



Due Date: \_\_\_\_\_

## CNA Checklist

Contact Ms. Aysia for more information: [amiddleton@laedcorps.org](mailto:amiddleton@laedcorps.org)

- Application
- Agreement of Understanding
  - Parent Signature and ID (if applicable)
- State ID
- Social Security Card
- Questionnaire
- COVID Vaccination
- Background check
- Physical Exam
- TB Test

Date Complete: \_\_\_\_\_



## The Certified Nursing Assistant Training Program Information Sheet

Thank you for your interest in the Certified Nursing Assistant Training Program with The Education Corps. Our goal is to offer a comprehensive entry level program into the field of nursing. There are some pre-requirements that must be completed before you can be considered as a candidate for entry into the program. Please review the steps we have listed below and be sure to fill out an application.

We encourage you to start the process for acceptance three to four weeks in advance. These initial requirements are part of the California Health and Safety code HSC, 1338.5(2)(A) which states that all students who wish to enroll in a Nursing Assistant Training Program (NATP) must successfully pass a fingerprinting background check. Additionally, all students must provide proof of a clear tuberculosis/PPD test, and provide proof of a recent physical exam, including a medical history and COVID 19 proof of vaccination (as per Title 22 CCR 71835 F). Our staff will be happy to help guide you through this process. Also, if you are a current student in our high school diploma program, who is in good standing (for example, good attendance, passing classes, etc.), then you may be eligible for financial assistance from our school to help pay for this process (please see the principal or program director).

Here are the steps you will need to complete:

**Step One:** Complete a fingerprint and background check with the Department of Justice and be cleared prior to starting the CNA program. Two locations have been provided for you; one is close to the school campus, but you can choose your own location if you like. We will give you a form to have the results sent. Keep your receipt. Some fingerprinting location options include:

7 Days Live Scan and Fingerprint

2687 ½ W. Pico Blvd.  
Los Angeles, CA 90006  
(213) 365 - 1060  
[www.7dayslivescan.com](http://www.7dayslivescan.com)

AMF Income Tax Services and Live Scan

3227 W. Century Blvd.  
Inglewood, CA 90303  
(310) 677 - 5000  
[www.amf-tax.com](http://www.amf-tax.com)

**Step Two:** Have a medical history and physical examination that includes a tuberculosis/PPD test, and provide clearance of your TB test and your physical exam in writing by your doctor. Some local options for physical and TB tests are: 1) Dr. Nguyen ofc. (213) 480-1338 2) T.H.E Clinic 3834 S. Western Ave. (323) 730 -1920

**Step Three:** Complete a program application and be sure to turn in all documents in Steps 1-3 to the main office at the Pico Union campus located at 1403 S. Union LA, CA 90015.

**Step Four:** After you complete Steps 1-3, the school's front office will give you an Agreement Of Understanding (AOU). We are not guaranteeing you entry into our CNA training program, as spaces may be limited. Additionally, our CNA program is a "training program" and not a paid job or an offer of employment (just to be clear). The AOU confirms that you understand that and that you have completed all of the pre-requirements. Sign and turn in the AOU, and you will have completed all of the pre-requirements necessary to be considered as a candidate for entry into the program. Thank you.

**CERTIFIED NURSE ASSISTANT (CNA)  
 INITIAL APPLICATION**  
 (See Instructions on the reverse)

**THERE IS NO FEE TO PROCESS THIS APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED IF ALL APPLICABLE QUESTIONS ARE NOT ANSWERED.**

**SECTION I (REQUIRED)**

**TYPE OF REQUEST**

- Check here if you are enrolling in a CNA training program (complete sections I, II, III, IV, and V)
- Check here if you have **EQUIVALENT TRAINING** (complete sections I, II, III, and V)
- Check here if you are requesting **RECIPROCITY FROM ANOTHER STATE** (complete sections I, II, III, and V) Indicate Transferring State: \_\_\_\_\_

