



The employment and training programs offered at Middlesex Community College (MxCC) provide SNAP recipients with career pathway training, mentoring, and support services to prepare them for job opportunities in health-related careers and more. MxCC is pleased to offer SNAP Recipients access to federally-funded scholarships, which are administered through the department of social services (DSS), to attend *one* career training program.

The goal of the program is to help students gain skills and training that may lead to employment and financial independence. After students successfully complete the program, they will be awarded an official program certificate, which also has the potential to open doors for future educational and career training opportunities.

If you are receiving SNAP in Connecticut and are *not* receiving money from the Temporary Family Assistance (TFA) program, you may be eligible to participate in SNAP E&T. E&T is a skills-based career pathway training program that provides short-term, vocational training as a foundation on a career pathway. Programs include: Certified Nurse Aide, Phlebotomy Technician, Security Guard, Patient Care Technician, Pharmacy Technician, Veterinary Assistant, Human Services Assistant, Central Sterile Processing Technician, and Medical Billing and Coding.

Enclosed are the following documents needed to be considered for an employment and training program:

- I. Participant Expectation and Commitment Form
- II. A copy of a Photo ID and EBT card
- III. SNAP E&T Application
- IV. FERPA Release Form
- V. Non-Credit Registration Form
- VI. MxCC Student Registration Form
- VII. Health Form (Depending upon clinical program requirements)

Applications should be submitted to: Julie Roebelen, M.Ed. at: JRoebelen@mxcc.edu

There is no deadline for application submission. Applications will be accepted and reviewed as they are submitted. Incomplete applications will not be accepted.

For more information about the CTPathways Program, please visit: <https://mxcc.edu/ce/snap/>



PARTICIPANT EXPECTATIONS and COMMITMENT

Participant Name: _____ DSS CL#: _____

SNAP employment and training is a work program that is intended to help support you in achieving your educational and career goals. Please read and sign the Student Expectations and Commitment form and the Authorization to Release Education Records form in order to participate in the SNAP employment and Training (E&T) program.

I understand that the SNAP E&T is an employment programs and the intent is to help me get the skills I need to get a job. I am committed to completing my educational plan, earning a certificate or degree, and getting a job. I am aware that there are resources available to assist me in my job search and the SNAP coordinator will guide me through the process. I must be able and available to work upon completion of the program.

My SNAP E&T coordinator is Julie Roebelen. I can reach the coordinator by email at jroebelen@mxcc.edu or by phone at 860-343-5736.

- I understand that SNAP E&T is a program offered by Department of Social Services (DSS) and that in order to participate in SNAP E&T I must be receiving SNAP from DSS. Participation in SNAP E&T will not affect my direct SNAP nutrition assistance and I may receive SAGA cash assistance. I understand that I cannot receive TFA cash assistance and participate in SNAP E&T.
- I understand that participation in SNAP E&T is generally limited to one program per participant. I will inform the SNAP coordinator if I have participated in any other SNAP funded education program in the past.
- I understand that the SNAP coordinator will confirm my eligibility every month that I receive services and that I must submit all required paperwork and information to DSS to maintain SNAP benefits. I will communicate with the SNAP coordinator if there are any changes and I will immediately notify the coordinator of any changes to my address, phone number or email address.
- E&T participants may receive reimbursement for expenses that are reasonably necessary and directly related to participation in the E&T program. Allowable expenses for identified needs will be reimbursed upon presentation of appropriate documentation to the E&T service provider.
- My success in the program is my responsibility and depends on my commitment to attend classes regularly and participate in class lessons, discussion and any other activities that are assigned.
- I understand that if I am not able to fulfill the above expectations, I may lose my SNAP E&T eligibility.

My signature below confirms that I understand all of the above expectations and I am committed to the SNAP E&T program.

