

Project ProPEL

Program Interest Form

Contact Information

Name		Date
Date of Birth	Race/Ethnicity (optional)	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Release Date	Anticipated Post-Release Address	Email and/or phone post-release (if known)
Have you ever been convicted of Criminal Sexual Conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*Note: although CSC conviction will not disqualify you from receiving service, there are a limited number of CSC slots available among project partners.</i>		

Are you currently eligible to work in the United States Yes No

Areas of Interest (select all that apply)

Education/Employment

- GED Preparation & Exam
- High School Diploma
- Immediate Transitional Employment

Barriers/Needs

- English as a second language
- No/limited work history
- Post-release housing
- Need ID (social security, tribal ID, license...)
- Medical/Dental Insurance
- Food support (SNAP)
- Clothing
- Substance use/dependency treatment
- Phone/Internet Access
- Childcare
- Transportation
- Mental or Physical Health
- Other (Please describe):

Service Needs

- Meet with career/training coach
- Begin work readiness training
- Start transitional employment
- Start career training program
- Access resources (housing, legal, treatment, etc.)
- Other (please describe):

Career Education Interests

- Construction
- Commercial Drivers' License
- Culinary Arts
- Customer Service
- Forklift/Small Equipment
- Information Technology Support
- Manufacturing Fundamentals
- Warehouse

Legal Support

Our program works with attorneys who might be able to assist you with civil legal problems. The attorneys cannot help you with your criminal legal case. Examples of areas of service include:

- Child support modifications
- Disability appeals
- Drivers' license issues
- Custody or parenting time
- Criminal expungements
- And more

Do you have any civil or legal issues you would like us to refer you to an attorney? Yes No

If yes, please briefly describe those legal issues:

Project ProPEL

Consent for the Collection & Release of Information for Services

We are asking your consent (permission) to share and exchange your information with the ProPEL program staff of EMERGE Community Development and Takoda at American Indian OIC and any other partners that the ProPEL program considers necessary related to your goals for program services, as well as the program operation and your success in the program.

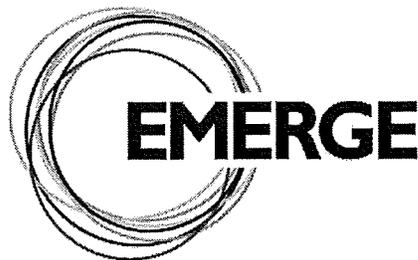
Release of Information Consent

I _____ (name) hereby authorize the release of information relating to, but not limited to, my medical, financial, employment, personal transactions, corrections, and educational information to the ProPEL program staff. I further authorize the release of any of this information to any other partners that ProPEL considers necessary that are related to my goals for program services, as well as the program operation and my success in the program.

I also understand that this authorization shall be in full force and effective for a period of one year from the date signed by me.

Participant Name: _____

Participant Signature: _____ Date: _____



ProPEL Intake and Demographic Information

First name: _____

Middle name: _____

Last name: _____

Social Security number: _____

Date of birth (MM/DD/YY): _____

Gender: Female Male _____

Address: _____ Apt. #: _____

City: _____ ZIP code: _____

Phone: _____

Email: _____

Family type:

- Single person, no children
- One parent/guardian, with child(ren)
- Two adults, no children
- Two parents, with child(ren)
- Other:

Hispanic/Latino: Yes No

Race (select all that apply):

- African
- African American or Black
- American Indian/ Alaska Native
- Asian/SE Asian/Pacific Islander
- Hispanic/Chicano/Latino
- Native Hawaiian or other Pacific islander
- White
- Multiracial Other

Primary language: _____

Citizenship status: Citizen Refugee
 Immigrant Asylum

If *Refugee, Immigrant, or Asylum*,
Country of Origin: _____

Do you identify as having a disability? Yes No
If Yes, Is this a barrier to employment? Yes No

Receiving Public Assistance

SSI Yes No General Assistance Yes No
TANF/MFIP Yes No Refugee Assistance Yes No
Food Support Yes No

Veteran of the U.S. armed forces: Yes No

If Yes, Discharge date: _____
Served for less than 180 days Yes No
Active or honorably discharged Yes No

Spouse of a veteran? Yes No
If Yes, Surviving spouse of a veteran? Yes No

Chemical dependency treatment in past 5 years? Yes No

Convicted of a crime: Yes No

Last grade or level of education completed: _____

Current school status:

- Not in school, already graduated or earned GED
- Not in school, no diploma/GED, currently age 17+
- Not in school, no diploma/GED, currently under 17
- In school, high school or less
- In school, alternative school
- In school, beyond high school

