

WORKFORCE EDUCATION INTAKE / ELIGIBILITY FORM



Name: _____ Date: _____
LAST FIRST MI

ctcLink ID: _____ Date of Birth: _____
Month / Day / Year

Address: _____
Number & Street City State Zip

Phone: _____ Email Address: _____

Do you want to receive text messages from Workforce Education at the phone number entered above?

- **Yes** • **No** *By checking "Yes," I understand that I may be charged by my mobile service provider for text messages received from Workforce Education. I understand that Workforce Education is not responsible for paying any costs I incur. Workforce Education will not share my cell phone number.*

Mobile Service Provider (example: Verizon, T-Mobile): _____

How did you hear about Workforce Education?

- Bellevue College department
- Bellevue College website
- Dept. of Social and Health Services (DSHS)
- Community-based organization (Hopelink, YWCA, etc.)
- Other:
- Employment Security
- WorkSource
- Flyer or handout
- StartNextQuarter.org
- Classmate/friend/family

Workforce Education Program Eligibility Basic Food Employment & Training, Opportunity Grant, WorkFirst, and Worker Retraining

- **Yes** • **No** Are you at or below these income guidelines? _____
- **Yes** • **No** Are you currently receiving **Basic Food Assistance** (SNAP/EBT)?
If No: have you been denied SNAP due to being a student? • **Yes** • **No**
- **Yes** • **No** Are you a parent receiving **Temporary Assistance for Needy Families** (TANF) cash assistance from DSHS?
- **Yes** • **No** Are you receiving **Refugee Cash Assistance** (RCA) from DSHS?
- **Yes** • **No** Have you lived in Washington State for the last 12 months?
If No: when did you move to Washington? (Month/Year): _____
- **Yes** • **No** Are you a U.S. citizen?
If No: what is your residency status? Permanent Resident Asylee/Refugee other: _____

Household / Family Size	Monthly Gross Income (2024)
1	2,510
2	3,407
3	4,303
4	5,200
5	6,097
For each additional person, add \$897	

Have you ever been enrolled in the Opportunity Grant program?

- **Yes** at Bellevue College • **Yes** at a different college: Name of college(s) _____
- **No** I have never enrolled in Opportunity Grant • I don't know

Read each of the following statements and select ALL that apply to you.

- I am currently working
- I have applied for Unemployment Insurance benefits but am not approved yet
- I am currently receiving Unemployment Insurance benefits
- I exhausted Unemployment Insurance benefits in the last 48 months and have not returned to work
- I received a written layoff notice
- I am currently Active Duty Military with a separation date
- I was discharged from the Armed Forces in the last 48 months
- I require new skills/certifications to keep my job
- I am in a declining occupation
- I am a displaced homemaker (divorced/widowed in the last 48 months and lack work skills/experience)
- I am formerly self-employed and closed my business due to economic factors in the community

Household and Income

Income fields are required. Do not leave them blank. Enter "0" if it does not apply to you.

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

People in your household: Self (you) + Spouse/Partner: _____ + Children under 18: _____ + Others: _____ **Total:** _____

Enter Gross Income

Your Unemployment Insurance: _____ /month

Your work earnings: _____ /month

Spouse/Partner's earnings: _____ /month

if under 24, Parents' income: _____ /month

Social Security benefits: _____ /month

Veteran's Benefits: _____ /month

Alimony Receiving: _____ /month

Child Support Receiving _____ /month

Other Income: _____ /month

Total Monthly Gross Income: _____

Education History and Goals

- **Yes** • **No** Have you ever attended Bellevue College?

Your highest Education Level completed:

- Below High School
- Some High School
- GED
- Graduated High School
- Less than 45 college credits
- 45 college credits or more
- college certificate
- Associate's Degree (major): _____ which country? _____
- Bachelor's Degree (major): _____ which country? _____
- Master's and above Degree (major): _____ which country? _____

What program of study interests you? _____

You can review Workforce Education approved programs of study on our website.

It's okay to write "undecided" if you are not sure – you can discuss options during your intake appointment.

- **Yes** • **No** Are you interested in a selective admission medical program?
If Yes, are you taking or planning to take pre-requisite classes ? • **Yes** • **No**

Individual Employment Plan (IEP)

Do you have work experience?

Work experience may include part-time or full-time positions, paid or unpaid internships, work-study, or self-employment. This is not limited to jobs in the United States; include work experience from other countries.

- Yes
- No

If Yes, fill out below

	Current/Last Employer	Previous Employer 1	Previous Employer 2
Employer Name:			
Job Title:			
Wage Earned per hour:			
Average hours per week:			
Start Date (mm/yy):			
End Date (mm/yy) :			

What job would you like to have after completing your training? Examples: nurse, software developer, business analyst, accountant

What are your transferable skills and qualifications?

- Customer service
- Problem-solving
- Being organized
- Clear communication
- Directing Projects
- Cooperation/working in a team
- Speak multiple languages
- Listening
- Managing people
- Managing money
- Time management
- Public speaking

What is your level of computer skills?

- No computer experience
- Beginner: Can use email and internet; have basic typing skills
- Intermediate: Familiar with Microsoft Office or similar programs such as Word, Excel, PowerPoint and Outlook
- Advanced: Have used Microsoft Office or other software programs extensively for work or home projects
- IT Professional

What other transferable and/or technology skills do you have?

What skills do you need to gain to stay employed or get a job in your chosen career?

Potential Challenges:

Which of these items might make it challenging for you to succeed in school or work?

Select all that apply. Our staff may be able to refer you to school or community resources.

- Limited time to study
- Unstable living situation
- No supportive friends or family
- No dedicated study space
- Financial planning/budgeting
- Health (mental and/or physical)
- No reliable transportation
- No reliable childcare or backup plan
- No reliable computer/internet access

Referrals (to be completed by your advisor)

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) required by the BFET program.

This consent is valid for 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).

- **I have read, understand, and agree to the Release of Information statement.**
- **All information provided on this form is true and correct to the best of my knowledge.**

SIGNATURE

Submit online via Adobe Sign, or send completed form as an attachment to **workforce-ed@bellevuecollege.edu**.

FOR WORKFORCE EDUCATION SCREENING PURPOSES ONLY

Reviewed by: _____

Initial Eligibility *select all that apply*

• BFET • OG • WF • WR

• Not Eligible Reason: _____

INTAKE APPOINTMENT

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

To Follow Up: • Call to make appt. • Student will contact us later

Qtr: _____

Date: ____ / ____ / ____

BF Status from eJAS • **Food Open**
• **eJas Activity**
• **Does not meet BF Criteria**
• **SSN not found**
Former WE • **Yes** • **No**

Last WE Qtr _____

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