Participant Signature

Date

Coordinator Signature

Date

APPLICANT INFORMATION			
Name: _____		Date: _____	
Date of Birth: _____		DSS Client #: _____	
Street Address: _____			
City: _____		Zip Code: _____	
		Phone: cell _____	
		home _____	
Email: _____			
SNAP Household Size: _____		# of Adults: _____	
		# of Children: _____	
Gender: <input type="radio"/> Male <input type="radio"/> Female Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown		Race: <input type="radio"/> American Indian <input type="radio"/> Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American Native <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> Unknown	
		Program(s) I'm Interested in: <input type="checkbox"/> Central Sterile Processing <input type="checkbox"/> CNA <input type="checkbox"/> Human Services <input type="checkbox"/> Medical Billing & Coding <input type="checkbox"/> PCT <input type="checkbox"/> Phlebotomy Tech. <input type="checkbox"/> Pharmacy Tech. <input type="checkbox"/> Security Guard <input type="checkbox"/> Veterinary Assistant	
Language: _____			
EDUCATION INFORMATION			
Do you have a high school diploma or GED? <input type="radio"/> Yes <input type="radio"/> No			
What is your highest level of education? _____			
List all colleges you have attended. _____			
How did you hear about the program? _____			
FINANCIAL INFORMATION			
Receiving SNAP? <input type="radio"/> Yes <input type="radio"/> No		Receiving TFA? <input type="radio"/> Yes <input type="radio"/> No	
Receiving Social Security? <input type="radio"/> Yes <input type="radio"/> No			
Are you currently employed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> PT <input type="radio"/> FT			
Are you currently receiving unemployment? <input type="radio"/> Yes <input type="radio"/> No			
EMPLOYMENT HISTORY			
Employer Name: _____		Position Title: _____	
City, State: _____		Hours per week: _____	
Start Date: _____		End Date: _____	
Employer Name: _____		Position Title: _____	
City, State: _____		Hours per week: _____	
Start Date: _____		End Date: _____	
Employer Name: _____		Position Title: _____	
City, State: _____		Hours per week: _____	
Start Date: _____		End Date: _____	
Employer Name: _____		Position Title: _____	
City, State: _____		Hours per week: _____	
Start Date: _____		End Date: _____	
Please provide three references: (community or employment)			
Name: _____		Relation: _____	
Name: _____		Phone #: _____	
Name: _____		Phone #: _____	
Name: _____		Phone #: _____	

Goals:

Why do you want to participate in the program:

<p>Please list some of your strengths, skills, abilities and/or interests that will help you reach your career goals.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>
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What have your previous experiences in school been like? (check all that apply)

<input type="checkbox"/> Rewarding	<input type="checkbox"/> Encouraging	<input type="checkbox"/> Frustrating
<input type="checkbox"/> Fun	<input type="checkbox"/> Challenging	<input type="checkbox"/> Discouraging
<input type="checkbox"/> Exciting	<input type="checkbox"/> Easy	<input type="checkbox"/> Difficult

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<input type="checkbox"/> Exciting	<input type="checkbox"/> Easy	<input type="checkbox"/> Difficult

What are some potential obstacles and challenges that you may encounter in pursuing your career goals? (i.e. transportation, childcare, disability, etc.)

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

What are some potential obstacles and challenges that you may encounter in pursuing your career goals? (i.e. transportation, childcare, disability, etc.)

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

What are some potential obstacles and challenges that you may encounter in pursuing your career goals? (i.e. transportation, childcare, disability, etc.)

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

This institution is an equal opportunity provider.



**Authorization to Release Education Records Form for SNAP E&T Program
Participants**

As required, I will complete my Free Application for Federal Student Aid (FAFSA) every year by the deadline established by the E&T coordinator, with the understating that if my income or unmet need changes, it is possible that I will no longer qualify for tuition assistance through SNAP E&T. I understand that I must achieve Satisfactory Academic Progress (SAP) as defined by financial aid (more information on this definition at www.fafsa.org).

As a participant in the SNAP E&T program I understand that my SNAP coordinator is required to communicate my academic progress and participation on a monthly or as needed basis to the Department of Social Services (DSS). Further I understand that because of the affiliation of SNAP E&T with DSS, DSS must have access to my educational and financial aid information. Therefore, I hereby consent to and authorize the release of pertinent educational and financial information to DSS when and as needed for my participation in the SNAP E&T program.

I have been informed and understand that my education records are protected from disclosure under the Family Educational Rights and Privacy Act, but that I may consent to disclosure and authorize release of my education records to third parties.

Signature

Date

Coordinator Signature

Date

Middlesex Community College

Non-Credit Program

Supplemental Application



PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Full Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ Birth date _____

Emergency Contact _____ Contact's Phone _____

Do you consider yourself to be Hispanic/Latino? Yes _____ No _____

What is your race? (select one or more) White _____ Black or African American _____ Asian _____

American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander _____

Are you a U.S. Citizen? Yes _____ No _____ If no, are you a permanent resident? Yes _____ No _____

Have you ever taken a credit or non-credit course at one of the CT Community Colleges? Yes _____ No _____

Are you a current MXCC student? Yes _____ No _____

Are you planning to utilize a payment plan for this program? (for programs over \$1,000) Yes _____ No _____

Are you receiving third party funding? Yes _____ No _____ If yes, what is the funding source? _____

Is English your second language? Yes _____ No _____ If yes, have you taken an ESL test? Yes _____ No _____

An ESL test is recommended prior to enrolling if English is your second language. Call 860-343-5770 to schedule.

Education

High School Graduate: Yes _____ No _____ Currently attending _____ GED Certification: Yes _____ No _____

Name of High School: _____ Year of Graduation: _____

College: _____

Are you a Nurse Aide whose certification has expired? Yes _____ No _____ If yes, registration # _____

I certify that the information provided above is, to the best of my knowledge, true and correct, and I consent to the disclosure of this and program participation information between Middlesex Community College, Connecticut State Colleges and Universities and state and federal Departments of Labor for the purposes of maintaining accurate student records and to monitor grant performance.

