



Name (please print) <u>firstandlast</u> Date: <u>intakedate</u>	
Documentation: <input type="checkbox"/> Copy of Social Security Card/Permit to Work <input type="checkbox"/> Copy of Driver's License or State of Florida ID <input type="checkbox"/> Proof of low income	Date Completed
	<i>Intakedate</i>
	<i>Intakedate</i>
Signing Packet: <input type="checkbox"/> Participant Certification Form <input type="checkbox"/> Release and Consent for Use of Student Records <input type="checkbox"/> Authorization for Release of Confidential Information to the Miami-Dade Transit Agency <input type="checkbox"/> Electronic Communication	<i>Intakedate</i>
	<i>Intakedate</i>
	<i>Intakedate</i>
	<i>Intakedate</i>
Intake <input type="checkbox"/> Individualized Training Plan <input type="checkbox"/> Needs Assessment <input type="checkbox"/> MDC Referral List	<i>Intakedate</i>
	<i>Intakedate</i>
	<i>Intakedate</i>
Orientation completed: 	_____



PARTICIPANT’S CERTIFICATION FORM

I would like to participate in the Miami Dade College (MDC), Walmart Brighter Futures 2.0 Project. I understand that the Walmart Brighter Futures 2.0 Project provides: academic advisement; enrollment assistance; skills training; tuition assistance as available; job search support; and community referrals for low-income, low-skills participants. I understand that this is a grant-funded project which ends November 30, 2015. As a project participant, I will be expected to:

- 1. Enroll and participate in the project
2. Complete classes so I can
3. Obtain a job by the end of my stay at the Center.

I understand that Center staff will release my personal information as authorized by law in support of the activities referred to above.

I hereby authorize MDC and its employees in the Walmart Brighter Futures 2.0 Project to release any confidential or other information received from me during my participation in the Center to:

- MDC employees in other MDC departments who are working in conjunction with the Center, including the Career Center which tracks student employment
Community partners and employers who are working in conjunction with the Center
Regional Workforce Boards such as South Florida Workforce and the One Stop Centers who are working in conjunction with the Center, where relevant.

Initial [checkbox]
Initial [checkbox]
Initial [checkbox]

I also understand that this project will verify employment of low-income, low skilled workers. I hereby authorize Miami-Dade College and its employees in the Walmart Brighter Futures 2.0 Project to contact my employer once I have obtained a job.

As a low-income, low skilled worker, I confirm that:

- 1. I need a better job to earn greater income and thus,
2. I need to improve my skills in order to be marketable in the workforce.

I hereby state that the above information is true and correct.

Signature: _____ [checkbox]

Name (please print) firstandlast Date: intakedate



RELEASE AND CONSENT FOR USE OF STUDENT RECORDS

I understand that certain information about me and contained in my student records are protected from public disclosure pursuant to both federal and state law. I hereby consent to the College using my name, age, photograph(s) and/or other information about me discussed in this interview for public disclosure. Such public disclosure shall include news releases, articles, advertisement or any other materials used by the College or distributed to the general media.

I fully understand the contents of this document and hereby release, indemnify and hold harmless the College, its Board of Directors, employees and agents from any and all liability for me and my legal heirs, assigns and representatives as a result of the use of my student records as intended in this document.

I am at least 18 years of age and possess the legal authority to voluntarily execute this document.

Signature: _____

Name (please print) _____ *firstandlast*

Date: *intakedate* _____



**Authorization for Release of Confidential Information
to the Miami-Dade Transit Agency**

The Florida Statutes Chapter 427.013 (2002) entitled “The Commission for the Transportation Disadvantaged” provides that transportation disadvantaged individuals receive Transportation Services. Miami-Dade Transit Agency is a transportation operator for the transportation disadvantaged. Miami-Dade Transit Agency has entered into an agreement with the Miami Dade College, whereby the Transit Agency provides bus passes and tokens to the Program, for distribution to transportation disadvantaged individuals.

