

WORKFORCE EDUCATION INTAKE/ELIGIBILITY FORM



Name: _____ Date: _____
(Last) (First) (MI)

SSN: _____ Date of Birth: _____ ctcLink ID: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Phone: _____ Email Address: _____

ELIGIBILITY INFORMATION

☐ Yes ☐ No Are you planning to pursue a degree in Diagnostic Ultrasound, Neurodiagnostic Technology, Nuclear Medicine Technology, Nursing, Radiation Therapy, or Radiologic Technology?

If YES, will you take prerequisite courses at Bellevue College? ☐ YES ☐ NO

☐ Yes ☐ No Have you completed a Bachelors Degree or higher? *If YES*, what country? _____

☐ Yes ☐ No Have you lived in Washington State for the last 12 months?

☐ Yes ☐ No Are you a U.S. citizen? *If NO*, what is your status? ☐ Permanent ☐ Asylee/Refugee ☐ Other _____

☐ Yes ☐ No Are you at or below these income guidelines? _____

☐ Yes ☐ No Are you currently receiving Basic Food Assistance?

If YES; Have you been identified by DSHS as an Able Bodied Adult Without Dependents (ABAWD)? ☐ Yes ☐ No

☐ Yes ☐ No Are you a parent receiving TANF (Temporary Assistance for Needy Families) cash grant from DSHS?

If YES; do you anticipate closing your TANF in next 30 days? ☐ Yes ☐ No

☐ Yes ☐ No Are you currently Active Duty Military with a separation date?

☐ Yes ☐ No Are you currently working?

If YES; Have you received a written layoff notice?

☐ Yes ☐ No

Do you need to learn new skills to keep your job?

☐ Yes ☐ No

Are you in a **declining** occupation?

☐ Yes ☐ No

Do you have a college certificate or degree?

☐ Yes ☐ No

☐ Yes ☐ No Are you currently receiving or have you applied for Unemployment Insurance benefits?

In the last 48 months, have you:

☐ Yes ☐ No Exhausted all Unemployment Insurance benefits (mm/yy: ____/____) and have not returned to work?

☐ Yes ☐ No Been discharged from the Armed Forces? (mm/yy: ____/____)

☐ Yes ☐ No Become a displaced homemaker (divorced/widowed **and** lack work skills/experience)? (mm/yy: ____/____)

☐ Yes ☐ No Closed your business due to industry decline? (formerly self-employed)

TURN OVER

Household/ Family Size	Monthly Gross Income (2023)
1	2,430
2	3,287
3	4,143
4	5,000
5	5,857
For each additional person, add \$857	

For screening purposes only:

Reviewed by: _____

Initial Eligibility (check all that apply) and CIRCLE Primary Program

☐ BFET ☐ OG ☐ WF ☐ WR ☐ Not Eligible (Reason: _____)

INTAKE APPOINTMENT

Advisor: _____ Date: ____/____/____ Time: _____

To Follow Up

☐ Call to make appt.

☐ Student will contact us later

Notes:

Starting Qtr:	
Review Date	____/____/____
Former WE	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last WE Qtr.	
BF Status from eJAS	<input type="checkbox"/> Food Open <input type="checkbox"/> eJas Activity <input type="checkbox"/> Does not meet BF Criteria <input type="checkbox"/> SSN not found
By	

HOUSEHOLD INFORMATION

☐ Yes ☐ No Are you receiving assistance from Eastside King County Housing Authority or Section 8?

Number of dependents in your household: Self: 1 + Spouse _____ + Children younger than 18 _____ + Others _____

Unemployment Insurance benefits (UI): \$_____/week **Date UI Opened:** ____/____/____

Current work earnings: \$_____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other _____

Spouse/partner's earnings: \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other _____

Social Security: \$ _____ **Veteran's Benefits:** \$ _____

Do you pay child support? If yes, how much \$_____ /month

Do you receive child support? If yes, how much \$_____ /month

Other Income: \$ _____ **Specify Source:** _____

EDUCATION INFORMATION

Have you completed:

☐ Below High School ☐ GED ☐ Associate's Degree (major) _____

☐ Some High School ☐ Less than 45 college credits ☐ Bachelor's Degree (major)

☐ Graduated High School ☐ 45 college credits or more ☐ College Certificate ☐ Master's and Above

☐ Yes ☐ No Have you ever attended Bellevue College?

☐ Yes ☐ No Are you currently attending Bellevue College?

Most recent Job Title: _____

What program of study interests you? _____

How long do you plan to be in school? ☐ Less than one year ☐ One Year ☐ Two Years

What types of jobs do you hope to obtain after completing your training? _____

FOR ELIGIBILITY PURPOSES: Authorization for Release of Information

I, _____, give permission for the Washington State Department of Social and Health Services and Bellevue College to use and share confidential information about me (except as limited below) as necessary for Employment and Training (E&T) activities as required by the BFET program.

This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing. This consent DOES NOT permit sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.

I understand that I must fill out a separately approved consent form if I am under 18 years of age, I want to further limit information shared about me, someone else is representing me in this matter, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.

Bellevue College adheres to FERPA regulations regarding the privacy of student information. The information you give us is confidential. Your signature authorizes us to release information to, and obtain information from, our partners. Our partners include: Employment Security, Department of Social & Health Services (DSHS), Workforce Investment Act (WIA) and other internal office staff of Bellevue College (BC).

By signing below, you certify that the above information is true and correct to the best of your knowledge.

Student Signature

Date _____

In accordance with Federal civil rights law, U.S. Department of Agriculture (USDA) and Bellevue College, Workforce Education does not discriminate on the basis of race, color, national origin, language, ethnicity, religion, veteran status, sex, sexual orientation, including gender identity or expression, disability, or age in its programs and activities. Please see policy 4150 at www.bellevuecollege.edu/policies/. The following people have been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, [425-564-2641](tel:2065642641), Office C227, and EEOC/504 Compliance Officer, [425-564-2178](tel:2065642178) Office B126.

Updated: 04/28/23