

Date Referral Form Completed:

## Arkansas Apprenticeship Pathway Initiative (AAPI)

Participant SS#:

## REFERRAL FORM

## INDIVIDUAL CONTACT INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:	City:	State: Zip:
Telephone Number (Home):	Telephone Number (Mobile): <input type="checkbox"/> Permission to contact via text message	Email Address:
Alternate Telephone Number:	Alternate Contact Name:	Alternate Contact Email Address:

## AAPI PARTICIPANT ELIGIBILITY

 Participant is at least 16 years old and is not currently enrolled in high school Participant is at least 18 years oldDOCUMENTATION TO VERIFY ELIGIBILITY INCLUDED:  YES  NO (Please select type of documentation provided:  Driver's License  Birth Certificate )**\*Disclosure in this section is for federal reporting purposes and will NOT impact eligibility or participation.**

## DEMOGRAPHICS

Date of Birth: (mm/dd/yyyy) _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Ethnicity Hispanic/Latino	
Race:	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> More than one Race
<input type="checkbox"/> Native/Hawaiian/Other Pacific Islander	

## UNDERSERVED POPULATION

Select appropriate category if applicable:

 Veteran  Female  Individual with a Disability Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance to Needy Families (TANF) Individual Transitioning from Incarceration Minority Population-Please specify: \_\_\_\_\_ Other Public Assistance Benefits- Please specify: \_\_\_\_\_

## TRAINING INTERESTS

- Software Architect (AAC)  Pharmacy Technician (NPC)  Mechatronics (ASUMH)
- Manufacturing Welding (ASUN & SACC)  Industrial Coatings & Lining Applicator Specialist (AAC)  Instrumentation Calibration Technician (AAC)
- Other training, please specify: \_\_\_\_\_

## EMPLOYMENT

CURRENT EMPLOYMENT STATUS:

(AT THE TIME OF PARTICIPATION OF PROGRAM)

 Full-Time  Part-Time  Unemployed  Dislocated Worker  Underemployed

*"This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implies, 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. This solution is copyrighted by the institution that created it. Internal use by an organization and/or personal use by individuals for non-commercial purposes is permissible. All other uses require the prior authorization of the copyright owner"*

# Arkansas Apprenticeship Pathway Initiative (AAPI)

## REFERRAL FORM

### Data Consent

The Arkansas Apprenticeship Pathways Initiative (AAPI) program is a Department of Labor, Office of Apprenticeship sponsored grant to enable eligible participants to receive pre-apprenticeship and occupational specific registered apprenticeship training to meet employer needs leading to viable employment opportunities.

The AAPI grant is required to obtain personal information from all individuals participating in training/education activities in order to track overall grant program outcomes. The AAPI Participant Referral Form will be shared with grant project partners that include: The Arkansas Department of Workforce Services (ADWS), Winrock International, participating training providers that include the Arkansas Apprenticeship Coalition and Community Colleges, and participating Local Workforce Development Boards.

I hereby give my permission for the information that I provide to be shared with AAPI grant program partners and used to facilitate my enrollment into training under the grant program as well as be used to measure program outcomes for the AAPI grant program.

_____	_____	_____
<b>Applicant Name (PRINT)</b>	<b>Applicant Name (SIGNATURE)</b>	<b>Date</b>
_____	_____	_____
<b>Parent/Guardian Name (PRINT)</b>	<b>Parent/Guardian Name (SIGNATURE)</b>	<b>Date</b>

If you have any questions regarding the AAPI grant program please contact Lisa [Ferrell@arkansas.gov](mailto:Ferrell@arkansas.gov) at 501-371-1024 or Mark McManus ([mark.mcmanus@arkansas.gov](mailto:mark.mcmanus@arkansas.gov)) at 501-978-3953.

### **OFFICE USE ONLY:**

<b>Name of Referring Organization:</b> _____
<b>Name of Organization Contact:</b> _____
<b>E-mail address of Organizational Contact:</b> _____
<b>Telephone Number:</b> _____