**SECTION II (REQUIRED)**

Last Name	First Name	MI	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Public Address (Required) - <i>Subject to Public Records Act request release *</i>	City	State	Zip Code
Confidential Address (For CDPH use only, if left blank all departmental mail will be sent to address above)	City	State	Zip Code
Date of Birth	Social Security Number** (SSN) or Individual Taxpayer Identification Number (ITIN)	Driver's License or State ID Number Number: _____ State: _____	

Email Address\*\*\* \_\_\_\_\_ Phone Number\*\*\* \_\_\_\_\_  Check if this is a cell phone

\*Pursuant to a court order, the California Department of Public Health will be required to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. (Government Code starting at section 6250.) Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-8002636. \*\*If you use an invalid SSN, your application process may be delayed \*\*\*Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online.

**SECTION III (REQUIRED)**

- Have you been **CONVICTED**, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7). Yes  No   
 - If yes, list conviction: \_\_\_\_\_ Court of conviction: \_\_\_\_\_ Date: \_\_\_\_\_
- Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you? Yes  No   
 - If yes, indicate the type and number of license/certificate: \_\_\_\_\_

**SECTION IV (IF APPLICABLE)**

Name of school or facility where you received / will receive the CNA training	Telephone Number		
<b>TEC Pico Union CNA Program</b>	<b>(213) 389 - 3103</b>		
Mailing Address (Number and Street or P.O. Box Number)	City	State	Zip Code
<b>1403 S. Union Ave</b>	<b>Los Angeles</b>	<b>CA</b>	<b>90015</b>
California Training Program ID Number for CNA (Required) CNA: <b>S- 2403</b>	Beginning Date of CNA Training	End Date of CNA Training	

I certify under penalty and perjury under the state and federal laws that the information contained in this application and supporting documents, is true and correct. It shall be unlawful for any person not certified under Health and Safety Code (1200 - 1797.8) to hold himself or herself out to be a certified nurse assistant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION VI: TO BE COMPLETED BY THE REGISTERED NURSE RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM**

I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation (this section only applies to students that have recently completed a CNA Training Program in California).

**FOR VENDOR USE ONLY**

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A1226 Certification  
 ORI (Code assigned by DOJ) Authorized Applicant Type  
 Certified Nursing Assistant  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information 00314  
 California Department of Public Health (CDPH) Mail Code (five-digit code assigned by DOJ)  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
 MS 3301 PO Box 997416 Contact Telephone Number  
 City State ZIP Code

#### Applicant Information:

Last Name First Name Middle Initial Suffix  
 Other Name: (AKA or Alias)  
 Last Name First Name Suffix  
 Sex  Male  Female  
 Date of Birth Driver's License Number  
 Height Weight Eye Color Hair Color  
 Billing Number (Agency Billing Number)  
 Place of Birth (State or Country) Social Security Number  
 Misc. Number (Other Identification Number)  
 Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number) (If the Level of Service Indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number  
 (Must provide proof of rejection)

#### Employer (Additional response for agencies specified by statute):

Employer Name  
 Street Address or P.O. Box Telephone Number (optional)  
 City State ZIP Code Mail Code (five digit code assigned by DOJ)

#### Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	LSID
ATI Number	Amount Collected/Billed

**CERTIFIED NURSE ASSISTANT (CNA)  
INITIAL APPLICATION INFORMATION**

**CRIMINAL RECORD CLEARANCE**

Upon enrollment in a CDPH-approved training program, the applicant must be fingerprinted through the Live Scan process.

All convictions are reviewed. If the conviction prevents certification, the applicant will be notified. Applicants will not receive a certificate until they have received a criminal record clearance.

**A) CNA APPLICANTS (complete sections I, II, III, IV, and V)**

- 1) The applicant must submit the following to ATCS upon enrollment in the program and before patient contact:
  - a) This completed Initial Application (CDPH 283 B); *and*
  - b) The second copy of the completed Request for Live Scan Services (BCIA 8016) form.