1. I acknowledge that the family income* (wages, government assistance, etc.) falls below these

Guidelines:

Size of Family Unit	Family Income is less than or equal to:
1	\$17,655
2	\$23,895
3	\$30,135
4	\$36,375
5	\$42,615
6	\$48,855
7	\$55,095
8	\$61,335

For each additional person in family add, \$6,240

*income at 150% or below the Federal Poverty Guidelines: <http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

- 2. I am transportation disadvantaged.
- 3. I do not own a car.
- 4. I am not receiving Miami-Dade tokens or bus passes from other sources.

I hereby give you my authorization to release my Social Security number, name, and any information or documentation that I have provided to the College and is in the Miami-Dade College record, to Miami-Dade Transit Agency. I understand this information is needed in order for me to receive either bus passes or bus tokens.



WALMART BRIGHTER FUTURES 2.0 PROJECT

I shall indemnify the College, its employees, and agents (collectively the College), from any and all claims or damages including attorney’s fees and costs arising from the College’s release of information and documentation provided in this authorization.

I have received a copy of the Program’s Miami-Dade Transit bus pass and tokens procedures.

_____	_____	_____ <input checked="" type="checkbox"/>
Witness	Witness	Signature
_____	_____	<u>firstandlast</u>
Date	Date	Printed Name
		<u>Intakedate</u>
		Date
		<u>Birthdate</u>
		Birth date



Electronic Communication

I authorize the Program to send current job, training, and other service information to me via e-mail or other electronic means. I understand that I am under no obligation to take advantage of such offers. I will be responsible for informing the Program when I want to cease such electronic communications.

My e-mail address for such distribution is the following:

_____ email

My phone number for such distribution is the following:

_____ phonenumber

Name (please print) firstandlast

Signature: _____

Date: intakedate



INTAKE			
[Name] <i>firstandlast</i>		Completed by :	Today's Date:
Address:		Languages:	intakedate
Referred by: <input type="checkbox"/> Person <input type="checkbox"/> Client <input type="checkbox"/> Media <input type="checkbox"/> MDC <input type="checkbox"/> Agency <input type="checkbox"/> Other		Note:	
E-mail Address: email	Do you have a Social Security Number socialsecurity	Do you have INS Authorization to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Date: birthdate	Age	Sex	Note:
What help would you like from the program:			
MDC ID:			
Do you agree to do brief training? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you agree to try to find work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything about your health that would prevent you from going to our classes or preparing to get a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Phone: (phonenumber) <input type="checkbox"/> None Selected <input type="checkbox"/> Home <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Phone <input type="checkbox"/> Relative's phone <input type="checkbox"/> Work Phone Not identified <input type="checkbox"/> Other		Phone: () <input type="checkbox"/> None Selected <input type="checkbox"/> Home <input type="checkbox"/> Cell/Mobile <input type="checkbox"/> Phone <input type="checkbox"/> Relative's phone <input type="checkbox"/> Work Phone Not identified <input type="checkbox"/> Other	
Are you? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Pending Separation <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Spouse Disabled			
Whom do you live with?		If you have children, what are their ages?	
How many people do you live with?			



<p>CITIZENSHIP:</p> <p><input type="checkbox"/> Citizen of US or US territory</p> <p><input type="checkbox"/> US Permanent Resident</p> <p><input type="checkbox"/> Alien/Refugee Lawfully Admitted to US</p> <p><input type="checkbox"/> None of the Above</p> <p><input type="checkbox"/> None Selected</p> <p>Country of Birth _____</p> <p>In US _____ years.</p>	<p>ETHNIC ORIGIN</p> <p>Are you of Haitian heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you of Hispanic or Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RACE – PLEASE CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p>I do not wish to answer <input type="checkbox"/></p>
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Initial Skills Assessment (check all that apply)	
COMPUTER SKILLS	
<input type="checkbox"/>	Have taken a computer class
<input type="checkbox"/>	Can turn on a computer
<input type="checkbox"/>	Can use a mouse
<input type="checkbox"/>	Can keyboard, or touch type WPM
<input type="checkbox"/>	Can use Microsoft Word
<input type="checkbox"/>	Can use the internet and surf the web
<input type="checkbox"/>	Has an e-mail account and uses near daily
<input type="checkbox"/>	Has access to a computer at home Other
<input type="checkbox"/>	Employment skills (Please describe)
HAS WORKED IN AN OFFICE	
<input type="checkbox"/>	Has taken a customer service class
<input type="checkbox"/>	Has worked in a front desk
<input type="checkbox"/>	Number of years in an office
JOB SEARCH	
<input type="checkbox"/>	Has a current resume Brought current resume to this meeting
<input type="checkbox"/>	Uses websites to search for a job
<input type="checkbox"/>	Applies for a job online
<input type="checkbox"/>	Sends resume and cover letter to employer via e-mail Knows how to upload it?
PERSONAL FINANCES	
<input type="checkbox"/>	Has a bank account Manage money well



