

Participant Confidentiality Statement and Release Form

By being able to show that people who attended training through the Career Technical Initiative are working and earning more, Commonwealth Corporation and other key partners, like employers, can demonstrate the success of the program to the Commonwealth of Massachusetts to support requests for continued funding of training programs.

Therefore, we ask that you share your social security number with Commonwealth Corporation. *If so, please sign below:*

I, _____,
(Print your name)

understand that the training program I am about to enter is paid for by the Commonwealth of Massachusetts through the Career Technical Initiative. Commonwealth Corporation, which oversees the Fund for the state, needs information about the training program and people attending training classes to be able to report on how well the whole program is working and whether it is meeting its goals.

I understand that all information that I give to project staff about myself will be kept confidential and I authorize the training provider to securely share personal information relevant to program enrollment with key program partners. I also understand that project staff may ask my employer for information about my job and/or my pay and that this information will be kept confidential. Any other information about me, such as information from interviews, tests, reports from career counselors or other sources, will also be kept confidential and will only be used by Career Technical Initiative staff to report on the whole program. Any information that can be connected to my name cannot be given out to anyone else without my permission.

I understand that, as part of the training program funded by the Career Technical Initiative, Commonwealth Corporation will be collecting confidential information about me and my participation in the program. I have read and understood the above statement and give Commonwealth Corporation permission to collect and use my information, share it securely with key program partners, such as the MassHire Career Center, and give permission for my employer to release job and/or wage information according to the statement above.

I understand that by giving my social security number on this form, I give Commonwealth Corporation permission to obtain information on the results of the Career Technical Initiative. I understand that this information will be used solely to obtain employment information to evaluate the Career Technical Initiative projects and that my identity (name, address, etc.) will not be connected to the information obtained by this request.

(Sign your name)

(Date)

CTI FY'22-FY'24 PARTICIPANT REGISTRATION FORM - REQUIRED		
CONFIDENTIAL DATA: FOR OFFICIAL USE ONLY		
1. FIRST NAME	MIDDLE NAME	LAST NAME
2. DATE OF BIRTH ____ / ____ / ____ Month Day Year		3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. EMAIL ADDRESS	5. PHONE NUMBER (____) ____ - ____	
6. STREET ADDRESS		
7. CITY/TOWN	8. STATE MASSACHUSETTS	9. ZIP CODE
10. WHAT IS YOUR CURRENT EMPLOYMENT STATUS? ____ EMPLOYED ____ UNEMPLOYED	11. IF UNEMPLOYED, HOW MANY WEEKS HAVE YOU BEEN UNEMPLOYED DURING THE LAST YEAR? ____	
IF YOU ARE CURRENTLY EMPLOYED, PROVIDE INFORMATION ON CURRENT JOB. IF YOU ARE UNEMPLOYED, PLEASE SKIP TO QUESTION #18		
12. NAME OF EMPLOYER	13. EMPLOYER'S CITY/TOWN	
14. DESCRIBE YOUR EMPLOYER'S TYPE OF INDUSTRY OR WHAT YOUR COMPANY DOES.		
15. JOB TITLE / DESCRIPTION	16. HOURLY WAGE (\$/HOUR) \$ ____ . ____	17. AVERAGE HOURS PER WEEK ____ . ____
FOR THE FOLLOWING QUESTIONS: IF YOU CHOOSE NOT TO ANSWER A QUESTION, PLEASE CHECK PREFER NOT TO DISCLOSE		
18. I IDENTIFY MY GENDER AS ____ MALE ____ FEMALE ____ NON-BINARY ____ PREFER NOT TO DISCLOSE	19. I IDENTIFY MY ETHNICITY AS ____ HISPANIC OR LATINO (OF ANY RACE) ____ NOT HISPANIC OR LATINO ____ PREFER NOT TO DISCLOSE	
20. I IDENTIFY MY RACE AS (CHECK ALL THAT APPLY) ____ AMERICAN INDIAN / ALASKA NATIVE ____ NATIVE HAWAIIAN / PACIFIC ISLANDER ____ ASIAN ____ WHITE ____ BLACK / AFRICAN AMERICAN ____ SOME OTHER RACE ____ PREFER NOT TO DISCLOSE		21. DO YOU HAVE A DISABILITY? ____ YES ____ NO ____ PREFER NOT TO DISCLOSE

