Career Pathways Initiative (CPI)

Career Pathways is an economic development program designed to assist low income parents in meeting their educational and career training goals that will ultimately lead to a high demand, high wage career. Career Pathways is designed for students interested in completing training and immediately entering into a career field that will help their family become self-sufficient. Students who have previously completed an associate’s or bachelor’s degree may not be eligible for direct services.

To be eligible for Career Pathways:

✓ Have a job and earn a wage
✓ Parent of child under the age of 21 AND
✓ Receive DHS benefit (TEA, ARKids Medicaid, food stamps) OR
✓ Fall below the 250% federal poverty guideline
  (For example, a family of four whose family income falls below $55,000)

Career Pathways may be available to assist eligible students with the following direct and indirect services while working towards a GED, Arkansas career readiness certificate, certificate of proficiency, technical certificate or associate’s degree:

✓ Fuel assistance to and from classes
✓ Books
✓ Child care vouchers
✓ Laptop and Internet card loaner program
✓ Student Success Lab available with tutors and learning software
✓ Job placement after completion of program

To be eligible for Career Pathway direct services (transportation assistance and books), students must complete the entire application accurately, complete an essay regarding your short-term and long-term education and career goals and submit all eligibility documents listed below. A Career Pathways staff member will call eligible applicants to schedule an interview during open enrollment. Career Pathway’s funding is limited; the most qualified candidates will be selected for program participation.

Eligibility documents – all documents listed below must be submitted with application:

✓ Arkansas driver’s license
✓ Student’s Social Security card
✓ Child(ren)’s Social Security card
✓ Child(ren)’s birth certificates or certificate of live birth
✓ 2010 (most recent) income taxes or IRS form 4506T (available at CPI office)
✓ Current DHS statement of benefits
✓ Letter of recommendation (from employer, instructor, community leader, pastor, etc.)
Career Pathways Initiative

Participant Application

Applicant Information

Last Name___________________  First_________________  M.I.___  Maiden __________  DOB__________

Mailing Address__________________________________________________________  Apartment/Unit #________

City_________________________  State_________________________  Zip__________

Physical Address__________________________________________________________  Apartment/Unit #________

City_________________________  State_________________________  Zip__________

Cell Phone____________________  Home Phone______________  County________________________

Social Security No.______________________________  T Number:__________________

Emergency Contact__________________________  Emergency Contact Number (____)____________

School Email__________________________  Personal Email__________________________

Number of Children Living in the Home:___________  Children’s Ages:_________

Race:  ☐ Asian/Pacific Islander  ☐ Black (Non-Hispanic Origin)  ☐ Hispanic  ☐ American Indian/Alaska Native  ☐ White (Non-Hispanic Origin)  ☐ Non-Resident Alien  ☐ Other

Gender:  ☐ Male  ☐ Female

Marital Status:  ☐ Single  ☐ Married  ☐ Divorced  ☐ Legally Separated

Citizenship  ☐ U.S. Citizen  ☐ Resident Alien  ☐ Non-citizen  Country of Citizenship:

Have you ever been convicted of a drug related felony?  No ☐  Yes ☐

Have you Earned a ______HS Diploma _______GED _______College Certificate or Degree?

Are you currently employed?  ____Yes _____No

Where?__________________________________________  How Long?________________________

By signing below, I give full permission to the CPI staff at Arkansas Tech Univerisity-Ozark Campus to review my financial and academic records, including (but not limited to) my FAFSA application, test scores, transcripts and participation with the DHS programs. I also give permission for CPI to contact references and previous supervisors provided on my application. This information will be used to determine eligibility to participate in CPI. By signing below, I understand participation in CPI may be revoked at any time due to falsifying any information or engaging in inappropriate behavior. I also recognize assistance is limited and not guaranteed.

Signature__________________________  Date__________________________
Write a short essay (minimum of 100 words) explaining your short-term and long-term education and career goals. Please note: Your essay will be used to help Career Pathways in the selection process to determine enrollment and/or funding. Funded services are limited and will be awarded on a semester-by-semester basis. Career Pathways funding is *not* an entitlement; eligibility or previous receipt of benefits is not a guarantee of funding.

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Signature ___________________________________________________________ Date __________________________
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. 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 Career Pathways program. I understand that the information is confidential and will only be shared with the agencies, institutions or parties listed below unless the release or provision of such information is otherwise prohibited by law or regulation. 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. 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 present or future employment, 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 Workforce 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 to provide information related to my employment.

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 is valid for 18 months after the date of exit from my program of services. 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 Signature ____________________________ Date ____________________

I give permission for Career Pathways to use myself and children for public relations purposes in the media, including newspapers, newsletters, TV ads, and other media venues.

Student Signature ____________________________ Date ____________________

Child’s Name ________________________________ SSN: ________________
Child’s Name ________________________________ SSN: ________________
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