

Free PCA/HHA Training for SNAP Recipients

March 28-April 22

Class meets four times a week:

Mondays, Tuesdays, Thursdays
& Fridays

3:30pm-9:00pm

Sitrin Health Care Center
Tilden Ave., New Hartford

Funding available to **eligible** individuals.
Candidates must be current SNAP recipients
and unemployed (underemployed may be
considered).

Sorry, TANF recipients are NOT eligible.

Must reside in Herkimer, Madison or Oneida
County.

Required documentation:

Individuals must prove SNAP status with
official documentation that includes name,
SS#, case # & type (NPA-FS or SN-FS).

Cost: \$900.00 (Includes tuition and books)

For more information contact Kristen
Skobla by phone at 315-792-5685 or
email at kskobla@mvcc.edu.



FREE Healthcare Training
for SNAP Recipients

Obtain 2 Certifications in 4 weeks!

This entry level program is 40 hours of combined classroom and laboratory training needed to become a certified **Personal Care Assistant (PCA)**. Instruction will enable the student to learn the skills necessary to work in an Assisted Living Facility.

Upon successful completion of the PCA program, students will be eligible to continue their training, in a certified **Home Health Aide (HHA)** training program.

The HHA portion is 35 additional hours. This program will allow students to become even **more marketable** in the growing health care field. This program provides the skills training necessary to care for patients ranging from infants to seniors in a home setting. Sixteen (16) hours of clinical experience is included.

After successfully completing this **75 hour program**, students will be registered with New York State Department of Health as a PCA and a HHA.

mvcc.edu/cced



PCA/HHA - SNAP Grant Application

Applicant Information

Last Name _____ First Name _____ M.I. _____ DOB _____

Street Address _____ Apartment/Unit # _____

City _____ State/Zip _____ Phone _____

Cell Phone _____ E-Mail Address _____

How did you learn of this job training program? _____

Are you a citizen of the United States? ___ Yes ___ No If no, are you authorized to work in the U.S.? ___ Yes ___ No

Do you have a valid New York driver's license? ___ Yes ___ No If yes, license # _____

Have you ever been convicted of a felony? ___ Yes ___ No If yes, explain _____

Emergency Contact (Please list a permanent contact who will always know where you can be reached)

Contact _____ Relationship _____

Address _____ City/State/Zip _____ Phone _____

Education

1. High School Diploma or Equivalency ___ Yes ___ No If yes, school _____

If no, highest grade achieved in high school _____

Attended college/technical training ___ Yes ___ No Name _____

Did you graduate? ___ Yes ___ No If yes, degree/certification _____

References Please list a professional references (example: case worker, former supervisor):

Full Name _____ Relationship _____

Company _____ Phone () _____

Address _____



Employment Status

Are you currently employed? ___ Yes ___ No

Employer name: _____ Job Title: _____

Hours worked per week: _____ Hourly wage: _____

Physical Requirements

Are you able to carry/lift 25 pounds? ___ Yes ___ No

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

Selective Service

If male, are you registered with selective service? ___ Yes ___ No Selective Service #: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the PCA/HHa course, I understand that any false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

Income Info

Are you head of household? Yes No

What was your individual income last year?

Less than \$10,000; More than \$10,000 but less than \$25,000; Over \$25,000

Are you a primary caregiver? Yes No

Public Assistance

Are you receiving any form of Public Assistance? Yes No

Are you receiving SNAP? Yes No

Are you receiving TANF*? Yes No (*TANF=Temporary Assistance for needy families*)

Have you ever been convicted of a crime? Yes No

My Personal Career Plan

Name: _____

Training Provider: MVCC

Training Program Name: SNAP Healthcare

Date: _____

OBJECTIVE

My objective in enrolling in the SNAP Employment and Training program is:

APTITUDES & INTERESTS

I believe that I will be successful in the workforce because I have certain characteristics that employers will appreciate. Three of those characteristics are listed below.

JOB HISTORY

Employer Name #1: _____

Job Title: _____

Start Date (Month/Year): _____

End Date: _____

Employer Name #2: _____

Job Title: _____

Start Date (Month/Year): _____

End Date: _____

EDUCATION

School Name	Dates Attended	Completed (Yes/No)	Credential Type (ex., diploma)
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BARRIERS TO EMLPOYMENT

Please list any barriers to employment that have made it difficult for you to find and/or retain employment and then explain how you plan to handle these challenges.

SHORT-TERM GOAL (Goals that you will complete in 3-6 months)

What is your goal?

What will you need to do to achieve this goal?

What type of help and resources do you need to achieve this goal?

