Policies and Procedures

Last Name:         Participant ID: Date:
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. __________
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.
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. __________

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<tr>
<th>Participant Signature</th>
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<tr>
<td>Career Guidance Specialist/Career Counselor Signature</td>
<td>Date of Signature</td>
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<tr>
<td>Director/Supervisor Signature</td>
<td>Date of Signature</td>
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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

________________________________________