If *In school*, School name: _____

Current housing status:

- Stably housed - own Stably housed - rent
- Temporary, transitional, or homeless

Monthly household income from all sources:

Include wages, spouse's wages,
cash assistance, and other income

Number in household:

Include only self, partner who lives with you
(if any), and children who live with you (if any)

Number of weeks worked in the last 52:

Currently employed: Yes No

If No, Last date of paid employment: _____

If Yes, Current job title: _____

Hourly wage: _____ Hours per week: _____

Unemployment Benefits:

- Claimant Exhaustee Neither

The information I have provided is true to the best of my knowledge.

Signature: _____ Date: _____

Consent for the Collection and Release of Personal & Wage Information

We are asking for your consent (permission) to release data that you provide to the following entities; The State of Minnesota, Hennepin County, The City of Minneapolis, Greater Twin Cities United Way (GTCUW), Mitchell Hamline School of Law, The Department of Labor and/or program partners to assess and improve the overall impact of programs. ProPEL (American Indian OIC, & EMERGE), at times, works in collaboration with the following partners: The Department of Corrections, Adult Corrections facilities (ACF) Minneapolis Urban League, Sabathani Community Center, Minneapolis Public Schools, Stairstep, and A.W.M.I.N. Programs are funded, in part, by the Minnesota Department of Employment and Economic Development (DEED).

This data cannot be released without your consent. ProPEL and its partners will not share your personal information with any other government agency or private institution. Your permission authorizes ProPEL to collect and release the following information to identified partners:

- | | | | |
|--------------------------|------------------------------------|--------------------------------|--|
| ◆ Name | ◆ Gender | ◆ Housing status | ◆ Education status |
| ◆ Date of birth | ◆ Race/ethnicity | ◆ Number of dependent children | ◆ Employment status including wage information |
| ◆ Social Security number | ◆ Felony conviction/ incarceration | ◆ Public assistance status | |

You will not be denied services or treated differently if you choose not to give permission to ProPEL (AIOIC & EMERGE) to collect and share your personal information. If you change your mind and decide you no longer want this data shared you must notify ProPEL in writing. Data that has already been shared cannot be taken back. Your consent to release this information is valid until 1 year after your exit from programs unless you notify EMERGE in writing otherwise.

RELEASE OF INFORMATION CONSENT

→ _____ By initialing this line, I authorize the ProPEL (AIOIC & EMERGE) to collect and release my information listed above to the identified Partners and for the purpose of evaluating the success of the program, including employment information, in which I am enrolled. I agree that I am under no obligation to grant such permission and that I am signing this release voluntarily.

PHOTO RELEASE CONSENT

→ _____ By initialing this line, I grant permission to the ProPEL (AIOIC & EMERGE) to use photographs taken of me in print publications or in electronic forms or media, and to offer them for use or distribution in other publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless SOAR Community Development, its agents or employees, including any firm publishing and/or distributing the finished product, from and against any claims, damages or liability arising from or related to the use of the photographs.

→ **Name of Client** _____ **Name of Legal Guardian** _____

→ **Signature of Client** _____ **Signature of Legal Guardian** _____

→ **Staff Witness Signature** _____ **Date** _____

To be completed by participant:

Housing Status at Enrollment:

- Incarcerated or Monitored home confinement
- Halfway house / residential re-entry center
- Own/rent apartment, room or house
- Staying at someone's apartment, room or house (stable)
- Staying at someone's apartment, room or house (unstable)
- Transitional house
- Residential Treatment
- Homeless

Have you registered for selective service (if age 18 – 25)? Yes No

Occupational certifications already received (if any): _____

Valid Driver's License: Yes No

TABE Scores (if applicable): Math _____ Reading _____ Most recent test date: _____

Lives with (in stable housing): Family Foster Parents Someone else

Lives with (in unstable housing): Family Foster Parents Someone else

If a parent # children _____

If you identify as having a disability, what is the nature of your disability and what types of services (if any) are you currently receiving related to the disability? _____

To be completed by staff:

Charges (optional): _____

Post-Release Status at Enrollment:

- Released without conditions
- Bail
- Intensive Supervised Release

- Supervised Release
- Work Release
- Currently Incarcerated
- Probation

ID# Type:

- BOP/Federal ID
- SID/State CJ Record ID
- OID/State Prison ID
- Other
- None or Unknown

