

Dat la: \_\_\_\_\_

Kalite Fòm: \_\_\_\_\_

Nimewo Dosye: \_\_\_\_\_

Non Dosye a: \_\_\_\_\_

Non Aplikan/Patisipan an: \_\_\_\_\_

Sant la: \_\_\_\_\_

## LEKÒL ADMINISTRASYON RESOUS IMÈN/LÈT POU ENSKRIPSYON NAN FÒMASYON AN (Haitian Creole)

### Enfòmasyon Enpòtan:

Si ou pa lekòl epi ou pa enterese enskri lekòl, tanpri pa okipe avi sa a. Sepandan, si ou ta renmen enskri nan yon pwogram fòmasyon epi ou ta renmen jwenn èd pou jwenn youn, tanpri ale nan lyen ki anba a pou wè Lis Pwogram Fòmasyon/Edikasyon HRA ki disponib yo. Si ou gen kesyon oswa ou bezwen èd, ou ka voye yon imèl oswa rele HRA TAG.

<https://a069-atp.nyc.gov/atp/TAPEnginesearch.cfm>

### I. POU ELÈV LA RANPLI

Non Aplikan/Patisipan an: \_\_\_\_\_

#### A. Depans pou Fòmasyon

Administrasyon Resous Imèn (Human Resources Administration, HRA) pa peye pou frè lekòl, liv, ak lòt frè. Sepandan, si w patisipe nan aktivite HRA apwouve, ou ka resevwa lajan pou kèk depans. Depans sa yo se gadri, pri pou tikè ak lòt bagay si sa nesesè pou aktivite yo. Depi ou aplike pou oswa resevwa Asistans Lajan Kach (CA), ou ka resevwa lajan pou pri tikè ak gadri. Pou jwenn lajan sa a, ou dwe patisipe nan pwogram ou an jan sa prevwa.

**Remak:** Ou dwe mete yon fòm enskripsyon founisè gadri apa pou mande lajan gadri.

Konbyen lajan ou depanse pou pri tikè chak jou pou ale nan kou? \$ \_\_\_\_\_

Èske ou bezwen nenpòt bagay espesyal pou patisipe nan pwogram ou an?

Wi  Non (Ou dwe mete yon resi oswa yon bòdwo.)

Si ou reponn "Wi," eksplike bezwen espesyal (egzanp, inifòm): \_\_\_\_\_

Montan espesyal ou bezwen: \$ \_\_\_\_\_ Konbyen fwa ou peye lajan an: \_\_\_\_\_

(Vire paj la)

Nimewo Dosye: \_\_\_\_\_

Non Aplikan/Patisipan an: \_\_\_\_\_

## B. Akò pou Remèt Depans ou te Resevwa Anplis

Chwazi youn nan sa ki anba la a:

- Mwen dakò pou pran nenpòt depans mwen te resevwa anplis nan sibvansyon CA mwen.
- Mwen dakò pou pran nenpòt depans mwen te resevwa anplis nan pwochen oswa fiti peman pri tikè ak/oswa gadri mwen.

\_\_\_\_\_  
Siyati Aplikan/Patisipan Asistans Lajan Kach

\_\_\_\_\_  
Dat la

## C. Avi bay Aplikan oswa Patisipan nan CA ak Pwogram Asistans Nitrisyon Sipleman (Supplemental Nutrition Assistance Program, SNAP) konsènan Sibvansyon ak Depans pou Edikasyon

Dapre lwa Sèvis Sosyal (18 NYCRR §352.16 ak §387.11 [f]), nenpòt sibvansyon edikasyon, bousdetid oswa prè ou resevwa pa konte lè n ap decide si ou kapab jwenn CA. Epitou, sa yo pa konte lè nou detèmine ki kantite avantaj CA ou sipoze jwenn. Lwa sou Koupon pou Achte Manje ane 1977 la egzije pou sèten sibvansyon edikasyon, bous detid ak prè dwe konte kòm revni SNAP. Sepandan, li pa konte revni sa a, montan frè lekòl, frè ki obligatwa, ak kèk lòt depanse pou edikasyon.

Nou dwe gen dokiman sou revni ak depans edikasyon ou lekòl ou a te bay. Nou bezwen dokiman sa yo pou kalkile konbyen revni edikasyon pou nou konte oswa retire sou bidjè SNAP ou a. Tanpri siyen seksyon pèmisyon anba a pou bay pèmisyon bay lekòl la pou ban nou enfòmasyon sa yo. Epitou, fè lekòl ou ranpli Seksyon II nan fòm sa a. Tanpri retounen fòm sa a bay Travayè ki k ap travay sou dosye w la apre ou fini li.

## D. Pèmisyon pou pataje enfòmasyon

Mwen bay lekòl la oswa pwogram nan Seksyon II nan fòm sa a pèmisyon pou bay enfòmasyon sou prezans mwen, pwogrè mwen ak travay mwen fè apre bay HRA. Mwen dakò tou pou HRA itilize enfòmasyon sa yo pou rezon CA ak SNAP.

