

## *Brief Contact Form*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Street

\_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Student Cell Phone # (\_\_\_\_) \_\_\_\_\_

Student email \_\_\_\_\_

Circle One

Freshman

Sophomore

Junior

Senior

Name of High School \_\_\_\_\_

School Counselor \_\_\_\_\_

Parents Name \_\_\_\_\_

Parents Cell Phone # (\_\_\_\_) \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Project REACH RISE Participant Intake

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Identifier \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Total # member in family: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you in foster care? \_\_\_\_\_

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_

Are you enrolled in high school? \_\_\_\_\_

Do you receive any special services in school? \_\_\_\_\_

What do you see as barriers to successfully completing high school?

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

Are you or have you ever been homeless? \_\_\_\_\_

Do you have a history of substance abuse? \_\_\_\_\_

Mental health concerns? \_\_\_\_\_

Are you currently in counseling? \_\_\_\_\_

Do you have any medical issues or concerns? \_\_\_\_\_

Do you have any physical/medical conditions that may require an accommodation? \_\_\_\_\_

Do you pay rent? \_\_\_\_\_

Are you working? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Do you or your parent/guardian receive financial support?

(TANF, SSI, Food Stamps)? \_\_\_\_\_ Amount \_\_\_\_\_

Employment/Externship interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Motivating/positive influence: \_\_\_\_\_

Contact info: \_\_\_\_\_

Copy of birth certificate

Copy of Social Security

Proof of residency

Proof of income provided

Selective service

Testing date: \_\_\_\_\_

Certification appointment date: \_\_\_\_\_

## WFC Project REACH In-School Empowerment (RISE)

RISE will provide low-income high school juniors and seniors, who have been truant or at-risk of dropping out, with essential tools needed to achieve their individual educational goals. The program includes: After School Tutoring, Academic Coaching, Skill Development, Empowerment Workshops, Leadership Opportunities, and Externships.

RISE offers intensive case management to enhance participants' opportunities for educational success. Academic skills will be improved with academic coaching, study groups and access to math and reading tutors.

Work preparedness will be achieved through job readiness workshops, and externship experiences. Externships are valuable opportunities created by employers willing to invest in our youth. Externships are two weeks in length, ten hours per week. The youth earns minimum wage pay for the externship with wages being paid by WFC. The employer invests by providing space and opportunity for our youth to be exposed to, and explore fields of interest. In addition it is our hope that the youth receive mentoring during the two-week externship--planting seeds conducive to a positive future.

Students will also have opportunities to gain understanding of, and exposure to the benefits of post-secondary education. Empowerment workshops will help youth embody the positive attitude needed to endure and achieve; especially during externships where youth will be working side by side with professionals in professional settings, and in many situations dealing directly with public.

The RISE advocate will be a constant support for both the youth and employer during the externship by: making frequent site visits and maintaining contact with youth to ensure they are prepared with any and all essentials needed to complete a successful externship.

RISE works to empower the youth by offering educational programming coupled with preventative and supportive assistance empowering the youth with wrap-around services conducive to achievement. For more information please call John 203-235-9297 x133 or via email [jjohnson@womenfamilies.org](mailto:jjohnson@womenfamilies.org).



## RISE PROGRAM

### WIA Certification Process

#### Stage one

- Program staff speaks to potential youth to determine interest
- Staff schedules date for youth intake and outlines required documents needed to begin eligibility status
  - Social Security card**
  - Proof of residence**
  - Birth certificate**
  - Proof of income (all individuals age 14 and older - Bi weekly - two stubs current, Weekly - four stubs current)**
  - Selective Service**
- Youth returns documents in a timely manner

#### Stage two

- Returned documents will be forwarded to funder for approval
- Once approval is granted, testing date (Basic Skills) is scheduled

#### Stage three

- Funder announces date to review entire file (youth) for completeness
- If certification is granted; youth begins RISE orientation

**Educational and Employment Development Plan**

**Educational Goals**

**Short-Term**

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Target Completion Date: \_\_\_\_\_

**Long Term**

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Target Completion Date: \_\_\_\_\_

**Employment Goals**

**Short-Term**

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Target Completion Date: \_\_\_\_\_

**Long Term**

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Target Completion Date: \_\_\_\_\_

**Personal Goals**

**Short-Term**

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Target Completion Date: \_\_\_\_\_

**Long Term**

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Target Completion Date: \_\_\_\_\_

**WFC RISE PROGRAM**  
**RELEASE FOR PHOTOGRAPHY**

I, \_\_\_\_\_, give my permission for use of photographic materials as a term of my enrollment in Project REACH. Photo use is strictly limited to involvement with the program at Project REACH specific events and activities.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date



## AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Per CTDOL WIA Administration AP-14-3, this form is to be given to every person seeking WIA-funded services in order to access such person's confidential data to determine eligibility for participation in WIA programs.