**B) EQUIVALENCY-TRAINED NURSE ASSISTANT APPLICANTS (complete sections I, II, III, and V)**

- 1) If the applicant is presently enrolled in (or completed) a Registered Nurse, Licensed Vocational Nurse, or Licensed Psychiatric Technician program, or has received medical training in military services, or has received the above license(s) from a foreign country or U.S. state, the applicant may not have to take further training and may qualify to take the Competency Evaluation. Please submit the following to ATCS:
  - a) This completed Initial Application (CDPH 283 B). If approved, the applicant will be sent information regarding the Competency Evaluation.
  - b) An official, sealed transcript of training (students may substitute the transcript with a sealed letter on official school letterhead, listing equivalent training and the completion of at least the "Fundamentals of Nursing" course). The letter must include the completion date(s) of the training/courses and hours/units completed. If discharged from the military, a copy of the DD-214 can substitute for an official transcript. If seeking certification with the use of a foreign transcript, a copy of the foreign transcript may be acceptable; *and*
  - c) Proof of work (paystub or W2) showing the applicant has provided nursing or nursing-related services in a facility to residents for compensation within the last two (2) years (not required for current nursing students or if the college degree was obtained within the last two (2) years); *and*
  - d) A copy of the completed Request for Live Scan Services (BCIA 8016) form.

**C) RECIPROCITY APPLICANTS (complete sections I, II, III, and V)**

- 1) If the CNA certification is active and in good standing on another state's registry, the applicant may qualify for certification in the State of California without taking CNA training or the Competency Evaluation. Please submit the following to ATCS:
  - a) This completed Initial Application (CDPH 283 B).
  - b) A copy of the state-issued certificate; *and*
  - c) Proof of work (paystub or W2) showing the CNA has provided nursing or nursing-related services in a facility to residents for compensation within the last two (2) years (not required for those who received their initial certification from another state within the last two (2) years); *and*
  - d) A copy of the completed Request for Live Scan Services (BCIA 8016) form. The applicant must be fingerprinted in the State of California to obtain criminal record clearance through this method; *and*
  - e) A completed Verification of Current Nurse Assistant Certification (CDPH 931) form, which must be completed by the applicant and submitted by the endorsing state agency.

**D) CNA RENEWAL INFORMATION**

- 1) The initial CNA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification period will be from one birthday to the following birthday. Any additional time from the effective date until the first birthday will be counted towards the first year of the certification period. CNA certificates must be renewed every two (2) years. You may renew your certificate any time within two (2) years after the expiration date, if by the time the certificate expires you will have completed the following:
  - a) You have previously received and maintained criminal record clearance for CNA, HHA, Intermediate Care Facility- Developmentally Disabled (ICF-DD), DD Habilitative, or DD Nursing and a criminal clearance is granted; *and*
  - b) You have provided nursing or nursing-related services in a health facility to residents for compensation (under the supervision of a licensed health professional) within your most recent certification period; *and*
  - c) You have successfully obtained and submitted documentation of forty-eight (48) hours of In-Service Training (provided by the Skilled Nursing Facility-SNF employer or Home Health Agency – HHA employer or Continuing Education Units (CEUs) (provided by a non-SNF/HHA employer) within your most recent certification period. The SNF In-Service documentation must be submitted on the CDPH 283A form, including the signature of the instructor responsible for the training. Only CDPH-approved CEU providers with a Nurse Assistant Certification Number (NAC#) may provide CEUs for CNAs. CEU certificates must be submitted with the renewal application. Twelve (12) of the forty-eight (48) hours shall be completed in each year of the two (2) year certification period. **A maximum of twenty-four (24) of the forty-eight (48) hours may be obtained only through a CDPH-approved online computer training program listed on our website.** Please visit [www.cdph.ca.gov](http://www.cdph.ca.gov) for a complete listing of CDPH-approved online CEU computer training programs and CDPH-approved classroom CEU providers.

