

Training Application Instructions

1. When you are ready to apply for the RochesterWorks! training grant, please fill in the following information, be sure to us the contact list below to call the Career Center for an appointment. Please call us with enough advance notice to schedule your first training grant appointment at least 5 weeks prior to your training start date.
2. Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Customer ID Number: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Name of Training Program, Course, or Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Exact Start Date: Month:\_\_\_\_\_\_\_\_\_Day:\_\_\_\_\_\_\_\_\_\_Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Phone or E-mail Address (please leave only one way of contacting you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If it is more convenient for you to schedule a training appointment at the

Waring Rd. Career Center

Once you have filled in your information, contact our office at the phone number below to schedule an appointment. Please be prepared to leave all of the above information in a voice mail message and wait for a reply.

**Department of Labor/RochesterWorks!**

**276 Waring Rd**

**Rochester, NY 14609**

**585-266-7760 phone**

**Ask for the “Counselor on call”**

**If it is more convenient for you to schedule a training appointment at the**

**Goodman St. Career Center**

Once you have filled in your information, contact our office at the phone number below to schedule an appointment. Please be prepared to leave all of the above information in a voice mail message and wait for a reply.

RochesterWorks!

255 N. Goodman St

Rochester, NY 14607

585-258-3500 option 2

**Jacquelyn Clancy (NY Inspire Grant Only)**

(585) 258-3500 ext. 3203

 jclancy@rochesterworks.org

**Sam Genovese (Youth 18-24yrs Only)**

(585)258-3500 ext.3552

sgenovese@rochesterworks.org

\*\*When you come in for your appointment with a training advisor, please be sure that you have completed all items listed on the checklist on pp. 3–4 of the Training Application Packet.



**Income Eligibility Guidelines**

* Using the “Income Sources” below, please determine your pre-tax household income for the 6 month period prior to your registration with RochesterWorks. Household income is based on family size and earnings of all family members (spouse, children, parents, etc.) living in the same residence. Individuals with approved disabilities may be determined as a family of one for purposes of income eligibility. In Question #1 below, please indicate your family size and pre-tax household income.

 OR

* Recipients of Cash Welfare, SNAP (Food Stamps), and Supplemental Security Income are automatically considered low-income. In Question #2 below, please indicate if you or any family member residing in your household receives public assistance benefits from the Department of Human Services. Verification of benefit is required.

***Income Guidelines – based on earnings for 6 months prior to registration date***

\* **Income amounts are determined before taxes and other deductions are taken. Income requirements are subject to update by the US Department of Labor (last updated May 2018).**

***Income Sources to Include or Exclude***

|  |  |
| --- | --- |
| **Include For Determination** | **Do Not Include** |
| * Wages, Salaries (*gross*), including Tips
 | * Public Assistance (*welfare: TANF, SSI, General Assistance*)
 |
| * Net earnings from self-employment
 | * Non cash benefits (F*ood Stamps, Housing, Medicaid*)
 |
| * Interest & Dividends from savings & investments
 | * Lump-sum (*one-time*) Worker’s Comp
 |
| * Pension Income (*all types*)
 | * Lump-sum (*one-time*) Insurance Awards
 |
| * Rental Income (*net*)
 | * Lump-sum Inheritance
 |
| * Alimony
 | * Proceeds from sale of property
 |
| * Lifetime Annuities/awards
 | * Tax Refunds
 |
| * Disability Benefits (*except one-time lump-sum*)
 | * Loans
 |
| * Worker’s Compensation (*except one-time lump-sum*)
 | * Gifts
 |
| * College/university grants, aid fellowship
 | * Pell Grants or Federal Work Study
 |
| * Military Family Allotments
 | * Active Duty Pay for Veterans
 |
| * Unemployment Insurance Benefits \*
 |  |
| * Child Support \*
 |  |

1. Total family members in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total (pre-tax) household income for the 6 months prior to your application: $\_\_\_\_\_\_\_\_\_\_\_\_\_per\_\_\_\_\_\_\_\_\_\_\_\_\_ (please circle: year, month, week) \* Please let staff know how much of this income is from unemployment insurance benefits and/or child support.

OR

2. I am a member of a family that received the following public assistance benefits in the 6 months prior to application:

(Please list benefits and provide documentation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that the information provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may disqualify me for future WIOA benefits. All information is subject to verification and other documentation may be required.

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



TRAINING APPLICATION PACKET

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Customer** **ID #:** NY\_\_\_\_\_\_\_\_\_\_\_ **Date** **of** **Application:**\_\_\_\_\_\_\_\_

Please be advised that an assessment of your skills, experience, education, interests, career/employment goals, and job search activities by a RochesterWorks! career center representative is required in order to determine your eligibility for WIOA funding for a particular training program or career field. **The assessment process typically takes 5 weeks, which may impact the start date of your training.** It is your responsibility to demonstrate your need for training and the reasons why you are unable to obtain employment with your current skills and experience.

Please bring these documents to your appointment with your career services representative. Your training application cannot be processed if all documents are not received.

