

Capital IDEA

Connecting People to Their Future

Policies and Procedures

Last Name:

Participant ID:

First Name:

Date:

BACKGROUND

Capital IDEA is an economic development program designed to respond to the needs of the Central Texas Community. The program is a reality today because of commitments from private, city, state and federal agencies. (Austin Interfaith provided the impetus for the program.) Their hard work and convincing justification of community need gained support from the Mayor and Austin City Council, the Texas Workforce Commission, the Austin Travis County Commission, the Governor of Texas, as well as key education and business leaders.

MISSION

Capital IDEA is a coalition of community based organizations and employers whose mission is to provide unemployed/underemployed Central Texas adults access to economically self sufficient growth jobs through short and long term training and support services.

TERMS OF AGREEMENT

Capital IDEA is important to the community, which is why employers, civic leaders, community representatives and those funding the program are counting on you. More than anything else, the success of this program and whether or not it will benefit those who will follow you depend on your dedication, hard work and willingness to complete what you start, reach your goals, and give back to the community.

This agreement outlines in detail what is expected of you as a participant in the Capital IDEA Program. **Read it carefully.** If you are willing to accept responsibility for meeting the standards outlined in this document, Capital IDEA will do everything possible to ensure you get the supportive services you need to complete your training, education and/or career advancement. However, if you are unable to meet the standards, Capital IDEA will recommend other alternatives better suited to your circumstances.

Please initial by each statement, indicating that you understand and agree to the following. As a Capital IDEA Participant, I will:

Communication

1. I am required to communicate weekly with my counselor. _____
2. Attend VIPs (Vision Initiative Perseverance meetings with counselor) as scheduled. _____
3. Arrive to appointments and classes early and stay through the entire appointment or class. In case of an emergency, I will notify my counselor and/or instructor and will be responsible for making up the material or VIP that I missed. _____
4. At the request of my counselor, I will turn in a monthly attendance form that has been signed by both me and my instructors. _____
5. Once a semester I will turn in a midterm Progress Report to my counselor that has been signed and completed by each of my instructors. _____
6. At the end of each semester I will turn in an Unofficial Transcript, a new semester Statement of Account and Financial Aid information. _____

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7. If personal circumstances arise that will interfere with my success in school, I will communicate this to my counselor as soon as possible. We will work together on a plan of next steps. _____
8. Before dropping or adding a class, I must communicate this with my counselor or risk not having my tuition covered that semester. _____

General Expectations

9. Attend school on a full time basis. _____
10. I understand that if I am accepted into Capital IDEA, I will not only be a participant, but I will also be a representative. I will conduct myself as a professional at all times and will be a role model for others to follow. _____
11. Follow the rules and requirements of the training institution that I attend. _____
12. Register only for classes that count towards my degree plan and earn either A's or B's depending upon the GPA requirement of the program that I have chosen. _____
13. Take advantage of the services available at the training institutions that I attend such as learning labs, tutoring, computer labs, counseling centers etc. _____
14. I understand that my education is being funded by both public funds and private donors that have decided to invest in me and the community. I am expected to give back to the community. Some ways I can give back are by volunteering in the community, mentoring new students, tutoring etc. _____

Financial Responsibilities

15. If I do not pass a class, or need to retake a class to improve my GPA, I will be responsible for paying to retake that class and for any expenses incurred such as childcare. _____
16. Anything I purchase with Capital IDEA funds is considered Federal, State or City property. If I decide to leave the program I will return all books, tools, supplies, uniforms, equipment etc. to Capital IDEA. If these items are stolen or misplaced, it will be my responsibility to replace them. _____
17. I will apply for Financial Aid and will only accept grants or scholarships. I will refuse student loans. If I receive a student loan, I will be expected to cover my own tuition, books, fees etc. _____
18. I will apply for assistance with the WIA program (Workforce Investment Act) as soon as I am eligible. I will be expected to follow both Capital IDEA and WIA policies and procedures. _____
19. I understand that Capital IDEA pays for my tuition, books, fees and assists with childcare. I am responsible for my living expenses and for transportation. _____
20. If I drop or withdraw from a class, I understand that childcare and other supportive services will be terminated that day. _____
21. I understand that some of my funding will be under the JET grant. According to this grant, I am not allowed to receive assistance from other JET funded programs. _____

Emergency Assistance

22. Transportation assistance is available on an as needed basis only. I must communicate my need for assistance to my counselor and create a plan to become self sufficient. _____
23. I will seek out community referrals for assistance and communicate the need to my counselor. _____