**E) FAILURE TO RENEW PRIOR TO THE EXPIRATION DATE ON THE CERTIFICATE**

- 1) Certificate holders who fail to renew prior to the expiration date on the certificate will be placed in a delinquent status. These individuals will not be verifiable online until the applicant meets all the renewal requirements within the most recent two year certification period. Individuals in a delinquent status may not hold himself or herself out to be a CNA until the certificate is renewed and in active status.
- 2) Due to the lapse in certification the effective date will be changed to the date the application was renewed.

**F) NAME AND ADDRESS CHANGES**

- 1) Certificate holders shall notify CDPH within sixty (60) days of any change of address. If requesting a name change, submit legal verification of the change (marriage certificate, divorce decree, or court documents). Failure to report a name or address change may result in the delay or loss of your certification.

Aforementioned requirements are based on Health and Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and Code of Federal Regulations Title 42, Chapter IV, commencing with §483.13 and California Code of Regulations, Title 22, commencing with §71801.

**INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT**

\*Social Security Number Disclosure: Pursuant to Section 866(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.





# Physical Clearance

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

This patient has no physical restrictions and is cleared to participate in the Certified Nursing Assistant training program.  YES  NO

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Date



# Tuberculosis Test

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

This patient received a TB test

\_\_\_\_\_

Date

Result: NEGATIVE / POSITIVE  
(Circle one)

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

Physician Name (Please Print)

\_\_\_\_\_

Date

Name: \_\_\_\_\_



## CNA Questionnaire

1. Sex

- Male
- Female

2. Birth Date : \_\_\_\_\_

3. Race and/ or origin?

- White
- Black or African American
- Hispanic, Latino, or Spanish origin
- American Indian or Native Alaskan
- Asian or South Asian
- Native Hawaiian or other Pacific Islander
- Other race or origin: \_\_\_\_\_

4. Marital Status

- Married
- Single
- Widowed
- Divorced
- Civil Union
- Partner/ Cohabiting

5. Are you a parent or primary caregiver?

- Parent
- Primary Caregiver
- Both
- Neither

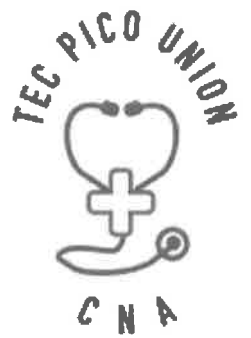
6. Are you currently homeless or have you been homeless in the past year?

- Currently Homeless
- Homeless in past year
- Neither

7. Have you ever been in foster care?

- Currently in foster care
- Aged out of or no longer in foster care
- Never in foster care

Name: \_\_\_\_\_



8. Are you economically disadvantaged?  
 Yes  
 No
9. Are you an English Language Learner?  
 Yes  
 No
10. Do you identify as LGBTQ?  
 Yes  
 No
11. Are you currently employed?  
 Yes  
 No
12. If you attend college after High School, will you be considered a first generation enrollee?  
 Yes  
 No
13. Do you have a disability?  
 Yes  
 No
14. Are you registered to vote?  
 Yes  
 No  
 Not eligible to vote
15. Are you considered a youth or adult offender?  
 Youth Offender  
 Adult Offender  
 Both  
 Neither
16. If yes, what was the most recent release date: \_\_\_\_\_
17. What is your current court involvement?  
 On parole/probation  
 Case pending  
 None

Name: \_\_\_\_\_



18. What is the level of the most serious offense?

- Felony
- Misdemeanor
- Non-Criminal Offense
- None

19. What is your Post Secondary Goal?

- Associates Degree
- Bachelor's Degree
- Graduate/Professional Degree
- Certificate
- Apprenticeship Placement
- Employment only
- Undeclared

20. Are you currently a high school graduate?

- Yes
- No

21. How did you hear about us?: \_\_\_\_\_