STNA Informational Appointment Checklist

PLEASE READ INFORMATION BELOW:

THIS PACKET MUST BE COMPLETED before you can meet with a Case Manager.
Once you have everything on the checklist completed, please call (419) 999-0360 and ask to schedule an informational appointment.
Please reserve program questions for the Case Manager who will review the checklist with you.

Please ensure you have following items with you when you make appointment with Case Manager.
If not applicable to your situation, please indicate N/A

Documentation needed for you to bring to your scheduled appointment with Case Manager:

- ☐ **Age** – Birth certificate, Baptismal Record, DD214, Driver License, OR Passport
- ☐ **Citizenship** – Social Security Card, Birth Certificate, Baptismal Record, OR Passport
- ☐ **Social Security Number** – Social Security Card, DD214, OR Passport
- ☐ **Selective Service** – If male, born after Jan.1, 1960. DD214 or verification of registration (www.sss.gov)
- ☐ **Dislocated Worker** – Layoff letter or Unemployment Compensation Verification
- ☐ **Income** – All income for all household members for the last 30 days
- ☐ **Resume –** Updated resume
- ☐ **OMJ Employment Contact Form** or documentation of your job search for the last 30 days (if unemployed)
- ☐ **OMJ Individual Assessment/Application** completed
- ☐ **Job History Form** completed

Information Required for STNA Students

- ☐ All medical students must verify their background. Verification of this can be found at www.limamunicipalcourt.org or your local municipal court if not an Allen County resident.
- ☐ STNA Individual Assessment form completed (included in this package)

PLEASE NOTE: The Workforce Innovation and Opportunity Act (WIOA) **is not an entitlement program** and you are not guaranteed career or training services. Your eligibility and suitability for services will be determined by a WIOA Case Manager.

Individual Assessment /Application

READ & COMPLETE CAREFULLY

You will be rescheduled if this form is not completed in its entirety

What type of service are you exploring? ☐ Job Search ☐ Education/Training ☐ On-the-Job Training

Name:	Date:
Mailing Address: City: State: ZIP:	
Phone Number:	Email:
Social Security Number:	
Are you between the ages of 18 – 24? ☐ Yes ☐ No	Are you a Veteran? ☐ Yes ☐ No

Income Information

List Household Members (Include yourself)	Relationship	Date of Birth	Monthly Income (Income including: Earned & Unearned Income, Unemployment Comp, SSI, RSDI, etc)	Source of Monthly
			$	
			$	
			$	
			$	
			$	
			$	

If no income, how do you support yourself?

Employment Information

Are you currently employed? ☐Yes ☐ No	If employed, list current place of employment:
Are you presently laid-off? ☐Yes ☐ No	If yes, list company:
Have you received notification of layoff? ☐Yes ☐ No	If yes, list company:

Career/Education Goal

What is your education status? ☐ HS Grad /GED ☐ ABLE ☐ Vocational School ☐ Associate Degree ☐ Bachelor Degree ☐ Certificate ☐ Credential ☐ Some College _____

If you have not graduated or received your High School Equivalency, what is the highest grade completed?

What is your employment or career goal?

Are you currently enrolled in school? ☐Yes ☐No If yes, where/what program:

Where would you like to receive this training?

Did you complete any type of assessment at the training institution or career placement ☐Yes ☐ No

(Example: WorkKeys, Compass, TABE, SLE)

Cost of this training:	Start date of the training:	Anticipated end date of the training:
What kind of jobs would you be qualified for after completing this training?		
What skills, experience or training do you currently have that would make you a good candidate for this field?		
What is the entry-level salary/wage rate for jobs in this field?		
What is the employment outlook, including projected annual openings, for this type of work in the local job market?		
How far are you willing to travel/drive for a position in this field?		
Please indicate the Job Search skills that you need assistance with: ☐ Basic Computer ☐ Word ☐ Excel ☐ Internet Job Search ☐ Resume ☐ Cover Letters ☐ Interviewing ☐ Budgeting ☐ Other _____		
What will be your job search strategy following the training?		

Needs & Barriers

☐ Disabled ☐ Older Worker ☐ Substance Abuse ☐ Limited Proficiency ☐ Offender ☐ Basic Literacy
☐ Learning Disability ☐ Poor Work History ☐ Homeless ☐ TANF Exhausted ☐ School Drop-out
☐ Mental/Physical Limitations ☐ Past IEP (Individual Education Plan)

Will you need child care now or in the future? ☐ Yes ☐ No

What is your emergency plan when the child(ren) is ill and cannot stay with child care provider?

Can you provide your own transportation? ☐ Yes ☐ No

If no, who will be responsible for driving you back & forth to training/work?

Financial Aid (Education/Training Only)

PELL Amount awarded	**$**
Employer Scholarship or Contribution	**$**
Student Loans	**$**
Other Resources:_____	**$**
Total Amount Awarded	**$**
Are you default on a previous Student Loan? ☐ Yes ☐ No	If yes have you been making payments? ☐ Yes ☐ No **Documentation of last 6 months of on-time payments must be provided for default student loans

_____ _____
Customer Signature Date

_____ _____
Case Manager Signature Date

STNA Individual Assessment

Below are common job duties of a licensed STNA. Please review this list and check box if you would be willing and able to perform the job duties.

- ☐ Dispose of soiled linen
- ☐ Apply vest restraint
- ☐ Assists resident with the use of bedpan, commode or bathroom
- ☐ Dress resident
- ☐ Feed dependent resident
- ☐ Give bed bath, tub bath or shower
- ☐ Make an occupied/unoccupied bed
- ☐ Measure and record urinary output
- ☐ Provide denture care
- ☐ Provide hair care (shampoo, brush/comb, etc.)
- ☐ Provide mouth care
- ☐ Provide perinea (skin) care for incontinent resident
- ☐ Provide routine fingernail care
- ☐ Provide routine foot care
- ☐ Shave resident
- ☐ Transfer resident from bed to wheelchair

Below are common convictions which could disqualify you from becoming a licensed STNA. If you have been convicted of one of these crimes you may want to reconsider your career decision.

- Aggravated Menacing
- Assault
- Breaking & Entering
- Burglary
- Domestic Violence
- Drug Crimes
- Misuse of Credit Cards
- Pandering Obscenity
- Passing Bad Checks
- Prostitution
- Public Indecency
- Receiving Stolen Property
- Robbery
- Sexual Oriented Crime
- Theft
- Unauthorized use of Property
- Unauthorized use of a vehicle
- Voluntary/Involuntary Manslaughter
- Weapons Crimes

_____ _____

Signature Date

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Job History

Name ______________________________ **Last four SSN** **xxx-xx** __________

List Employment History
**** Begin with most current employment***

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

Employer:	City & State:	Hours Worked Per Week:
Start Date:	Starting Wage:	
End Date:	Current/Ending Wage:	
Job Duties:		
Reason For Leaving:		

I have never been employed. Initials__________ Date______________

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Employer Contacts for the Last 30 days

	Date	Employer	Application method (online, in person, etc)	What position did you apply for?	Do you currently have the qualification(s) for this position?	Response from Employer
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Signature _____ **Date** _____