22. CITIZENSHIP ___ US CITIZEN ___ WORK ELIGIBLE NON-CITIZEN	23. WERE YOU BORN IN THE UNITED STATES? ___ YES ___ NO	24. VETERAN STATUS ___ GULF WAR ERA VETERAN ___ OTHER VETERAN ___ NONE
25. PRIMARY LANGUAGE SPOKEN AT HOME? ___ ENGLISH (Skip to #27) ___ OTHER (Complete #26)	26. IF NOT ENGLISH, WHAT IS YOUR PRIMARY LANGUAGE?	27. UNEMPLOYMENT INSURANCE STATUS ___ U.I. CLAIMANT ___ U.I. EXHAUSTEE ___ NEITHER
28. ARE YOU RECEIVING ANY OF THE FOLLOWING PUBLIC ASSISTANCE BENEFITS? ___ YES (<i>CHECK ALL THAT APPLY</i>) ___ NO <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ TAFDC (TRANSITIONAL AID TO FAMILIES)</div> <div>___ EAEDC (EMERGENCY AID)</div> <div>___ WIC NUTRITION PGM</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ SNAP (SUPPLEMENTAL NUTRITION ASST)</div> <div>___ SSDI (SOCIAL SECURITY DISABILITY)</div> <div>___ VETERAN'S CASH BENEFITS</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ SSI (SUPPLEMENTAL SECURITY INCOME)</div> <div>___ MASSHEALTH</div> <div>___ REFUGEE CASH ASSISTANCE</div> </div>		
29. DO YOU RECEIVE A HOUSING SUBSIDY? ___ YES ___ NO IF YES, WHAT TYPE OF HOUSING SUBSIDY DO YOU RECEIVE? (<i>CHECK ALL THAT APPLY</i>) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ MASSACHUSETTS RENTAL VOUCHER PGM (MRVP)</div> <div>___ FEDERAL SECTION 8 VOUCHER PGM</div> <div>___ NOT SURE OF SOURCE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ SUBSIDIZED UNIT FROM STATE PUBLIC HOUSING</div> <div>___ SUBSIDIZED UNIT FROM FEDERAL PUBLIC HOUSING</div> </div>		
30. DO YOU RECEIVE A CHILD CARE SUBSIDY? ___ YES ___ NO IF YES, WHAT TYPE OF CHILD CARE SUBSIDY DO YOU RECEIVE? (<i>CHECK ALL THAT APPLY</i>) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ EEC (DEPT OF EARLY EDUCATION AND CARE)</div> <div>___ DCF (DEPT OF CHILDREN AND FAMILIES)</div> <div>___ NOT SURE OF SOURCE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ DTA (DEPT OF TRANSITIONAL ASSISTANCE)</div> <div>___ HEAD START</div> </div>		
31. FAMILY SIZE – Include yourself (not less than 1)	32. YEARLY FAMILY INCOME <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ \$0 - \$27,000</div> <div>___ \$46,001 - \$55,500</div> <div>___ \$74,501 - \$84,000</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ \$27,001 - \$36,500</div> <div>___ \$55,501 - \$65,000</div> <div>___ \$84,001 - \$93,500</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ \$36,501 - \$46,000</div> <div>___ \$65,001 - \$74,500</div> <div>___ \$93,501 OR HIGHER</div> </div>	
33. SELECT HIGHEST LEVEL OF SCHOOLING THAT YOU HAVE COMPLETED <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ LESS THAN HIGH SCHOOL DIPLOMA</div> <div>___ ASSOCIATE'S DEGREE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ HiSET / GED / HIGH SCHOOL EQUIVALENCY</div> <div>___ BACHELOR'S DEGREE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ HIGH SCHOOL DIPLOMA</div> <div>___ MASTER'S DEGREE AND ABOVE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>___ SOME COLLEGE, NO DEGREE</div> <div>___ OTHER POSTSECONDARY TRAINING</div> </div>		34. ARE YOU A SINGLE PARENT? ___ YES ___ NO
I hereby certify and attest that the information stated above is true and that misrepresentations of my eligibility may result in expulsion from the program. I acknowledge that the information on this application may be used for evaluation purposes by Commonwealth Corporation to aid in the implementation of the CTI Initiative.		
APPLICANT SIGNATURE		DATE

EQUAL OPPORTUNITY EMPLOYER/PROGRAM - AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

STAFF USE ONLY

PROGRAM ENROLLMENT DATE: ____ / ____ / ____
Month Day Year

PROGRAM TRAINING COMPONENT: _____

PROGRAM TRAINING COHORT #: _____

SOURCE OF REFERRAL: _____

PLEASE ENTER THIS INFORMATION INTO THE APRICOT DATABASE AND UPLOAD THIS FORM TO THE INDIVIDUAL'S FOLDER.

CTI PARTICIPANT REGISTRATION FORM INSTRUCTIONS

PARTICIPANT BASIC INFORMATION

- 1. Name:** Enter your first name, middle name (or initial) and last name.
- 2. Date of Birth:** Enter your date of birth in the following month/day/year format: mm/dd/yyyy.
- 3. Social Security Number:** Enter your 9-digit Social Security Number.
- 4. Email Address:** Please provide an email address where project staff may contact you. If you do not have an email address, please leave this blank.
- 5 – 9. Phone Number & Address:** Please provide your current phone number and address where project staff may reach you.