Childcare

24. If I need assistance with childcare, I will follow the Capital IDEA childcare procedures that require me to apply to CCS (Childcare Solutions). I will be responsible for monthly parent fees. _____

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25. If I am not eligible for care with Child Care Solutions, I will work with my counselor to set up Self Arranged childcare with Capital IDEA. Depending upon where I fall within the Federal Poverty Guidelines, I may be expected to pay 20% of my monthly childcare bill. _____
26. I am only allowed childcare coverage for the days and times that I am in class. Capital IDEA does not cover childcare when training institutions are closed such as during Spring Break. _____
27. I will notify my counselor and CCS case worker if my childcare changes. I will be responsible for any debt incurred if I do not notify my counselor and my CCS case worker in a timely manner. _____

Employment

28. Two months before graduation, I will attend a mandatory workshop with the Placement Coordinator to prepare for job readiness. _____
29. I agree that I will attend workshops in resume writing, interview skills, and any other job readiness workshops that may assist with my job search. This also includes workshops through the Workforce Solutions Center. _____
30. I will seek and accept employment in the field that I have trained for and I will meet with the Placement Coordinator once a week after graduation until I secure employment. _____
31. After I secure employment, I agree to fax over a copy of my Employment Offer Letter or copy of first pay stub. _____
32. As stated in the Employer Agreement Letter, I must apply with Capital IDEA's employer partners.

Participant Signature

Date of Signature

Career Guidance Specialist/Career Counselor Signature

Date of Signature

Director/Supervisor Signature

Date of Signature

**Authorization to Release
Unemployment Insurance Records**

I, _____, as evidenced by my signature below, authorize the Texas Workforce Commission (TWC) to release to:

Or his/her/its authorized representatives or agents, all records held or maintained by TWC as the administrator of the Texas Unemployment Insurance program. I understand that these records include all documents from any file relating to any claim for benefits made by me and to records of a state agency, and I expressly authorize that agency to release these records for the following purpose:

Any person(s) obtaining records pursuant to this Authorization shall be solely responsible for the payment of all costs assessed by the Texas Workforce Commission for providing such records. A legible photocopy or telecopy transmission facsimile of this Authorization shall be deemed equivalent to the original. This Authorization shall be valid for a period of six months from the date of execution set forth below, or until my written revocation is received by TWC, whichever occurs first.

This release shall apply to all time periods of records held or maintained by TWC unless specifically limited herein.

Signature: _____ **Date:** _____

Social Security Number: _____

Authorization for Release of College Transcripts, Financial Aid Information and Academic Documentation

I authorize Austin Community College to release all information necessary including college transcript, financial aid information, and academic documentation to Capital IDEA. This information will be strictly provided to Capital IDEA and should not be released to any other organization without my written approval.

I understand that these documents are to be used for the assessment of my current training and financial needs and will be kept strictly confidential. These documents will not be released to any other party without my consent.

I understand this authorization form will remain in effect until I revoke it in writing.

Printed Name: _____
(First, M.I., Last)

Signature: _____

Social Security Number: _____

Date: _____

Employer Information Release Authorization

As a participant in Capital IDEA training programs, I understand it is necessary to meet federal, state, and local requirements to validate the outcomes and appropriateness of the training provided.

I authorize Capital IDEA and its representatives to contact my employer during and after the training period, in perpetuity, to verify my employment, position, salary, benefits and to determine the extent to which my job performance reflects adequate technical and workplace training preparation for the position I hold.

I authorize my employer to release all information necessary including salary, local address and phone number to verify my employment status. I further understand that the information provided by my employer will be used only as program assessment data and will be kept strictly confidential. It will not be released to any other party without the written consent.

Capital IDEA Participant's Name: _____

(Type or Print Name)

Participant's Social Security No: _____

Participant's Signature: _____

Release of Information Confidentiality Statement

I hereby give Capital IDEA authority to release any information for the purpose of assisting me in Workforce Development activities. These activities include but are not limited to: job search, job readiness, and job retention, case management, counseling, education and training or supportive services necessary for employment and training.

I understand that the information provided to any organization by Capital IDEA is confidential and may only be disclosed to parties which have been authorized by Capital IDEA to assist me with job training and/or employment. My signature below indicates that I understand and concur with the contents of this statement.

Print Student Name

(First, M.I., Last)

Signature of Student

Social Security Number

Date of Signature