Date	
Name	
SSN	

I hereby authorize the release of the information indicated below to:

WIB Name	
Address	

for the purpose of determining and verifying my eligibility for participation in the Workforce Investment Act (WIA) or other workforce investment and/or job training programs.

**Check off all that apply:**

<input checked="" type="checkbox"/>	demographics		employment information, including: <ul style="list-style-type: none"> <li>• employer name and address</li> <li>• employment start and end dates (as applicable)</li> <li>• earnings (rate of pay)</li> <li>• hours assigned per week</li> <li>• total quarterly earnings)</li> <li>• job title</li> <li>• fringe benefits (including health insurance, retirement, paid time off)</li> </ul>
<input checked="" type="checkbox"/>	income		
<input checked="" type="checkbox"/>	unemployment insurance information		
<input checked="" type="checkbox"/>	SNAP (food stamps)		
<input checked="" type="checkbox"/>	TANF		
<input checked="" type="checkbox"/>	Social Security Disability		
<input checked="" type="checkbox"/>	Social Security		
<input checked="" type="checkbox"/>	School grades, transcripts and/or diplomas		
<input checked="" type="checkbox"/>	School PPTs		
<input checked="" type="checkbox"/>	School attendance		
<input checked="" type="checkbox"/>	Financial Aid and Billing Status	Test results and assessments related to math, reading, job interests, aptitudes related to my employment, training and service referral needs	
<input checked="" type="checkbox"/>	Medical or Health information		
<input checked="" type="checkbox"/>	Other: <i>Indicate other category of information sought, here:</i>		

I fully understand the above-stated information and consent to the release of the indicated information. This authorization remains in effect unless revoked in writing by me.

Signature	
Date signed	

If the applicant is a minor, parent or legal guardian must sign here:

Name	
Relationship	
Signature	
Date signed	



Civil Rights Law

The race, ethnicity, disability status, age, citizenship status and gender information is requested for the purpose of determining our compliance with Federal civil rights law. By providing this information, you will assist us in assuring that programs are administered in a non-discriminatory manner. Connecticut employment and training programs are equal opportunity programs and auxiliary aids and services are available upon request.

Ley de Derechos Civiles

Información sobre raza, grupo étnico, estado de discapacidad, edad, estado de ciudadanía y género(sexo) es solicitada para determinar nuestra conformidad con las leyes Federales de derechos civiles. Con proveemos esta información, usted nos ayudará a asegurar que los programas sean administrados de manera no discriminatoria. Los programas de trabajo y entrenamiento en Connecticut brindan igualdad de oportunidades. Ayudas auxiliares y servicios serán proveídos si los solicita.

Applicant/Participant Attestation and Release

I certify that statements made by me on this intake form are voluntary, true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from this program or activity and to such other penalties as may be prescribed by law or regulations. I also understand that any and all of this information provided by me may be verified and I allow the release of this information by the authorized entity for verification purposes.

Applicant/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Atestiguar y Cesión de Aplicante/Participante

Yo certifico que las declaraciones hechas por mí en este (intake) formulario son proveídas voluntariamente y son verdaderas, completas y correctas según mi leal entender y saber, y son hechas de buena fe. Entiendo que en caso que yo haya hecho declaraciones falsas a sabiendas, puedo ser descalificado o despedido del programa o actividad y ser sujeto a otras sanciones que puedan ser prescritas por ley o reglamento. También entiendo que toda y cualquier información proveída por mí está sujeta a ser verificada. Permito que esta información sea compartida por la entidad autorizada con el propósito de verificarla.

Firma de Aplicante/Participante \_\_\_\_\_ Fecha \_\_\_\_\_

Firma de Padres o Guardián \_\_\_\_\_ Fecha \_\_\_\_\_

Interpreter Signature

I certify that I translated the contents of this document and that the applicant/participant understands its contents.

\_\_\_\_\_ Date \_\_\_\_\_

Intake Worker Signature

\_\_\_\_\_ Date \_\_\_\_\_

Firma del Trabajador de "Intake"

\_\_\_\_\_ Fecha \_\_\_\_\_

SELF-CERTIFICATION FORM

Identifying Information

Applicant's Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_ Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

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

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

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

Signature of Parent or Guardian (if needed) \_\_\_\_\_

The above self-certification is being utilized for verification of the following eligibility criteria:

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

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Counselor's Signature/Date \_\_\_\_\_

Reviewer's Signature/Date \_\_\_\_\_

“Needs Additional Assistance to Become Employed”

Program Year \_\_\_\_\_

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Student's Name

The above student has demonstrated one of the following barriers thereby meeting the WIA definition of “Needs Additional Assistance to Become Employed”

