

Medicaid

SSI (individual)

EMPLOYMENT INFORMATION – CURRENT OR LAST EMPLOYER

Company Name _____

Phone number _____

Start Date _____ End Date if no longer Employed _____

Position _____ Contact Person _____

Rate of Pay _____ Hours per week _____

Have you attended another college/university/other postsecondary institution? Yes No

Name of Institution _____

Which of the following have you completed? Standard high school diploma: _____ GED: _____

What are your short and long term goals (career and/or personal)? _____

How may the New Directions Program assist you? _____

PLEASE READ CAREFULLY

I am authorizing Lake Sumter State College – New Directions Program (NDP) to obtain information from any sources in order to complete the verification of my eligibility for the Displaced Homemaker/ND Program. In the event that resources or income information are discovered that were not disclosed, LSSC may reevaluate my eligibility for this assistance, and if found ineligible, I may be responsible for repayment of funds to the Displaced Homemaker/ND Program. I hereby authorize the Displaced Homemaker/ND Program to release this application, and any relevant supporting academic reports to persons involved in the process of financial assistance. I also authorize use of this information, or any subsequent information derived from this form for general statistics and reporting purposes.

COMMITMENT STATEMENT

- I agree to complete the entire program as outlined in the Individual Training Plan.
- I agree to notify the New Directions Program of circumstances that would prohibit completion of this plan.
- I agree to accept/secure employment upon completion of the Individual Training Plan.

GENERAL RELEASE OF INFORMATION

I certify that the information that I have presented on this document is true and correct to the best of my knowledge. By my signature below, I am authorizing Lake Sumter State College to release the information contained in the form. In addition, I authorize any employer to release information requested by Lake Sumter State College/Agency of Workforce Innovation for me to be enrolled under the Displaced Homemaker Program.

Applicant's Signature _____

Date _____