**Elèv la dwe bay pèmisyon lekòl la oswa pwogram fòmasyon an ranpli seksyon II ak pataje enfòmasyon yo bay HRA.**

\_\_\_\_\_  
Siyati Aplikan/Patisipan

\_\_\_\_\_  
Dat la

\_\_\_\_\_  
Imèl Aplikan an/Patisipan an

\_\_\_\_\_  
Nimewo Kontak Aplikan/Patisipan an

(Vire paj la)



Case Number: \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_

**B. Student Weekly Activity Schedule**

For class hours, write "CL" in the corresponding box; for laboratory, "LAB"; for Federal Work Study (FWS), "FWS"; for internship or externship write "INT" \*; or for supervised homework, "SH". For activities that do not start on the hour, write start and end time in box.) \*\*\*

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
7:00 AM – 8:00 AM								
8:00 AM – 9:00 AM								
9:00 AM – 10:00 AM								
10:00 AM – 11:00 AM								
11:00 AM – 12:00 PM								
12:00 PM – 1:00 PM								
1:00 PM – 2:00 PM								
2:00 PM – 3:00 PM								
3:00 PM – 4:00 PM								
4:00 PM – 5:00 PM								
Evenings (Specify hours in box)								
Online/ Distance Learning								
Other (Specify:  i.e. Job Search, Job Readiness, Test Prep)								
<b>NOTE:</b>								<b>Total:</b>

- \* **Internships:** Internships are considered employment (with the exception of students who are 18-21 years old and not the head of their case)
- \*\* **Master’s Degree:** Master’s degree classes are not approved. Paid internships as part of a Master’s degree program will be reviewed on a case-by-case basis.
- \*\*\* Any FWS and/or Internship, and other (i.e. Job Search, Job Readiness, and Test Prep) hours reflected above must be accompanied by the "Verification of Student Schedule" (HRA-152e) form or "Verification of Student Schedule (CUNY EDGE)" (HRA-152f) form.

(Turn page)

Case Number: \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_

**C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor and Skill Code.**

	<b>Vendor and Skill Code</b>	<b>Number of Hours</b>
1. Number of internship/externship hours per week this semester.		
2. Number of FWS hours per week this semester.		
3. <b>Total</b> number of internship/externship and FWS hours per week this semester (add lines 1 and 2).		

1. **Total weekly classroom and lab hours:** \_\_\_\_\_

2. **Homework\* and/or study time:**

a. *Supervised homework:* \_\_\_\_\_

b. *Unsupervised homework\*\*:* \_\_\_\_\_

**TOTAL ACTIVITY HOURS:**

3. **Total Internship/Federal Work Study Hours**

(from II. C., line 3 table above):

4. **Total Classroom Hours** (Line 1): \_\_\_\_\_

5. **Total Homework and/or Study Hours** (Lines 2a and 2b): \_\_\_\_\_

6. **TOTAL WEEKLY ACTIVITY HOURS EXPECTED**

(Line 1 - Classroom, Lines 2a and 2b – Homework, and Line 3 – Internship/Federal Work Study): \_\_\_\_\_

\* **Note:** For clients in approved programs, HRA will count all hours of supervised homework as well as up to one hour of unsupervised homework for every one hour of class time/credit hours, as required by the student's educational program, toward the individual's hours of engagement. However, the total homework time counted for participation cannot exceed the total hours of homework required (supervised) and/or advised (unsupervised) by the educational program.

\*\* While New York law generally provides for up to 2 hours of homework/study time for every 1 credit/hour of post-secondary education, only 1 hour of homework per 1 credit/hour can be counted toward HRA's activity requirements (i.e., 15 credits/hours per semester = maximum of 15 unsupervised homework hours).

**Is the student receiving money directly from you for:**

	<b>Weekly Amount</b>	<b>Source</b>
Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

(Turn page)

Case Number: \_\_\_\_\_

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**D. Breakdown of Expenses**

<b>Tuition</b>	\$
<b>Loan origination and insurance fees</b>	\$
<b>Books</b>	\$
<b>Meals purchased at school</b>	\$
<b>Transportation to and from school</b>	\$
<b>Supplies</b>	\$
<b>Childcare</b>	\$
<b>Personal expenses (specify):</b>	\$
<b>Living expenses (specify):</b>	\$
<b>Total expenses</b>	\$

**Note:** Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

**Non-Title IV Funded Educational Grants, Loans and Scholarships**

Private scholarships (specify in the spaces below)	
<b>1.</b>	\$
<b>2.</b>	\$
<b>3.</b>	\$
<b>NYS Tuition Assistance Program (TAP)</b>	\$
<b>Federal Pell Grant (Pell)</b>	\$
<b>SEEK Program</b>	\$
<b>College Discovery Program</b>	\$
<b>Other (specify):</b>	\$
<b>Total of Non-Title IV Funded Educational Income</b>	\$

\_\_\_\_\_  
Print Name (Authorized School Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number



\_\_\_\_\_  
Email Address