



Health IT (Information Technology) Workforce Program
Application for Admission

A. BACKGROUND INFORMATION:

Name: (Last) (First) (MI)

Former last name(s):

Mailing address (Number and Street or P.O Box#) (City) (State) (Zip)

Email address (not sunysuffolk.edu)

Telephone number(s): Home Business Cell

Date of Birth: Month Day Year

Gender: Male Female

Are you currently participating in any of the following programs?

TANF Food Stamps Aid to the Blind or Totally Disabled Refuge Cash Assistance Other, Specify

Please select your ethnic/racial group:

- White, Non-Hispanic Black/African-American Hispanic/Latino Asian
American Indian/ Alaska Native Native Hawaiian/other Pacific Islander

Have you ever served in the U.S Armed Forces? Yes No

Have you ever been suspended, dismissed or expelled from college for disciplinary reasons? Yes No (required)

Have you ever been convicted of a crime? Yes No (required)

B. RESIDENCY/CITIZENSHIP INFORMATION:

Resident of Long Island for prior 6 months Yes No (Specify State) (required)

Country of citizenship United States Other (Specify)

C. EDUCATION

- HS Diploma/GED Some College Associate Degree Bachelor's Degree Master's Degree Doctoral Degree

College(s) Major(s)

D. Employment

Are you currently employed? Yes No How Long Unemployed

If YES, are you employed in: Health IT IT Healthcare Other

E. Industry Certificate/License: (Check all that apply)

- A+ Network+ Security+ RHIA RHIT LPN RN MD NP PA OT

Other (list):

For Office Use Only: CRN # Health IT Online

Student ID# Intake Date Completion Date

The development of this document was funded completely by a grant awarded by the U.S. Department of Labor's Employment and Training Administration for \$2,949,137 to Suffolk County Community College, and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.



## Health IT Program TechHire (RESTORE) grant

First Name: \_\_\_\_\_ M.I: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth (Required): \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female Social security# (Required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

City State Zip

### Please select your ethnic/racial group:

- White, Non-Hispanic  Black/African-American  Hispanic/Latino  Asian
- American Indian/ Alaska Native  Native Hawaiian/other Pacific Islander

### Education Background:

- HS Diploma  GED  Some College  Associate Degree  Bachelor's Degree  Master's Degree  Doctoral Degree

### Employment Status (Required)

- Employed Full-time
- Employed Part-Time
- Unemployed

### School-aged Children

- Parent/Guardian Yes  No
- Single Parent Yes  No

If yes to above, please enter number of children at each level

Preschool \_\_\_\_\_ Elementary \_\_\_\_\_ JHS \_\_\_\_\_ HS \_\_\_\_\_ College \_\_\_\_\_

### Population Categories:

- Head of House Hold
- Low Income
- Disable
- Migrant
- Dislocated Worker
- Veterans
- Homeless
- Other \_\_\_\_\_

### Which program have you participated in? (Mark all that apply)

- Temporary Assistance (TA)
- Social Security Disability Insurance
- Snap
- Aid to Blind or Totally Disable
- TANF

- Yes  No If single, is your documented income below \$11,469
- Yes  No If married, is your family income (you and your spouse) below \$21,630
- Yes  No If married, with 2 additional dependents, is your family income below \$32,780

Applicant signature \_\_\_\_\_



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## Authorization for Release of Information

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(Please PRINT first name, middle initial and last name)

I, \_\_\_\_\_ hereby authorize that information related to my educational record as listed below may be released to federal agencies associated with the grant-funding you are participating with for the purpose of program evaluation and participant tracking.

1. Participant name
2. Social Security number
3. Employment Status
4. Participant telephone number
5. Ethnicity
6. Date of attendance in our program

Student signature: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

### What To Do If You Believe You Have Experienced Discrimination:

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with **either**:

Suffolk County Community College's Civil Rights Compliance Officers:

Christina Vargas Chief Diversity Officer/Title IX Coordinator Ammerman Campus, NFL Bldg., Suite 230 533 College Road, Selden, New York 11784-2899 vargasc@sunysuffolk.edu (631) 451-4950	Dionne Walker-Belgrave, Ed.D. Affirmative Action Officer/Deputy Title IX Coordinator Ammerman Campus, NFL Bldg., Suite 230 533 College Road, Selden, New York 11784-2899 walkerd@sunysuffolk.edu (631) 451-4051
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See: [www.sunysuffolk.edu/nondiscrimination](http://www.sunysuffolk.edu/nondiscrimination)

or

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with Suffolk County Community College, you must wait either until the college issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the college does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the college).

If the college does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

***This form must be presented to a college official with proper identification.  
Please be advised that this authorization will remain in effect for the duration of this grant  
project until such time that you rescind it in writing.***