PARTICIPANT EMPLOYMENT INFORMATION

- 10. What is Your Current Employment Status:** Select “Employed” if you are currently employed and “Unemployed” if you are currently not employed.
- 11. How Many Weeks Unemployed During Last Year:** If your current employment status is unemployed, list the number of weeks in which you were unemployed during the last year. If unsure of the exact number, please estimate as best you can. If you did not work at all in the last year, then enter 52.
- 12. Name of Employer:** If employed, list the name of your current employer. (If unemployed, leave blank.)
- 13. Employer City:** If employed, list the city where your current employer is located. (If unemployed, leave blank.)
- 14. Industry Sector:** If employed, select the type of industry for your employer or describe what your company does. (If unemployed, leave blank.)
- 15. Job Title/Description:** If employed, list your job title at your current employer. (If unemployed, leave blank.)
- 16. Hourly Wage:** If employed, list your hourly wage with your current employer. (If unemployed, leave blank.)
- 17. Average Hours Worked Per Week:** If employed, list the average number of hours you work per week. (If unemployed, leave blank.)

PARTICIPANT DEMOGRAPHIC INFORMATION and OTHER CHARACTERISTICS

The following questions on demographic and other characteristics as well as on family income and public assistance benefits are collected to aid in the implementation and evaluation of the CTI Initiative.

- 18. Gender:** Select either male or female or non-binary. Please use non-binary to indicate non-binary/non-conforming or transgender.
- 19. Ethnicity:** Select your ethnicity based on the following descriptions:
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Not Hispanic or Latino: A person not meeting the above definition.
- 20. Race:** Check all that apply. Select your race based on the following descriptions:
American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American: A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Some Other Race: Select this choice if you are of a race other than those described above.
- 21. Disability:** Please check YES if you have a disability and NO if you do not have a disability. Under the Americans with Disabilities Act, a disability is a physical or mental impairment that substantially limits one or more of the person's major life activities.
- 22. Citizenship:** Select US CITIZEN if you are a citizen or national of the United States and WORK ELIGIBLE NON-CITIZEN if you are a lawfully admitted permanent resident alien, refugee, asylee, parolee, or other immigrant authorized by the Attorney General to work in the United States.
- 23. Were you born in the United States:** Please check YES if you were born in the United States and NO if you were not born in the United States.
- 24. Veteran Status:** Veteran is any person who has actively served in the U.S. Armed Forces, including reservists called to regular active duty and full time National Guard duty. Select GULF WAR ERA if you served at any time during the period beginning August 1990 and OTHER VETERAN if you served in an earlier period. Select NONE if you did not actively serve in the Armed Forces.
- 25. What is Your Primary Language Spoken at Home:** Select ENGLISH if that is the language you speak at home or OTHER if your language is not English. *If primary language is English, skip to the Unemployment Insurance question.*
- 26. Primary Language Other than English:** Please list the primary language you speak at home. Leave blank if your primary language is English.
- 27. Unemployment Assistance:** Select UI CLAIMANT if currently receiving state or federal UI benefits and UI EXHAUSTEE if you have exhausted benefits.
- 28. Public Assistance Benefits:** Select any public assistance benefits that you are currently receiving. Please check all that apply.
- 29. Housing subsidy:** means you are only required to pay a portion of your housing costs.
- 30. Childcare subsidy:** means you are only required to pay a portion of your childcare costs or have all costs paid for through a voucher.
- 31. Family Size:** Please indicate the number in your family, including yourself. A family is a group of two or more people who live in the same home and who are related by birth, marriage, or adoption. If you are a single individual, the size of family is “1.”
- 32. Yearly Family Income:** Please check the income level for the combined yearly family income for all family members counted in the previous question.
- 33. Highest Level of Schooling that you have completed:** Please select the highest level of schooling that you have completed.
- 34. Single Parent:** Check YES if you are an individual who is unmarried or legally separated from a spouse and has a minor child or children for which you have either custody or joint custody. The definition of single parent also includes single pregnant women.
- Applicant Statement:** Applicant statement certifies that (a) the information the applicant has given is accurate, and that (b) the applicant has acknowledged that information collected during the application process may be used for evaluation purposes by the Commonwealth Corporation.
- Applicant Signature & Date:** Applicant must sign and date to verify the accuracy of the information given at time of intake and eligibility determination.
- Staff Use Only:** This section is reserved for program staff and is not to be completed by the applicant.
- Program Enrollment Date:** Provide the start date of the participant's program enrollment.
- Program Training Component:** Provide the title of the training program. If grant includes more than one program, be sure to clearly identify training.
- Program Training Cohort:** Indicate the cohort number, e.g., #1 of X planned cycles.
- Source of Referral:** If the participant was referred by a MassHire Career Center or other grantee partner, provide the name of the organization.