EDUCATION

Highest level of education:

Vocational Certificates:

Specialized Degree:

Graduate Degree:

NOTES:

Employment

Are you currently working?	What was/is your last salary?
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PREVIOUS JOB HISTORY USA:

Employer	Position	Employment Dates	Reason for Leaving

PREVIOUS JOB HISTORY NATIVE COUNTRY:

Employer	Position	Employment Dates	Reason for Leaving

NOTES:



Summary

What is the highest degree you have attained?

What type of work would you like to do now?

What type of skills and/or education do you have to do that job?

What experience do you have in this job?

What was it that you always wanted to do?

NOTES:



Needs Assessment (check all that apply)

What problems prevent you from getting a job? (Check all that apply)

<input type="checkbox"/> Limited English	<input type="checkbox"/> Transportation / No Car / Car does not work
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Need Childcare
<input type="checkbox"/> Child support problems	<input type="checkbox"/> No support
<input type="checkbox"/> Outstanding Student Loan	<input type="checkbox"/> Insufficient food
<input type="checkbox"/> Homeless	<input type="checkbox"/> Foreclosure or other housing problem
<input type="checkbox"/> Out of the Workforce for Several Years	<input type="checkbox"/> No resume/resume needs revision
<input type="checkbox"/> Little /no work history in US	<input type="checkbox"/> Legal record(s)
<input type="checkbox"/> Need help with job application(s)	<input type="checkbox"/> Family crisis
<input type="checkbox"/> Recently relocated to FL	<input type="checkbox"/> Need training
<input type="checkbox"/> No Bank Account	<input type="checkbox"/> Other
<input type="checkbox"/> No Work Clothing	

Government Assistance

Type	Amount per Month	Type	Amount per Month
<input type="checkbox"/> Food Stamps		<input type="checkbox"/> SSI	
<input type="checkbox"/> FEMA		<input type="checkbox"/> Social Security Disability	
<input type="checkbox"/> Unemployment Compensation		<input type="checkbox"/> Federal Financial Aid	
<input type="checkbox"/> Refugee Assistance		<input type="checkbox"/> Section Eight/ Subsidized Housing	
<input type="checkbox"/> Medicare		<input type="checkbox"/> HUD Housing	
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Other	



Individualized Training Plan

INSTRUCTIONS

Please review the checked boxes. After meeting today, we have created some unique steps that you can take toward your career goals.

- Some are small steps, others take longer.
- Tell us what you complete.
- Keep this Training Plan to refer back to later.

NAME <u> firstandlast </u>		DATE <u> intakedate </u>		
	✓	AREA	STEPS TO TAKE	DETAILS
Basic Skills		English Proficiency	Visit the Department of Continuing Education (Room 1158) to register for English classes, VESOL (305 237-3120).	
			Practice on these website tutorials: www.pumarosa.com; www.inglesmundial.com	
		High School Equivalency	Visit the Department of Continuing Education (Rom 1158) for GED Preparation classes (305 237-3120), offered in English and in Spanish.	
		Financial Literacy	Complete the Financial Literacy module.	
		Computer Literacy	Complete these modules: Skills Tune Up Hands-On Computers Office Basics	