ID # : _____

Date of Anticipated Release from Incarceration: _____

Date Released from Incarceration (if applicable): _____

Have you ever been convicted of a sex crime other than prostitution? Yes No

Probation or Parole Agent Name: _____

Agent's Email if known: _____

Agent's Office Location: _____ Agent's Phone Number: _____

How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and

ProPEL

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about DEED Data Practices, visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Name (Print)

Signature (if under 18, signature of Parent/Guardian)

Date

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Local Equal Opportunity (EO) Officer: Joe Hobot- CEO of American Indian OIC, 1845 East Franklin Avenue, Minneapolis, MN 55404, 612-522-7012(voice) 612-332-4291 (fax), Joe Hobot – CEO of American Indian OIC, 1845 East Franklin Avenue, Minneapolis, MN 55404 612-341-3358 (voice), 612-341-3766 (fax)

WIOA EO Officer: Karen Lilledahl, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7089 (Voice), 651-297-5343 (Fax), Karen.Lilledahl@state.mn.us

State EO Officer: Ann Feaman, DEED, Office of Diversity & Equal Opportunity, 1st National Bank Building, 332 Minnesota Street E200, St. Paul, MN 55101, 651-259-7097 (Voice), 651-297-5343 (Fax), Ann.Feaman@state.mn.us

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

CONSENT TO COLLECT WAGE AND EMPLOYMENT DATA ON INDIVIDUALS
Minnesota WorkForce Center System

The Minnesota WorkForce Center System is asking for your consent (permission) to collect data about you from the entities (people, agencies or organizations) identified on this form. We can't collect the data without your consent. This form tells you what data we need the other entities to give to us. It also explains why we need to collect the data and what will happen (consequences) if you give your consent.

You have the right to choose what data we collect. This means you have the right to let us collect all of the data, some of the data or none of the data described on this form. We can collect only the data that you choose.

Minnesota law may give you the right to look at and have copies of the data we are asking the other entity to give us. We encourage you to look at the data before you decide whether to give your consent, because that may help you decide about giving your consent.

If you give your consent for us to collect data about you, we can collect the data up to three years. You have the right to stop your consent (revoke or take back your permission) any time before during this period. If you want to stop your consent, you must write to YOUR CASE MANAGER and clearly say that you want to stop all or part of your consent. We can't stop the collection of data that we already have collected because you gave your consent.

Important: If you have a question about anything on this form, please talk to YOUR CASE MANAGER before you sign.

[1] I give my permission for the Department of Employment and Economic Development (DEED) Unemployment Insurance Division (UI) to release data about _____ in the way described on this form;
[NAME OF DATA SUBJECT]

[2] The specific data or type(s) of data that DEED Unemployment Insurance Division may release are wage and employment records;

[3] I agree to let DEED UI release these data to the Workforce Center System for up to three years

[4] I understand that the WorkForce Center System needs to collect the data in order to determine outcomes for workforce development programs;

[5] I understand that, whether or not these data are released to the WorkForce Center System it will not affect my participation in WorkForce Center programs

[6] Signature of data subject _____ Date signed _____

[7] Signature of parent or guardian _____ Date signed _____

[8] Signature of person explaining this form _____ Date signed _____

A proud partner of the American Job Center network

AUTHORIZATION TO VERIFY EMPLOYMENT

Employment Verification: The following person received services from an EMERGE Workforce program and consented to verification of employment placement and retention outcomes for use in ongoing program evaluation/reporting purposes and Federal Department of Labor requirements. Per the attached consent form, please complete and return the information listed below. Thank you for your time.

COMPLETED BY EMPLOYEE

Employee Name

I agree to the release of the information specified below for up to 3 years from today and agree that a photocopy/FAX of this form is as valid as the original.

Social Security Number

Signature: _____ Date: _____

COMPLETED BY EMPLOYER

Name of Employer: _____

Employer Address: _____

Job Title: _____	Job Start Date: _____
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Hours per week at job start date: _____	Starting wage: \$ _____ per _____
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Is this person still employed by your company? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Never employed here

If no, last date of employment _____ / _____ / _____
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Current Classification <input type="radio"/> Regular <input type="radio"/> Temp-to-Hire <input type="radio"/> Other temp <input type="radio"/> Short-Term (<6mos.)
--

Current wage: \$ _____ per _____	Average hours worked per week: _____
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Is employee eligible for employer-sponsored health benefits? <input type="radio"/> Yes <input type="radio"/> No

Is employee receiving employer-sponsored health benefits? <input type="radio"/> Yes <input type="radio"/> No
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I certify that this information is true and correct to the best of my knowledge and that I have the authority to make such verifications on behalf of this company.

