

Department of Technical and Adult Education  
New Connections to Work Application  
Heart of Georgia Technical College

Date of Application: \_\_\_\_\_

**For Office Use only: Congressional District** \_\_\_\_\_ **TANF**  **NON-TANF**  **ABAWD**  **WIA**  **NON TRAD**

**Workshop Participant**  **Carry-over**  **Connective Services other than workshop**

**Workshop Type:**  Community (NCTW)  TANF  Rehabilitation Services  DOL  GA Fatherhood  WIA  Pre K  
 Parent Group  Housing Authority  Adult Education  Industry Outsourcing  Homeless Shelter  Battered Spouse Group  
 Student Groups  ABAWD  Other

**Please Print:**

**SS# :** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Other Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **or Contact Number: ( )** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Classification:** 1.  Single Parent 2.  Displaced Homemaker 3.  Single Pregnant Woman 4.  Non-custodial Parent 5.  Other

please specify: \_\_\_\_\_

**Sex:** 1.  Male 2.  Female

**Ethnic Group:** 1.  Black 2.  White 3.  Asian 4.  Hispanic 5.  American Indian 6.  Other

**Age Group:** 1.  16-25 2.  26-35 3.  36-45 4.  46-55 5.  Over 55

**Marital Status:** 1.  Never Married 2.  Married 3.  Divorced 4.  Widowed 5.  Separated

**Does your family depend on farming for family income?** Check one: 1.  Yes 2.  No

**Children:** Do you have children? 1.  Yes 2.  No If yes, how many children do you have who live with you? \_\_\_\_\_

**Education:** Circle the highest grade level or education you have completed: 0-6th, 7th, 8th, 9th, 10th, 11th, 12<sup>th</sup> (did not receive HS diploma), HS Graduate, GED, Technical Institute, College (1-3), College Degree

Are you enrolled at this technical institute? Check one 1.  Yes 2.  No

If yes, what degree/diploma program? \_\_\_\_\_ If no, in which training program are you most interested in \_\_\_\_\_

**Income: What is family's yearly income?** Mark the appropriate box:

1.  \$0-5,999 2.  \$6,000-10,999 3.  \$11,000-15,999 4.  \$16,000 and over

**What is the source of your income?** Mark the appropriate categories:

1.  Temporary Assistance to Needy Families (TANF) 2.  Food Stamps 3.  SSI/SS 4.  WIA  
5.  Pell Grant 6.  Veterans Benefits 7.  Wages 8.  Unemployment 9.  Alimony  
10.  Child Support 11.  Other 12.  No Support

**Employment:** Were you working at time this application was completed? Check one: 1.  Yes 2.  No If yes, where are you working? \_\_\_\_\_ What is your job title? \_\_\_\_\_

Is your job full-time or part-time? Check one: 1.  Full time 2.  Part time

If not currently working, have you worked previously? 1.  Yes 2.  No If yes, what type work have you done?  
\_\_\_\_\_

**Are you a participant in Temporary Assistance to Needy Families?**  **If so, please give name of caseworker and client #.**

Caseworker's Name: \_\_\_\_\_ Client #: \_\_\_\_\_ # Months Remaining on TANF \_\_\_\_\_

**I do hereby give the New Connections to Work Program permission to share information, including educational records, concerning my participation in the program with appropriate state agencies.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

EQUAL OPPORTUNITY: It is the policy of the Department of Technical and Adult Education to provide equal opportunities without regard to race, color, national origin, sex, age, disabling condition, or veteran status in its educational programs and activities. Revised 03/05