	✓	AREA	STEPS TO TAKE	DETAILS
JOB SKILLS		Resume Writing and Interviewing	Complete the Ready to Work module	
		Job Search	Complete the Electronic Job Hunt module	
		Additional Assistance with Job Search	The Division of Vocational Rehabilitation can offer comprehensive assistance to help return to work (toll free: 800 451 4327).	
		Work Clothing	The client can work with the staff of the Center to obtain a referral to Suited for Success (305 444-1944). This is an organization, located at 2650 SW 27th Avenue in Coral Gables, that provides free clothes, suitable for job interviews, to individuals in need.	
		Address Legal Record	Client can look into the Transition program. Transition (390 NW 2nd Street, Miami, FL 33128; 305 374-1987) is a private, non-profit crime prevention program serving Southeast Florida by rehabilitating offenders through helping them to find, get and keep a job.	
	Explore Careers		Office Skills	Complete the Workplace Etiquette module
		Work Experience	Complete the Volunteer Experience module	
		On the Job Training for 55+	The Senior (55+) Employment Program offers subsidized on-the-job training. Ask staff for a referral to AARP or Unidad of Miami Beach (305-867-0051).	
		Previous Training	Complete transcript evaluation. These courses may apply toward a degree in the State of FL.	
		Training Interests	Complete career interest evaluation such as DISCOVER; Work Interest Analyzer.	
		Career Exploration	Explore career possibilities. https://access.bridges.com/auth/login.do?sponsor=7	



NEEDS ASSESSMENT				
	√	AREA	STEPS TO TAKE	DETAILS
PERSONAL NEEDS		Housing	Call Miami-Dade Housing Agency, Applicant & Leasing Center, at 2925 NW 18 th Ave, Miami FL 33142 (305) 638-6464.	
		Transportation	The client may be eligible for a Miami-Dade Transit ticket, offered at ½ price for students through the Miami Dade College Bookstore.	
		Child Care	Metro-Dade Department of Child Developmental Services provides resource information on help paying for child care/subsidized child care, selection of child care programs, before and after-school programs, and summer programs. Call 305 373-3521 for more information.	
			The YWCA- Childcare program provides childcare to children ages 6 weeks to 5 years, at a few sites in Miami. The office is located at 351 NW 5th Street, and their phone number is (305) 377-9922.	
		Care for Ailing Family Member	Call Greater Miami Jewish Federation Information and Referral (305 576-6550).	
MENTAL HEALTH		Address Family Crisis	The Miami-Dade County Mobile Crisis Team can be reached via (305) 774-3300 or 305 774-3616.	
		Grief Counseling	Client can contact Catholic Hospice (305-822-2380) about groups for family members who have lost someone to a terminal illness.	
		Support Group	Call Switchboard of Miami (305 358-HELP) for relevant support groups.	
LEGAL		Immigration Problems	Contact the Florida Immigrant Advocacy Center (305 573-1106) at 3000 Biscayne Blvd, Suite 400, or the Hispanic Coalition (305 262-0060) located at 5959 W Flagler Street.	
		Divorce Assistance	Legal Aid Society at 123 NW 1 st Avenue can be contacted. Call 305-579-5733 to schedule an appointment. Assistance is offered in Spanish.	
		Foreclosure or other housing problems	Contact Legal Services of Greater Miami, Inc. 3000 Biscayne Blvd, Suite 500, Miami, FL 33137 (305) 576-0080. Monday through Friday 8:30 a.m. to 5:00 p.m.	



CRITICAL	√	AREA	STEPS TO TAKE	DETAILS
		Address Domestic Violence	Client can contact Advocates for Victims, North Dade Center (7831 NE Miami Ct, Miami, FL, 33138, 305-758-2546) or South Dade Center (49 West Mowry St, Homestead, FL, 33030, 305-247-4249), for support, counseling, and other services.	
		Ensure Adequate Food and other benefits	<p>They can apply for Food Stamps at the following website: http://www.benefitsapplication.com/state/FL</p> <p>The Share Food program provides a variety of meats, fruits, vegetables and staples at a reduced rate, 60% of the cost. Participants need to give 2 hours of volunteer service, to take advantage of these packages. Call 1-800 536-3379 for a nearby location.</p> <p>Other social service programs in Dade County: http://www.miamidade.gov/assistance/money_saving_source.asp</p>	
		Needs secure shelter	Call the State of Florida’s Homeless Hotline for assistance: 877-994-4357.	
		Child Support Enforcement	To report problems about child support and welfare, call: 800-622-5437.	
		Report suspected child abuse / neglect	The toll-free number to report suspected abuse or neglect of children is 1-800-96ABUSE. Calls are answered in both English and Spanish. An individual does not need proof of abuse or neglect to make this phone call. That is, if an individual <u>thinks</u> abuse or neglect may have occurred, they can certainly contact the State of FL.	
		Address Outstanding Student Loan	Client is encouraged to visit the Office of Financial Aid (305 237-3244) in Room 3115 to clarify outstanding obligation.	
		Other Critical Issue(s)	Switchboard of Miami has a 24 – hour hotline with telephone crisis counseling, suicide prevention, and information and Referral services: (305) 358-HELP.	