Date: ____ / ____ / _____	Printed Name: _____	Title: _____
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Phone#: _____	Fax#: _____	Email: _____
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Signature of Representative: _____

<p>Please return to check address/fax below:</p> <p><input type="checkbox"/> Emerge - ECTC 1834 Emerson Avenue N Minneapolis, MN 55411 Phone: 612 529-9267 Fax: 612 529-4743</p>	<p>ATTN: _____</p> <p><input type="checkbox"/> Emerge - Cedar Riverside Opportunity Center 505 15th Avenue S Minneapolis, MN 55454 Phone: 612 425-4701 Fax: 612 425-4718</p>
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Individual Employment Plan/Action Plan

This form is to be completed by the agency staff person and the participant together and is to be signed on the second page.

First Name	Middle Name	Last Name
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Employment /Education Goal

Employment /Education Goal (Occupation Title & LMIO Code)		
Expected Starting Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Current Median Wage for Occupation \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Current Labor Market Information (LMI)

Participant Summary

Summarize current situation and previous history. Include information such as position titles, dates, skills and responsibilities.

Current situation:
Prior work experience including current or most recent employment:
Prior education and/or training:
Current motivations:

Current Challenges to Reaching Goals

Missing/Expired ID, SS Card, or other documentation	<input type="checkbox"/> Yes	Current Legal Concerns	<input type="checkbox"/> Yes
Lack of Post-secondary Education or Training	<input type="checkbox"/> Yes	Criminal Background	<input type="checkbox"/> Yes
Lack of Credential(s)	<input type="checkbox"/> Yes	Medical Concerns ie, Health Problems, Mental Health, Chemical Health	<input type="checkbox"/> Yes
Outdated Skills	<input type="checkbox"/> Yes	Homelessness/ Unstable Housing	<input type="checkbox"/> Yes
No HS Diploma/ GED	<input type="checkbox"/> Yes	Single HH w/Dependent minor(s)	<input type="checkbox"/> Yes
Low Math/Reading Skills	<input type="checkbox"/> Yes	Unreliable Childcare	<input type="checkbox"/> Yes
Limited English	<input type="checkbox"/> Yes	Domestic Violence	<input type="checkbox"/> Yes
Lack of Relevant Work History	<input type="checkbox"/> Yes	Family or other caregiving needs	<input type="checkbox"/> Yes
Lack of Transportation/Transportation Costs	<input type="checkbox"/> Yes	Other: Items as needed for work and training	<input checked="" type="checkbox"/> Yes
Is there anything else that might prevent you from obtaining employment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Details:		

Career/Interest Assessment

Name of Assessment ONet Interest Profiler	Results:
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Current Long-term Goal

What is something that you can do in order to reach your Employment Goal? Long-term goals can sometimes take a year or more to achieve. i.e. *complete training program, find job working in _____ occupation, complete GED.*

Current Long-term Goal					
What specific actions will you take to reach this goal?					
When will you begin to take action on this?		When do you plan to have this completed?		Actual completion date	
Status:					

Current Short-term Goal

What is something that you can do in the next week or next month that will support you in reaching your long-term goal? Often involves addressing challenges listed on previous page. i.e. *get license renewed, update resume, or take placement tests for training program.*

Current Short-term Goal					
What specific actions will you take to reach this goal?					
When will you begin to take action on this?		When do you plan to have this completed?		Actual completion date	
Status:					

Training / Education Paths

This section is to be completed for participants who are interested in or enrolling in training or educational programs.

Name of Academic Assessment		Math Score		Reading Score	
Training Start Date		Estimated End Date		Actual End date	
Estimated Cost of Training \$	Actual Cost of Training \$	Did Program Participant Complete training? <input type="radio"/> Yes <input type="radio"/> No	Certificate/Credential Achieved? <input type="radio"/> Yes <input type="radio"/> No		

Participant Signature	Date
Staff Signature	Date



Emergency Contact Form

Please provide at least two (2) contacts in case of emergency or as another form of communication with you.

Contact 1 **required*

First and Last Name _____
Relationship to you _____
Address _____
City/State/Zip _____
Phone _____ Alt Phone _____
Email _____

Contact 2 **required*

First and Last Name _____
Relationship to you _____
Cell Phone _____ Alt Phone _____
Email _____

Contact 3 *(optional)*

First and Last Name _____
Relationship to you _____
Cell Phone _____ Alt Phone _____
Email _____

