

# 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 (Date UI opened: \_\_\_\_ / \_\_\_\_ / \_\_\_\_)
- 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 in the last 48 months due to economic factors in the community

### Household and Income

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

People in your household: Self ( 1 ) + 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:** \_\_\_\_\_

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

### 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
<b>Employer Name:</b>	_____	_____	_____
<b>Job Title:</b>	_____	_____	_____
<b>Wage Earned per hour:</b>	_____	_____	_____
<b>Average hours per week:</b>	_____	_____	_____
<b>Start Date (mm/yy):</b>	_____	_____	_____
<b>End Date (mm/yy) :</b>	_____	_____	_____

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

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### What are your transferable skills and qualifications?

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

### Other Workplace Skills (Optional):

Use field below to share your transferable and/or technology skills not addressed above.

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### Skills Needed:

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

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### 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
- No dedicated study space
- No reliable transportation
- Unstable living situation
- Financial planning/budgeting
- No reliable childcare or backup plan
- No supportive friends or family
- Health (mental and/or physical)
- 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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