MDC REFERRAL LIST

Consider these College Programs for assistance:

AREA	√	SERVICES PROVIDED	LINK TO WEBSITE	DETAILS
Single Stop Program	X	•Free Benefits Screening •Free Financial Counseling •Free Legal Assistance •Free Tax Preparation Services	http://www.mdc.edu/main/singlestop Call (305) 237-3338 Or fill out an online referral form at: http://www.mdc.edu/main/singlestop/referral_form.aspx	
Access Department		ACCESS provides auxiliary aids services (sign language interpreters, adaptive technology and software, note taking options, etc.) and helps with program modifications when appropriate.	http://www.mdc.edu/wolfson/student/access/	
EOC Educational Opportunity Center		Offer assistance with: •Admission forms •Financial Aid Forms •Enrollment	http://www.mdc.edu/community/eoc/	
Hospitality Institute's Job Readiness Training		Provides training, encouragement and jobs in the local hospitality industry.	http://www.thehospitalityinstitute.com/what_we_do.html	
VSI: Veteran Student Information		Available to all eligible U.S. Veteran students and dependents who are using their VA educational benefits. Staff provides information about entitlements, filing claims to the Department of Veterans Affairs (DVA), and certifying enrollment at MDC.	http://www.mdc.edu/main/vsi/default.aspx	
REVEST		Assists refugees: VESOL (Vocational English), Vocational Training, Employability Skills, and GED/Adult Basic Education, academic assessment, advisement, agency referrals, transportation / childcare subsidies, assistance with translation/ evaluation of foreign-earned credentials.	http://www.mdc.edu/wolfson/administration/revest/vocational_training.asp	

21st Century Skills Lab at MDC

Walmart Brighter Futures 2.0 Project Back-To-Work Center Non-Credit Classes

Date Completed



WORKPLACE ETIQUETTE

- Customer Service
- Telephone Skills
- Personal Care
- Job Start 101

Date Completed



OFFICE BASICS

- Computer Basics
- Using an E-mail Account
- Using the Mouse
- Internet 101
tech.tln.lib.mi.us/tutor
- OR
- Microsoft Digital Literacy

Date Completed



SKILLS TUNE UP

- Keyboarding 1
- Keyboarding 2
- Keyboarding 3
- Organizing Files and Records

Date Completed



READY TO WORK

- Career Exploration
- Resume Preparation/Template
- Interview Etiquette
- Writing a cover letter:
<http://www.tv411.org/writing#writing-for-work-and-the-geed>

Date Completed



- ### INTRODUCTION TO WINDOWS
- Word Processing
 - Basic Excel
 - Ctdlc.org/remediation/incomputer.html

Date Completed



ELECTRONIC JOB HUNT

- Learning How to Use EFM:
www.employflorida.com/
- Applying for a Job Online
- Job Search Craig's List

Date Completed



FINANCIAL LITERACY

- How to Buy Books in the Internet
- Financial Literacy
- FDIC's Money Smart Program
<http://www.fdic.gov/consumers/consumer/moneysmart/mscbi/mscbi.html>

Date Completed



VOLUNTEER

- Special Topics Seminar: How to Do Service Learning — Survey.
- Proof of Agency on the College-Wide Placement Site Index, or copy of Site Approval Form
- Completed Service-Learning Contract
Completed Service-Learning Report and Student Evaluation