Signature: _____

Program: _____

Banner ID: _____ Date: _____

Completed applications should be submitted along with all required materials to:

Middlesex Community College
Office of Enrollment Services
100 Training Hill Road
Middletown, CT 06457

REGISTRATION FORM

MxCC REV 03/20

MIDDLESEX COMMUNITY COLLEGE

STATE OF CONNECTICUT

STUDENT ID: @		THIS REGISTRATION IS FOR: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERSESSION YEAR _____			
NAME: LAST		FIRST		MAIDEN NAME OR MIDDLE INITIAL	
ADDRESS (NO. AND STREET) <input type="checkbox"/> PLEASE CHECK HERE IF CHANGE OF ADDRESS					
CITY/TOWN		STATE	ZIP CODE	PHONE: HOME PHONE: CELL	
EMAIL ADDRESS <input type="checkbox"/> PLEASE CHECK HERE IF CHANGE OF EMAIL ADDRESS					
DATE OF BIRTH / /		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	US VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	STUDENT STATUS: <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUING <input type="checkbox"/> READMIT	
SEMESTER LAST ATTENDED: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERSESSION YEAR _____					

OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE

☐ CPE ☐ Employee Waiver

☐ High School Partnership ☐ Non-Credit

☐ Platt High School Seat ☐ Senior Citizen

Veteran: ☐ 31 ☐ 33 ☐ 1606 ☐ DD214

N/C 3rd Party Funding Source: _____

If you're emailing this form, do not include credit card number.
If it's required, you'll be contacted.

CREDIT CARD#

EXPIRATION DATE & CVV#

SIGNATURE _____

CRN#	DEPT & COURSE #	COURSE TITLE	# OF CREDITS	TIME FROM – TO	DAYS	ROOM
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	

The student meets the prerequisites required for the above course(s) by presenting ☐ ACT/AP/SAT Scores, ☐ Placement Scores, or ☐ Unofficial Transcript.
Please list CRNs: _____ Advisor Initials: _____

☐ **Once this registration is processed, you are responsible for the charges associated with registration. Detailed information about this and other College Policies can be found in the MxCC College Catalog on our website. It is the responsibility of each student to read the policies of Middlesex Community College. The student's signature on this form is acknowledgement of receipt of this statement and acceptance of the terms and conditions of all policies.**

TODAY'S DATE	ADVISOR'S SIGNATURE	TOTAL CREDITS	STUDENT'S SIGNATURE

HEALTH FORM

Please circle program

CNA PCT CSPT

Phlebotomy Technician

Veterinary Assistant

This form must be completed and signed by your Health Care Provider.
Return form to MxCC Continuing Education Office.

Questions: Contact Marge Valentin at (860)343-5716
or email mvalentin@mxcc.edu

Name _____

Address _____

Date of Birth _____

Phone number _____

On (date) _____ I examined this student and found him/her to be in good health. He/she is free of any communicable disease, can lift 50 pounds and has no known deficits that would interfere with the ability to participate in a clinical setting.

Pregnant: Yes No (please circle)

Healthcare Provider

STAMP

Signature: _____

Phone number: _____

Comments: _____

IMMUNIZATIONS - Required for all CNA, PCT and Phlebotomy Technician Students
Veterinary Assistant students do not need to submit immunization information

1 MMR (one must be given after 1980)

DATE

RESULT

MMR #1 _____

MMR #2 _____

2 Rubella Screening

Rubella serum test for immunity _____

Rubella immunization _____

3 Measles Screening

Measles serum test for immunity _____

Measles immunization _____

4 Mumps Screening

Mumps serum test for immunity _____

Mumps immunization _____

5 Varicella (Chicken Pox) History

Varicella Vaccine #1 _____

Varicella Vaccine #2 _____

Varicella antibody test _____

History of disease _____

6 Tetanus vaccine (must be given within last 10 years)

7 Hepatitis B Vaccine series

#1

#2

#3

Hep B test for immunity _____

8 Seasonal Influenza Vaccine (Required Spring & Fall semesters)

Student Name _____

ANNUAL TUBERCULOSIS SCREENING

Students in the CNA program are required to have a One Step Tuberculosis Skin Test.

Students in the PCT and Phlebotomy Technician programs must have a Two Step Skin Test.

Tuberculosis screening must be done **within 12 months** of admission to the program.

Previous BCG Vaccine does not exempt student from tuberculosis screening.

A QuantiFERON blood test is an acceptable alternative to skin testing

	Date	Results	Date/Signature
TB Skin Test #1	_____	_____	_____
TB Skin Test #2 (Phlebotomy students only)	_____	_____	_____
or			
TB Blood Test (QFT-G)	_____	_____	
Chest x-ray (if above testing is positive)	_____	_____	

HEPATITS B WAIVER

Hepatitis B vaccination is optional. You should discuss this option with your primary care provider and either begin the vaccination series or sign the waiver below.

I waive Hepatitis B vaccination at this time.

Student Signature _____ Date _____

MEDICAL INSURANCE

Medical Insurance is required for all students.

I certify that I carry a current Medical Insurance Policy

Student Signature _____ Date _____