



Career Pathway Program Application - American Rescue Plan Act (ARPA) Funds

This application is used for enrollment into the Washington County Career Pathway program. This program is intended to support high school students and adults to access resources which improve employment opportunities and outcomes.

The Washington County Career Pathway program provides individualized and direct support to participants and partners with employers and educators to remove barriers to employment. **Program participants may request financial support for career enhancing activities. Funds can be used for:**

- **Transportation** – Gas card, transit cards, car repair (title and current driver’s license required), insurance, mileage reimbursement for employment related activities
- **Education** – Certification courses, job training, books, tuition assistance (programs that are less than 1-year), training supplies, required software and applications
- **Other Financial Assistance** – Support for other work or training related expenses such as, childcare for job search and/or training activities, employer required uniforms, tools, and clothing for job interviews or employment

Participants cannot be reimbursed for an expense that occurred prior to program enrollment. Please review the eligibility guidelines attached. Grants are issued based on available funding, participant need, and eligibility. Applications will be reviewed for eligibility once received. Approved financial assistance is paid directly to third-party service providers. If direct payment to third-party service providers is not possible or practical, funds may be issued to directly to participant. Eligibility is not a guarantee of funds support. Applicants will be notified by mail, phone, or e-mail of decision. Additional information may be required to be considered for program funds.

You will need to submit the following with your application:

Required Information	Accepted Documents
Proof of Residence	Driver’s license, state ID, tribal ID, lease agreement, school ID, or recent mail
Verification of household income (required from all household members)	Pay stubs (30 days), employment verification letter, W-2, pension statement, annual tax statement, and/or social security benefits statement
Proof of eligibility to work in the U.S.	Passport, social security card, birth certificate, permanent resident card, I-94 and EAD red card, or TPS and EAD red card

The application must be complete and the items above must be included in order to be considered for program funds.

Eligibility Guidelines

Applicants must meet these two criteria:

- Washington county residents
- Eligible to work in the U.S

AND at least one of the following:

- Household income at or below:

Number of People in Household	Household Annual Income Threshold (Income must be at or below amount shown)	Number of People in Household	Household Annual Income Threshold (Income must be at or below amount shown)
1	\$47,775	5	\$93,120
2	\$54,600	6	\$106,740
3	\$65,880	7	\$120,360
4	\$79,500	8	\$133,980

- Household is currently experiencing unemployment
- Household receives services provided by Tribal governments

Email completed applications to:

Jerry Klebsch

Career Pathways Liaison

Gerald.klebsch@Co.washington.mn.us

Or

Mail completed applications to:

Attn: Jerry Klebsch

Washington County Community Services

2150 Radio Drive

Woodbury, MN 55125

Washington County Service Center Locations:

Cottage Grove
13000 Ravine Parkway S
Cottage Grove, MN 55016
Phone: 651-430-4162
Fax: 651-430-4157

Forest Lake
19955 Forest Road N
Forest Lake, MN 55025
Phone: 651-275-7265
Fax: 651-275-7266

Government Center
14949 62nd Street North
P.O. Box 6
Stillwater, MN 55082-0006
Phone: 651-430-6455
Fax: 651-430-6605

Woodbury Service Center
2150 Radio Drive
Woodbury, MN 55125
Phone: 651-275-8651
Fax: 651-275-8682

www.co.washington.mn.us

Equal Employment Opportunity / Affirmative Action

We are an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities.

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 services financially assisted under the American Rescue Plan Act, on the basis of the individual's citizenship status or participation in any ARPA–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 ARPA–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 ARPA–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: Robin Hakari, Washington County WFC, 2150 Radio Dr., Woodbury, MN 55125, 651-275-8684 (Voice), 651-275-8682(FAX), robin.hakari@co.washington.mn.us

Or

**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.

EO Form Revised 10/18

Keep this page and return the following application pages.



CAREER PATHWAY PROGRAM APPLICATION

IDENTIFICATION INFORMATION

Last Name: _____ First Name: _____ MI: _____

Social Security # _____

Street Address: _____ Apt: _____

City/State/Zip: _____

Phone: (_____) _____ Email Address: _____

Date of Birth: _____/_____/_____ Gender: _____

DEMOGRAPHIC INFORMATION

FAMILY STATUS (check one)

- Living with your family who provides more than 50% of your support
- Living with your family and providing more than 50% of your own support
- Living with your family and have _____ dependents that are under the age of 18.
- Living on your own
- Parent in 1-parent family. I have _____ dependents that are under the age of 18.
- Parent in 2-parent family. I have _____ dependents that are under the age of 18.

RACE/ETHNIC/ETHNICITY STATUS (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Caucasian (White) | <input type="checkbox"/> Hawaiian Native or other Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> I choose not to disclose |
| <input type="checkbox"/> American Indian/Alaskan Native (including South or Central American) | |

VETERANS STATUS (check one)

- I am serving, or served, 180 days or more in a branch of the United States armed forces (includes guards, reserves or active duty). Actual/planned separation date? _____
- I have not been in the armed forces.
- I choose not to disclose.