- Chronic Truancy
- Scoring Below Grade Level on the Connecticut Mastery Test
- Limited English Proficiency
- Retain in Grade Level
- Chronic Pattern of Disciplinary Problems
- Suspension or Expulsion from School
- Teen Parent
- Substance Abuse History – self or family
- Poor Work History (out of school only)
- History of Neglect and /or abuse-self or family
- Homelessness
- Illiteracy –self or family
- Physical Limitations
- Adjudicated Delinquent (under age 16)
- Offender (16-21)
- Educationally At-risk

Verification by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title



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CHILDREN REQUIRING SPECIAL EDUCATION
Section 10-76a: Definitions

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_
Address \_\_\_\_\_ School \_\_\_\_\_
Date of Birth \_\_\_\_\_

Section 10-76-1(d) . . . . . is mentally retarded, physically handicapped, socially and emotionally maladjusted, neurologically impaired, or suffering from an identifiable learning disability . . . . . and Section 10-76a-1(e) . . . . . is instructed by special education personnel . . . . .

Check Appropriate definition(s) that apply

- Sec. 10-76a-1(i) "exceptional Child"
Sec. 10-76a-2(i) "other health impaired"
Also, explain duration \_\_\_\_\_
Sec. 10-76a-2(c) "hearing impaired"
Sec. 10-76a-2(d) "identifiable learning disability"
Sec. 10-76a-2(e) "mentally retarded"
Sec. 10-76a-2(f) "multi-handicapped"
Sec. 10-76a-2(g) "neurologically impaired"
Sec. 10-76a-2(h) "orthopedically impaired"
Sec. 10-76a-2(n) "speech and/or language impaired"
Sec. 10-76a-2(k) "Physically handicapped"
Sec. 10-76a-2(m) "socially and emotionally maladjusted"
(a) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(b) inappropriate types of behavior or feeling under normal circumstances;
(c) a general pervasive mood of unhappiness or depression; or
(d) a tendency to develop physical symptoms or fears associated with personal or school problems
Sec. 10-76a-2(o) "visually handicapped"

Verified by \_\_\_\_\_ Title \_\_\_\_\_
School District \_\_\_\_\_ Date \_\_\_\_\_

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## Open DOHR Intern Handbook

### What is an Internship?

Internships provide the opportunities to build a relationship with the company, network with other people in the field and gain valuable first-hand experience. The everyday duties of an intern differ between organizations. Although not all internships lead to positions within the company, they do give you the knowledge and experience you need to be confident in your career endeavors. This is not a making coffee and running errands job!

### What is expected of an Intern?

The internship is a professional experience that requires professional attitudes and appropriate behavior. Although the specific responsibilities of an intern will vary considerably, general guidelines that will help ensure success in the work place follow:

- Be punctual
- Take appropriate initiative
- Clarify expectations regarding assigned responsibilities and activities
- Demonstrate a positive, enthusiastic attitude
- Meet deadlines
- Avoid office politics and gossip
- Interact professionally with colleagues, customers, and supervisors
- Follow office policies regarding use of phones, computers, email, etc.
- Dress appropriately as clarified by supervisors
- Exercise wise time management skills
- Consult regularly with your internship supervisor and / or academic advisor about your internship experience
- Ask for assistance and advice as needed

### Attendance/Tardiness policies:

Interns are expected to attend their daily scheduled shift/hours. In the event of an absence or if you are going to be late, intern will contact their immediate supervisor via phone or email as you would if you were working the company/organization one hour prior to the start of shift or as soon as possible in the event of an emergency. Please hand in doctors notes to immediate supervisor if applicable.

**Cancellation policy:**

In the event of inclement weather (hurricane, snow, sleet, ice) or any other national or state emergency please check the television on channel (3, 8, or 30) or radio on (1150 AM or 100.5 FM) for daily closings. **Do not assume that if work was cancelled on Wednesday for example then it will be automatically cancelled on Thursday. Check cancellations everyday even during a blizzard.**

**Drugs and Alcohol**

Possession, use, consumption, distribution, sale, or being under the influence of alcohol, illegal drugs, or controlled substances during internship scheduled hours, clinical class, or WFC activities are strictly prohibited\*. Any student/client who violates this policy may be subject to disciplinary action and may result in **termination** from this program.

**\* Unless the use is authorized in writing by a doctor and will not affect your ability to participate in learning activities.\***

**Policy and Regulations for program participation**

I certify that I have read, understand, and agree to the terms set forth in this policy. I further certify that I have received a copy of this policy. I acknowledge that my participation in the program may be terminated at the sole discretion of the organization for any reason. WFC reserves the right to change this policy at any time.

-----  
Printed Student Name

-----  
Date

-----  
Student Signature

-----  
Open D.O.H.R. Staff

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Date