination:

1. Signed copy of most recent federal income tax return
2. Court Document for custody if applicable
3. Copy of applicant's driver's license & SS card
4. Copies of each child's SS card AND birth certificate or hospital proof of birth
5. Benefit Verification Form from the DHS office (food stamps, Medicaid, ARKids, TEA). If you do not receive benefits, you must bring the form stating this.
6. Proof of income (last check-stub)

Do not submit these documents with the application unless you are a GED or TEA student. Career Pathways staff can be reached at 501-760-4238.



Arkansas Career Pathways Initiative Application
National Park College



The following information is requested to determine eligibility to participate in the Career Pathways Initiative (CPI). You will be contacted with more information about the program if you appear eligible to participate in the CPI. Completing this form does not commit you to participate in the program.

Please Print

Date: _____

Name: _____ **Maiden Name:** _____

Address: _____ **City:** _____ **Zip:** _____ **County:** _____

Phone: _____ **Alternate Phone** _____

Emergency Contact: _____ **Relation:** _____ **Phone** _____

Social Security: _____ **Birthdate:** _____

E-mail: _____

- Race:**
- Asian/Pacific Islander
 - Black (Non-Hispanic Origin)
 - Hispanic
 - American Indian or Alaska Native
 - White (Non-Hispanic Origin)
 - Other

Gender: Male Female

Are you a single parent?
 Yes No

Applicant Information	
Current Employment Status <input type="checkbox"/> Part-time, <input type="checkbox"/> Full-time, <input type="checkbox"/> Seasonal, <input type="checkbox"/> Self-employed, <input type="checkbox"/> Unemployed	Name of Employer:
Time with Employer in months _____	Your monthly salary: _____

<u>Do you currently receive:</u>	
TEA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workpays:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Stamps:	<input type="checkbox"/> Yes <input type="checkbox"/> No
AR Kids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you earned a: HS Diploma GED (date obtained _____) Want to earn a GED

Date enrolled in GED: _____

Are you currently enrolled in College? Yes No Where? _____

Program/Major? _____

Have you applied for Financial Aid (Pell Grant)? Yes No

Additional Information _____

Which Career Pathways services are you seeking?

Transportation (gas cards) Tuition Books Child Care Supplies

How did you hear about Career Pathways?

By signing below, I give full permission to the CPI staff at National Park Community College to review my financial and academic records including but not limited to my FAFSA application, income tax return, if requested, test scores, transcripts, and participation with DHHS programs. This information will be used to determine my eligibility to participate in CPI. The program may also access pertinent records related to my employment and attendance/graduation.

Also, by signing below, I verify that I am a parent, with a child under the age of twenty-one that lives with me in my residence, on a full time, permanent basis.

By signing below, I understand I will not be eligible for monetary services if my grade point average is below or falls below 2.0.

Signature

Date

The above information will provide enough information to begin a review to assess your current needs. Submission of this form authorizes CPI to communicate with any person or persons to verify the foregoing information, including but not limited to earnings from employers, and to contact financial institutions for financial data and any other agency or persons regarding your financial condition. Assistance is not guaranteed.

Pathways Release Form

I _____ authorize the following agencies: National Park College, Arkansas Department of Higher Education, Department of Health and Human Services, Department of Workforce Services, Adult Education, and Department of Workforce Education, to share pertinent information about myself, and my children (see page 2) for the process of verifying my eligibility, to track my progress in the Arkansas Career Pathways Initiative, and to track my progress after leaving the Arkansas Career Pathways Initiative. The information that will be shared includes but is not limited to: name, date of birth, and social security number. This release form can be revoked at any time with a written statement from me.

Student's Signature: _____

Date Signed: _____

Pathways Promotional Release Form

I _____ authorize, with prior notification, my name and photograph to be used in newspapers, newsletters or other public awareness components for the state agencies listed above or college I attend in conjunction with the Arkansas Career Pathways Initiative. This release form can be revoked at any time with a written statement from me.

Student's Signature: _____

Date Signed: _____

Child Disclosure

I _____ verify that I am a parent, with a child under the age of twenty-one that lives with me in my residence, on a full time, permanent basis.

Student's Signature: _____

Date Signed: _____

Witnessed by: _____

AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE CAREER PATHWAYS INITIATIVE

In the course of providing 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. 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 copies 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:

- _____ 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 Act 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 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 the 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 occupational 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 _____

Effective January 1, 2012

Please provide the names & DOB of all your children currently living with you:

Childs Name: _____

DOB _____

Childs Name: _____

DOB _____

Childs Name: _____

DOB _____

Childs Name: _____

DOB _____

Childs Name: _____

DOB _____

Childs Name: _____

DOB _____



To be submitted with application: Tell us about yourself. Please write at least two paragraphs on this sheet, or attach a typewritten sheet, describing your educational/employment goals and how Career Pathways can help you achieve these goals. Be sure to list specific needs, so that we can best evaluate you for the program.