

日期: _____

表单类型: _____

个案号码: _____

个案名称: _____

申请人/参与者姓名: _____

中心: _____

人力资源管理局学校/培训报名函 (Simplified Chinese)

重要信息:

如果您未上学或没有兴趣报名,请忽略此通知。但是,如果您有兴趣报名参加培训计划,并希望获得帮助来寻找合适的计划,请参阅下列链接以查看 HRA 现有培训/教育计划列表。如有任何疑问或需要协助,请发送电子邮件至或致电 HRA TAG。

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

I. 由学生填写

申请人/参与者姓名: _____

A. 培训费用

人力资源管理局 (Human Resources Administration, HRA) 不支付学费、书本费和杂费。但是,如参加 HRA 批准的活动,则可退回部分费用。此类费用包括活动所需的托儿服务费、车费及其他项目费用。鉴于您已申请或正在领取现金援助 (Cash Assistance, CA), 您可获得车费和托儿服务费。如要获取此款项,您必须依安排参与您的计划。

注意: 如需申请托儿服务费,则必须另附一份托儿服务提供者登记表。

您每天上学需要花费多少车费? \$ _____

您是否需要任何特殊帮助才能参加计划? 是 否 (须附上收据或账单。)

如回答为“是”,请说明特殊需求(例如制服): _____

特殊需求金额: \$ _____ 付款频率: _____

个案号码: _____

申请人/参与者姓名: _____

B. 同意退还溢缴费用

请选择下列其中一项:

- 本人同意从本人的 CA 补助金中扣除任何溢缴费用。
- 本人同意从本人的下一次或日后车费和/或托儿服务款项中扣除任何溢缴费用。

现金援助申请人/参与者签名

日期

C. 致 CA 及补充营养援助计划 (Supplemental Nutrition Assistance Program, SNAP) 申请人/参与者的教育补助金及费用事项相关通知

按照《社会服务法》(Social Services law) (18 NYCRR §352.16 和 §387.11[f])，当我们决定您是否可领取 CA 时，您收到的任何教育补助金、奖学金或贷款都不计算在内。另外，当我们决定您能获得多少 CA 福利时，这些也不计算在内。1977 年的《食品券法案》(Food Stamp Act) 要求将某些教育补助金、奖学金和贷款计入 SNAP 收入，但同时也将学费、强制性收费和其他教育费用排除在这项收入之外。

请务必提供您所在学校出具的教育收入和费用证明文件。我们要用这些文件来计算纳入 SNAP 预算考虑范围的教育收入金额或扣减额。请在下方的信息披露部分签名，以授权学校向我们提供这些信息。另外，请您所在的学校填妥此表格第二部分。填妥此表格后，请交还给负责处理您个案的工作人员。

D. 信息披露授权

本人授权本表格第二部分中的学校或计划向 HRA 披露本人的出勤情况、进展及随后就业情况相关信息。本人亦同意，HRA 可将此信息用于 CA 和 SNAP 用途。

学生必须授权学校或培训计划填妥第二部分并向 HRA 披露相关信息。

申请人/参与者签名

日期

申请人/参与者的电子邮件地址

申请人/参与者的联系电话

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)								
NOTE:								Total:

- * **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.

	Vendor and Skill Code	Number of Hours
1. Number of internship/externship hours per week this semester.		
2. Number of FWS hours per week this semester.		
3. Total 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:

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

(Turn page)

Case Number: _____

Applicant/Participant Name: _____

D. Breakdown of Expenses

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

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)	
1.	\$
2.	\$
3.	\$
NYS Tuition Assistance Program (TAP)	\$
Federal Pell Grant (Pell)	\$
SEEK Program	\$
College Discovery Program	\$
Other (specify):	\$
Total of Non-Title IV Funded Educational Income	\$

Print Name (Authorized School Representative)

Date

Signature

Telephone number



Email Address