When are you hoping to achieve this goal?

LONG-TERM GOAL (A Goal that you will complete within 1-3 years)

What is your goal?

What will you need to do to achieve this goal?

What type of help and resources do you need to achieve this goal?

When are you hoping to achieve this goal?



Supplemental Nutrition Assistance Employment and Training (SNAP E&T) PROGRAM

-Healthcare Training Program-

TRAINING AGREEMENT

The training in which you will participate is funded by Mohawk Valley Community College’s (MVCC) SNAP E&T Grant made possible with funds from the New York State Office of Temporary and Disability Assistance (NYS OTDA). As a condition for participation the following will apply:

The cost of training, related equipment and other materials necessary for training will be fully covered.

- I agree to attend every class and to participate in the class discussions.
- I agree to comply with all the course work requirements of the training including homework.
- I agree to comply with all policies, rules, and regulations of the college and training facility.
- I agree that MVCC may release my name and employment information to the NYS OTDA as requested.
- I understand that I am not being guaranteed a job at the end of the training.
- I agree to actively seek and accept employment in the occupation for which I have been trained.
- I agree to inform MVCC of any changes in my status of employment.
- I authorize MVCC to obtain information from my recent, current or future employers. Information can include: wages, start date, end date, job titles and hours worked.
- I agree to maintain contact with MVCC for 4 years after completion of training, to keep them current of changes of address or phone and to supply information needed for reporting to NYS OTDA.

I have read and understand the above terms. I agree to abide by these terms as a condition of my enrollment in the training.

Participant Signature

Date

Print Name (Neatly)

Note: A job is not guaranteed at the end of training; however, you will gain skills and certifications to increase marketability.



Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Venture Enrollment and Consent Form

Provider/Program Name: Mohawk Valley Community College

Participant's Name (Print Neatly): _____

This is to inform you that you have been enrolled as a participant in the Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Venture Program. Your participation in this program is supported in whole or in part by federal SNAP E&T funds. Your participation in the education/training services provided by the SNAP E&T Venture provider is intended to allow you to gain skills that will improve your ability to secure and/or maintain employment.

****Important Consent Information – Please Read and Sign Below****

I give my consent and fully understand that the SNAP E&T Venture provider and local department of social services (DSS) may share information and data about me for verification of my identification, eligibility for the SNAP E&T Venture Program, and my employment status, as well as for tracking and follow-up purposes. This data may include my name, address, telephone number, the last four digits of my Social Security number, my SNAP case status, and related SNAP authorization dates.

I understand that any changes in my employment status or income that occur during or after my participation in this program must be reported to DSS and could result in changes to my current SNAP or Cash Assistance benefits.

I also understand that if I elect to not sign the consent form, I will not be eligible to participate in the SNAP E&T Venture Program until such time that I agree to sign the consent form.

Last 4 Digits of your Social Security #: _____ SNAP Case #: _____

Type of SNAP (put an "x"): _____ NPA-FS _____ SN-FS

Case Worker's Name/Phone #: _____

Participant Signature: _____ Date: _____



**Authorization to Release and/or Obtain Information:
Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Venture Program**

In the course of providing the best possible service to participants of the **Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Venture Program**, operated by Mohawk Valley Community College (MVCC), the exchange of information between governmental agencies, educational institutions, and employers may be necessary.

I hereby authorize the **SNAP E&T Program** personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives of the **SNAP E&T Program**.

I understand that the information is confidential and will only be shared with the agencies, institutions, or parties listed below unless the release or provision of such information is otherwise prohibited by law or regulation.

I understand the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will service as valid authorization and the original signed document will be kept in my file.

I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation:

- The **Workforce Investment Board** may obtain/provide information regarding my participation in the agency programs to include employment and training programs.
- The **Department of Social Services** may obtain/provide information regarding my participation in agency programs.
- **MVCC** may obtain/provide information relating to my education, employment, training, wages and SNAP eligibility as it relates to the grant program.
- The **Workforce Investment Act** service provider may obtain/provide information regarding my participation in adult work.
- My **current and past employers** may provide information related to my employment including start date and wages.
- My likeness may be used for public relations purposes in the media (ie, newspapers, brochures, etc.).

*As a condition to my authorization, the **SNAP E&T staff** agrees to use the information obtained solely for the purposes authorized by law and regulation determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, helping me achieve my occupational and educational goals, and reports for New York State offices. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to my participation in the **SNAP E&T Grant Program**. I understand that, as a condition of my receiving services, information collected by the **SNAP E&T Grant Program** will be used for the purposes of determining overall program performance.*

Print your name

Sign your name

Date