

日期： _____

表格類型： _____

個案號碼： _____

個案名稱： _____

申請人/參與人姓名： _____

中心： _____

人力資源管理局學校/訓練登記函 (Traditional Chinese)

重要資訊：

如果您沒有在就學或無意登記，請忽略本通知。不過，若您有意參加某個訓練計畫，並希望有人協助您尋找訓練計畫，請參閱下列連結以檢視 HRA 現有訓練/教育計畫的清單。如有任何問題或需要協助，請寄送電子郵件或致電聯絡 HRA TAG。

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

I. 由學生填寫

申請人/參與者姓名： _____

A. 訓練費用

人力資源管理局 (Human Resources Administration, HRA) 不會支付學費、教材費和雜費。但是，如果您參加 HRA 核准的活動，則可以退回一些費用。這些費用包括活動所需的托兒服務補助、交通補助及其他項目補助。由於您已申請或正在領取現金援助 (Cash Assistance, CA)，您可以獲得交通補助和托兒服務補助。若要獲得這筆款項，您必須依照排定時間參加您的計畫。

注意：您必須提供單獨的托兒服務業者登記表，以申請托兒服務補助。

您每天上學所花費的交通費用為多少？ \$ _____

您是否需要任何特殊協助才能參加計畫？ 是 否 (您必須附上收據或帳單。)

若回答為「是」，請說明特殊需求 (例如制服)： _____

特殊需求的金額： \$ _____ 付款頻率： _____

個案號碼： _____

申請人/參與人姓名： _____

B. 同意退回溢付的費用

請選擇以下其中一項：

- 本人同意從本人的 CA 補助金中扣除任何溢付的費用。
- 本人同意從下一期或未來的交通補助和/或托兒服務補助中扣除任何溢付的費用。

現金援助申請人/參與者簽名

日期

C. 致 CA 和補充營養援助計畫 (Supplemental Nutrition Assistance Program, SNAP) 申請人或參與者的教育補助金和費用相關通知

根據《社會服務法》(Social Service Law) (18 NYCRR §352.16 和 §387.11[f])，當我們決定您是否可以獲得 CA 時，您收到的任何教育補助金、獎學金或貸款都不計算在內。此外，當我們確定您能獲得多少 CA 福利金時，這些也不計算在內。1977 年的《糧食券法案》(Food Stamp Act) 要求將某些教育補助金、獎學金和貸款計入 SNAP 收入。但是，它也從這筆收入中扣除了學費、強制性費用及其他一些教育費用。

我們必須取得由您學校開具的教育收入和費用證明文件。我們需要用這些文件來計算您的 SNAP 預算中要計入或扣除的教育收入。請在下方的資訊披露部分簽名，以允許學校向我們提供這項資訊。另外，請讓您的學校填寫此表格的第二部分。表格填好後，請交回給負責處理您個案的工作人員。

D. 資訊披露授權

本人授權此表格第二部分的學校或計畫向 HRA 披露本人出勤率、進展和後續就業的相關資訊。本人也同意，HRA 可以將此資訊用於 CA 和 SNAP 用途。

學生必須授權學校或訓練計畫填寫第二部分並將資訊披露給 HRA。

申請人/參與者簽名

日期

申請人/參與者的電子郵件地址

申請人/參與者的聯繫電話號碼

Case Number: _____

Applicant/Participant Name: _____

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE

A. Student Information

Applicant's/Participant's Name: _____

Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

Program Type (Check one): AA/AS BA/BS MA/MS**
 Certificate/Vocational HSE/BE/ESL
 Other (Explain) _____

Does this educational program include any distance learning or online educational coursework? Yes No

Does the educational program include a paid internship? * Yes No

Vendor Code: _____

Skill Code: _____

Semester _____ Semester _____
 Start Date: _____ End Date: _____

Enrollment Start Date: _____
 (if different from Semester Start Date above)

If this is a re-enrollment, is the student maintaining a "C" average or above? Yes No

This is the first **HRA-154** school letter completed for the semester.

This is a revised **HRA-154** school letter.

(Turn page)

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