



WORKFORCE RECOVERY TRAINING PROGRAM

2960 Hartnell Ave., Redding, CA 96002 | Office: 530-245-8123

*Funded by the U.S. Department of Housing and Urban Development (HUD)
through the California CDBG-DR Program*

Enrollment Intake Instructions & Checklist

Instructions for Applicants

Welcome! This application packet is your first step toward joining the Workforce Recovery Training Program. (WRTP), which provides free job training and support services for residents of Shasta County impacted by the 2018 wildfires.

To help us determine your eligibility, please complete all sections truthfully. If you need help, WRTP staff are available to assist at (530) 245-8123.

What You Need to Do

Please complete and sign the following required forms included in this packet:

1. WRTP Applicant Information Form

Contact details, employment barriers, training interests, and support needs.

2. Household Composition Certification

Identifies who lives with you and verifies your household structure.

3. Conflict of Interest Certification

Ensures compliance with federal regulations regarding family or business ties.

4. Self-Certification of Annual Income

Confirms your eligibility as a Low-to-Moderate Income (LMI) individual or household. Note: You may be asked to provide additional documentation if needed.

5. Disaster Recovery Benefits Compliance Form

Confirms that you have not already received duplicative funding for the same training.

6. Authorization to Share and Release Information

Allows us to coordinate support and report required data to HUD.

Helpful Definitions

Low-to-Moderate Income (LMI): Based on household size and income; used to determine eligibility.

Duplication of Benefits (DOB): Receiving two forms of assistance for the same purpose, which is not allowed.

HUD: The federal agency that funds the CDBG-DR programs.

WRTP Applicant Information Form

Section 1: Contact Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Contact: _____

Section 2: Household and Employment Information

Are you currently a resident of Shasta County?

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

Are you currently receiving any public assistance? (Check all that apply):

☐ Housing (Section 8)

☐ Other: _____

☐ CalFresh

☐ CalWORKs/SSI

☐ Unemployment

☐ Childcare

☐ Tribal Funding/ BIA Card

Do you face any of the following barriers to employment? (Check all that apply):

☐ Transportation

☐ Social Security Card

☐ Criminal Record

☐

Other: _____

☐ Housing Instability

☐ Disability

☐ Mental Health Challenges

☐ Substance Use Recovery

☐ State ID/ Drivers License

Section 3: Education & Training Interests

Highest level of education completed:

☐ No High School Diploma

☐ GED

☐ High School Diploma

☐ Some College

☐ Associate Degree

- ☐ Bachelor's Degree
☐ Other:

Are you currently enrolled in any school or training program? ☐ Yes ☐ No
 Do you have a resume? ☐ Yes ☐ No
 What job/career fields interest you? _____
 Are you interested in job training? ☐ Yes ☐ No

Section 4: Support Services

What types of support would help you most? (Check all that apply):

- ☐ Resume & Interview Help
☐ Transportation
☐ Childcare
☐ Mental Health Counseling
☐ Legal Services
☐ Other: _____

Section 5: Consent & Signature I authorize WRTP to share my information with service providers to assist with job training and placement. I certify that the information provided above is accurate.

Date: _____ Signature: _____

Household Composition Certification

As of (date): _____, I, _____, reside at street
 address: _____

Check one: ☐ I live alone or expect to live alone within the next 12 months.

☐ The following people live with me and will continue to do so:

Name	Date of Birth	Enrolled in School
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you expect your household composition to change in the next 12 months? ☐ Yes ☐ No

If yes, explain: _____

Conflict of Interest Certification

Do you, or anyone in your household, have family or business ties to anyone who assisted in the development or operations of WRTP? ☐ Yes ☐ No

If **yes**, describe the relationship and

role: _____

Self-Certification of Annual Income

Applicant Name: _____

Number of people in household: _____

- ☐ Female Head of Household
- ☐ Senior Head of Household (62+)
- ☐ Single Parent Family
- ☐ Family contains a person with a disability

How many are:

Elderly (62+):

Full-time students (18+):

Under age 18:

Gender Identification

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Choose not to disclose

Race & Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/ Alaskan Native |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Prefer Not To Answer |
| <input type="checkbox"/> Black/African American | |

Are you Hispanic / Latino? ☐ Yes ☐ No ☐ Prefer Not To Answer

Income Information: Total gross annual household income (from all sources):

\$ _____ I certify the information provided is accurate. I understand that providing false information may result in disqualification and is punishable under federal law.

Application Signature: _____ Date: _____

Print: _____ Date: _____

Disaster Recovery Benefits Compliance Form

The WRTP is funded through the Community Development Block Grant - Disaster Recovery (CDBG-DR) Program to assist individuals impacted by the 2018 wildfires. To ensure compliance with federal regulations and prevent duplication of benefits, please answer the following:

1. Have you received assistance within the last 3 years for job training similar to the one you are applying for? *(Examples include educational grants, stipends, or subsidies from other government-funded programs.)*

☐ Yes ☐ No

If yes, provide the program name, amount, and date of assistance: _____

2. Have you participated in or completed the same or similar course(s) in the last 3 years? *(This may include training in the same field or program for which you are now applying.)*

☐ Yes ☐ No

If yes, please describe: _____

Certification: I certify that the above information is accurate and truthful to the best of my knowledge. I understand that providing false or misleading information may result in disqualification and is punishable under federal law. I agree to cooperate with any verification efforts made by WRTP, HCD, or HUD.

Applicant Signature: _____ Date: _____

Other Adult Household Member (if applicable): _____ Date: _____

Print Name(s): _____

Authorization to Share and Release Information

I, _____ authorize the California Department of Housing and Community Development (HCD), the Workforce Recovery Training Program (WRTP), and their partner agencies to collect and share information necessary to verify my eligibility for participation in the CDBG-DR-funded workforce program.

The information that may be shared includes, but is not limited to:

- My employment status, income, and household composition
- My participation in other workforce development programs
- My demographic information (race, ethnicity, gender)

I authorize the release of this information solely for the purposes of:

- Verifying my eligibility for WRTP
- Coordinating wraparound support services
- Reporting required anonymized data to HUD for evaluation of the program

This consent is valid until revoked in writing.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____

Other Adult Household Member (if applicable): _____

Date: _____

Organization Names: _____

Date: _____

Staff Witness (Printed): _____

Date: _____