**□ 1. Labor Market Information on the Job for Which You Are Seeking Training –**

* Look up your job title on [http://www.onetonline.org](http://online.onetcenter.org)and print out the summary report **-or-**
* Photocopy the relevant pages from theOccupational Outlook Handbook located in the Resource Room. ***Note: Your training grant application will not be complete unless you attach these printouts/copies to your application packet.***

**□ 2. You will be asked to provide at least (3) Job Postings** for the occupation in which you want to be trained. These can be newspaper or Internet job postings, or any other job postings that are **local, full-time, and for which you meet all the qualifications except the training that you are hoping to receive.**

**□ 3. Social Security Card**

**□ 4. NYS Driver’s License/Non-Driver ID -or- other acceptable photo ID with Date of Birth**

**□ 5. Alien registration documentation** (for resident aliens legally able to work in the U.S.)

**□ 6. Proof of Income (\*\*You should attach all documents listed below that apply to you\*\*)**

 **□ Most recent pay stub or employer statement, if employed**

**AND**

 □ **Lay Off Letter Notification from Employer or**

 □ **Unemployment Eligibility Letter or**

 □ **TAA/TRA Eligibility information or**

 □ **Budget Sheet from DHS (Dept. of Social Services) or**

 □ **SSI/Disability Benefits Statement or**

 □ **Plan for Support while in Training** If you are not working and/or none of the above apply, you will need to demonstrate how you plan to financially support yourself through the duration of training.

**□ 7. Updated Resume** (Attend one of our resume writing workshops for assistance in updating your resume!)

**□ 8. Job Search Records –** If you are **not** working, please provide documentation of your job search activities in your current field with your existing skills. Blank job search record forms are available in the Resource Room for your use. If you **are** working, job search records may also be required to show that you cannot find a job leading to self-sufficiency with your current skills, education and experience.

**□** **9.** **If currently receiving Unemployment benefits**: once you have been accepted into or enrolled in a training program, report to our office to obtain the **599 Training Application**

**□ 10. Training Questionnaire-** Fill out pages 5 and 6

**□ 11.** Proof of completion of a **Career Assessment** in a *workshop*, with a *counselor* at *O\*NET – My Next Move Interest Profiler- www.mynextmove.org*. **or** at *www.jobzone.ny.gov.*

**□ 12. Training Program Registration –** Before your grant request can be approved, you will need to provide the following information from your training program:

* + Acceptance letter or letter stating that you are registered and can attend classes.
	+ Bill or statement itemizing training costs, including the start and end dates for classes and number hours per week of the program.
	+ Official course outline/description from the organization or school (brochure or manual) for the program in which you are enrolling.
	+ Signed Plan/Program of Study for college programs—this is a semester-by-semester breakdown detailing exactly which classes you will need to graduate. It must be signed by an advisor.
	+ **Printed proof that you applied for PELL and TAP grants (for LPN, certain BOCES 2, and Traditional College Programs only):**Federal Pell Grant: www.fafsa.ed.gov; New York State TAP Grant: [www.hesc.ny.gov](http://www.hesc.ny.gov).
	+ If you are **enrolled** in FLCC, MCC or GCC and receiving **NY Inspire Scholarship** funds, you will need to provide proof of eligibility and dollar amount awarded.
	+ If you are **enrolled** through SWFI or HPOG, please provide a referral letter.
	+ If you are **employed,** you will need to provide a copy of your employer’s tuition assistance policy and confirmation of how much money you could receive per semester.

**-or-**

* Provide a letter (on company letter head.) from your employer stating they do not have a tuition reimbursement program.
	+ If this is not your first semester, please include a college transcript (may be an unofficial transcript or printout of an online transcript).

***Please note that when you meet with a Career Center Representative to review your training grant application, they may request additional documents from you, depending on your individual circumstances. Submission of all documents does not guarantee that funding will be approved.***

**When you are ready to schedule an appointment, please use the instructions on page 1 of this packet to contact a Career Center Representative for a meeting to review your completed application.**



**TRAINING QUESTIONNAIRE**

**PART I – Trainee Information**

1. What jobs are you currently qualified to work by skills, experience, and education (regardless of whether there are current openings)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you expect to be able to find another job in this same occupation? ❑ YES ❑ NO

If “NO”, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List any previous training/college programs that you have completed.

|  |  |  |
| --- | --- | --- |
| **School, City, State** | **Training Course/Major** | **Date Completed** |
|  |  |  |
|  |  |  |
|  |  |  |

**PART II – Training Program Information**

1. Name of School or Training Facility where enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Training Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Beginning date of Training: \_\_\_\_\_\_\_\_\_\_\_ Training ending date (graduation): \_\_\_\_\_\_\_\_\_\_

 **mo/day/yr mo/day/yr**

1. Job Skills to be learned:
2. Degree or Certificate to be earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In what **specific occupation** do you intend to work after the completion of your current training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. After the completion of the above training program, will you require any additional training before being qualified to work in this specific occupation? ❑ YES ❑ NO
5. Indicate if you have previously taken this training: ❑ YES ❑ NO
6. If yes, indicate when and where, and why you need to take it again: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III – Barriers to Employment or Training**

1. Do you have any of the following barriers to employment? (Check all that apply.)

 *\*This question is necessary to ensure your success in the training program and subsequent employment.*

* + Lack of childcare
	+ Lack of transportation
	+ Any other barriers to completing the training program or securing employment
	+ I have no barriers to employment
1. If you checked any of the above barriers, please briefly explain the barrier(s) on the lines below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How will you support yourself through the entire duration of training? (Please provide specifics, e.g. IRA, savings, Unemployment benefits, Social Services.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How will you pay for any expenses not covered by training funds (e.g. tuition, books, supplies, parking, licensing fees)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**