

Participant Confidentiality Statement and Release Form

By showing that people who attended training through the Career Technical Initiative are working and earning more, Commonwealth Corporation and other interested groups, like employers, can make an excellent case to the Commonwealth of Massachusetts to request more money to fund future training programs.

We hope that you will share information, including your social security number, with Commonwealth Corporation. *If so, please sign below:*

I, _____,
(Print your name)

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

I understand that all information I give project staff about myself will be kept confidential and used only for programmatic, aggregate reporting purposes, or to determine eligibility for a particular program including registration with the correlated Career Center. I also understand that project staff may ask my employer for details about my job or pay and that this information will be kept confidential. Any other information about me, such as interviews, tests, reports from career counselors, or other sources, will also be kept confidential and only used by Career Technical Initiative staff to report on the whole program. Any information or data connected to my name may not be given to anyone else without my permission.

As part of the training program funded by the Career Technical Initiative, I understand that Commonwealth Corporation will collect confidential information about me and my participation in the program. I have read and understood the above statement, give Commonwealth Corporation permission to collect and use my information, and permit my employer to release job or wage information according to the statement above.

I understand that by providing 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 only be used to obtain state employment information to evaluate the Career Technical Initiative projects and that my identity (name, address, etc.) will not be connected to the data obtained by the state.

(Sign your name)

(Date)

CTI FY'22-FY'24 PARTICIPANT REGISTRATION FORM - <i>REQUIRED</i>		
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? ____	
<i>IF YOU ARE CURRENTLY EMPLOYED, PROVIDE INFORMATION ON CURRENT JOB. IF YOU ARE UNEMPLOYED, PLEASE SKIP TO QUESTION #18</i>		
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 ____ . ____
<i>FOR THE FOLLOWING QUESTIONS: IF YOU CHOOSE NOT TO ANSWER A QUESTION, PLEASE CHECK PREFER NOT TO DISCLOSE</i>		
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 (<i>CHECK ALL THAT APPLY</i>) ____ 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 ____ TAFDC (TRANSITIONAL AID TO FAMILIES) ____ EAEDC (EMERGENCY AID) ____ WIC NUTRITION PGM ____ SNAP (SUPPLEMENTAL NUTRITION ASST) ____ SSDI (SOCIAL SECURITY DISABILITY) ____ VETERAN'S CASH BENEFITS ____ SSI (SUPPLEMENTAL SECURITY INCOME) ____ MASSHEALTH ____ REFUGEE CASH ASSISTANCE		
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>) ____ MASSACHUSETTS RENTAL VOUCHER PGM (MRVP) ____ FEDERAL SECTION 8 VOUCHER PGM ____ NOT SURE OF SOURCE ____ SUBSIDIZED UNIT FROM STATE PUBLIC HOUSING ____ SUBSIDIZED UNIT FROM FEDERAL PUBLIC HOUSING		
30. DO YOU RECEIVE A CHILDCARE SUBSIDY? ____ YES ____ NO IF YES, WHAT TYPE OF CHILDCARE SUBSIDY DO YOU RECEIVE? (<i>CHECK ALL THAT APPLY</i>) ____ EEC (DEPT OF EARLY EDUCATION AND CARE) ____ DCF (DEPT OF CHILDREN AND FAMILIES) ____ NOT SURE OF SOURCE ____ DTA (DEPT OF TRANSITIONAL ASSISTANCE) ____ HEAD START		
31. FAMILY SIZE – Include yourself (not less than 1)	32. YEARLY FAMILY INCOME ____ \$0 - \$27,000 ____ \$46,001 - \$55,500 ____ \$74,501 - \$84,000 ____ \$27,001 - \$36,500 ____ \$55,501 - \$65,000 ____ \$84,001 - \$93,500 ____ \$36,501 - \$46,000 ____ \$65,001 - \$74,500 ____ \$93,501 OR HIGHER	
33. SELECT HIGHEST LEVEL OF SCHOOLING THAT YOU HAVE COMPLETED ____ LESS THAN HIGH SCHOOL DIPLOMA ____ ASSOCIATE'S DEGREE ____ HISET / GED / HIGH SCHOOL EQUIVALENCY ____ BACHELOR'S DEGREE ____ HIGH SCHOOL DIPLOMA ____ MASTER'S DEGREE AND ABOVE ____ SOME COLLEGE, NO DEGREE ____ OTHER POSTSECONDARY TRAINING		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 Career Technical 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, middle name (or initial), and last names.
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 not employed.
11. **How Many Weeks Unemployed During Last Year:** If your current employment status is unemployed, list the number of weeks you were unemployed during the last year. If you are still determining the exact number, please estimate as best you can. If you did not work in the last year, 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 at 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 implementing and evaluating 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 originating from 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. Under the Americans with Disabilities Act, a disability is a physical or mental impairment substantially limiting 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:** A 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 the primary language is English, skip to the Unemployment Insurance question.
 26. **Primary Language Other than English:** Please list your primary language at home. Leave blank if your primary language is English.
 27. **Unemployment Assistance:** Select UI CLAIMANT if you currently receive state or federal U.I. benefits and UI EXHAUSTEE if you have exhausted benefits.
 28. **Public Assistance Benefits:** Select any public assistance benefits you currently receive. Please check all that apply.
 29. **Housing subsidy:** means you are only required to pay a portion of your housing costs.
 30. **Child care subsidy:** means you are only required to pay a portion of your child care 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 living in the same home and related by birth, marriage, or adoption. If you are single, the family size 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 you have achieved.
 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:** The applicant must sign and date to verify the accuracy of the information given at the 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 participant's program enrollment start date.

Program Training Component: Provide the title of the training program. If the grant includes more than one program, clearly identify training.

Program Training Cohort: Indicate the cohort number, e.g., #1 of X planned cycles.

Source of Referral: Provide the organization's name if a MassHire Career Center or other grantee partner referred the participant.