ELIGIBILITY INFORMATION

CITIZENSHIP STATUS (check one)

- U.S. citizen or naturalized citizen of the United States
- Eligible permanent resident holding a Green Card
- Lawfully admitted refugee or asylee holding form I-94(Arrival Departure Record) **and** EAD card (Employment Authorization document, red card)
- Granted Temporary Protected Status (TPS) by the U.S. Dept. of Homeland Security **and** holding an EAD (Employment Authorization Document, red card)
- Neither of the above situations apply

FAMILY SIZE

What is the total number of persons living in your household who are related by blood, marriage or adoption? (This should be the **maximum number** at any time during the **last six months** including stepchildren or stepparents.) _____

ANNUALIZED INCOME

List **ALL before-tax (gross) income** during the last **30 days**. Include income from **ALL household** members.

Family member name (include your name)	Relationship to you	Date of Birth	Type of Income	Past 30 days total income amt.
	Self			

TOTAL INCOME FOR PAST 30 DAYS: \$ _____

FOR OFFICE USE ONLY: TOTAL ANNUALIZED INCOME: \$ _____

FINANCIAL ASSISTANCE (check all that apply)

My family receives the following types of assistance:

- | | |
|---|--|
| <input type="checkbox"/> Social Security - Type _____ | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> SNAP (Food Support) |
| <input type="checkbox"/> Medical Assistance | |
| <input type="checkbox"/> MFIP/DWP (MN Family Investment Program or Diversionary Work Program) | |
| <input type="checkbox"/> Free or Reduced Lunches at School | |

My family does not receive any public assistance.

EDUCATION INFORMATION**HIGHEST GRADE COMPLETED**

Include high school, GED, vocational/technical, military, college or other.

School Attending/Attended	Dates Attended	Current or Highest Grade Completed	Degree or Certificate

EDUCATION STATUS AT APPLICATION (check all that apply)

- Enrolled and attending middle school or high school full OR part-time
- Enrolled and attending an adult learning or GED program full OR part-time
- Enrolled and attending post-secondary school full OR part-time (college, trade school, certification program, job training)
- High school graduate and **having difficulty finding work**
- High school graduate and **not having difficulty finding work**
- No longer attending high school and did not receive a diploma or equivalent

EMPLOYMENT INFORMATION**LABOR FORCE STATUS (select one)**

In the last 7 days I was:

- Employed Full-time** *Worked as a paid employee for 31 hours or more per week*
- Employed Part-time** *Worked 30 hours or less per week*
- Not Employed** *Not meeting the above definitions, or underemployed and not previously self-employed*

UNEMPLOYMENT INSURANCE STATUS (select one)

- At some time during the last 12 months, I received unemployment insurance payments due to the loss of a job. If so, how many weeks did you receive benefits? _____ weeks
- Not Applicable.

OF WEEKS UNEMPLOYEDHow many weeks of the last 52 weeks (1 year) have you not worked? _____ weeks**LAST HOURLY WAGE**

If employed during the last 6 months, what was/is your hourly wage? \$ _____ per hour

LAST JOB TITLE

If employed during the last 6 months, what was/is your job title? _____

WORK HISTORY (If there is no work history, please write "None" in "Employer's Name & Address")

DATES EMPLOYED		EMPLOYER'S NAME & ADDRESS	WORK EXPERIENCE
From: Month Year	_____ / _____	Name	Job Title
To: Month Year	_____ / _____	City/State	Responsibilities/Tasks Performed
Wage/Hr	# Hrs/Wk	Reason for Leaving	

DATES EMPLOYED		EMPLOYER'S NAME & ADDRESS	WORK EXPERIENCE
From: Month Year	_____ / _____	Name	Job Title
To: Month Year	_____ / _____	City/State	Responsibilities/Tasks Performed
Wage/Hr	# Hrs/Wk	Reason for Leaving	

Additional Information (check all that apply):

- English is not my native language and it is difficult for me to communicate in English
- I have been convicted of a crime or been in the juvenile justice system
- I (or one or both of my parents) am currently unemployed due to closure or layoff
- I was self-employed but currently unemployed due to COVID-19 or other economic hardships
- I work part-time but seek full-time employment
- I am unable to find work that matches my education, skills, or training (underemployed)
- I am pregnant
- I am experiencing homelessness or housing instability
- I have an IEP (Individual Education Plan) at school
- I have a health barrier that makes it hard to obtain or keep a job

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes in accordance with the "use of data" statement.

Applicant Signature

_____/_____/_____
Date

Parent/Guardian Signature (if applicant is under 18)

_____/_____/_____
Date

Washington County Staff Signature

_____/_____/_____
Date

We are an equal opportunity employer/program provider. Auxiliary aids and services are available upon request to individuals with disabilities.

How We Use Your Personal Information

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

Washington County CareerForce

Please read the Notice below and the Equal Opportunity is the Law Notice on page iii. 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 page iii). I understand that I have the right to file a complaint of discrimination.

Name (print)

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

Date

EO Form Revised 10/18