

## Health Career Pathways Partnership Grant

**FREE! FREE! FREE! FREE!**

Tuition and supplies for Healthcare Training



### Grant Approved Courses

- Radiography AAS
- Sonography AAS
- Medical Lab Technician AAS
- Medical Assistant Certificate & AAS
- Eye Care Technology AAS
- Surgical Technician AAS
- Registered Nurse AAS
- Health Information Technology AAS
- EKG Technician
- Certified Nurse Aide
- Phlebotomy Technician
- Pharmacy Technician
- Medical Billing & Coding Certificate
- Medical Office Professional
- Licensed Vocation Nurse
- Electronic Health Record

**For more information visit the website or contact:**

**[www.sanjac.edu/cpd/hpog](http://www.sanjac.edu/cpd/hpog)**

**[hcpp-grant@sjcd.edu](mailto:hcpp-grant@sjcd.edu) or 281.478.2723**



This document was supported by Grant [90FX0035-01-00] from the Administration for Children and Families, U.S. Department of Health & Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS. HPOG is a study funded by the federal government which is being conducted to determine how these training opportunities help people improve their skills and find better jobs. During the study, all new eligible applicants will be selected by lottery to participate in these training opportunities. Not all eligible applicants will be selected to participate in these opportunities.

## Health Career Pathways Partnership

### **Document Checklist**

For eligibility you must be at least 18, meet certain low income standards, pass both drug/background screens, and complete an ONet assessment. We require the following to document eligibility:

**Step 1:** Contact the grant at [hcpp-grant@sjcd.edu](mailto:hcpp-grant@sjcd.edu) to receive grant information and pre-screening instructions. This includes instructions on completing below items:

- ☐ Drug Screen
- ☐ Background Check
- ☐ ONet

**Step 2:** Once pre-screening has been completed, we will notify you via email to ask you to schedule an intake appointment. Original **legible** documentation for eligibility is needed at the time of the intake appointment.

**Identity, Age, Citizenship\*:** Select one of the document combinations below:

- ☐ Passport (identity, age, and citizenship)
- ☐ Driver's license/State Issued ID (identity and age) **AND** birth certificate (age and citizenship)
- ☐ Driver's license/State Issued ID (identity and age) **AND** SSN Card (including eligible to work)
- ☐ Permanent Resident Card (Identity, age, and citizenship)

**Financial Eligibility** (participation in most government subsidized programs): Select one of the document combinations below:

- ☐ TANF **OR** SNAP
- ☐ **One of the following:** Medicaid/CHIPS/STAR/Affordable Healthcare
- ☐ Free/Reduced Priced Lunches
- ☐ Women, Infants, and Children (WIC)
- ☐ Harris Health Gold Card or regional equivalent
- ☐ Section 8 Housing
- ☐ Valid Unemployment Documentation
- ☐ 150% below poverty level depending family income and size

Note - The grant staff may request more information or testing in addition to these requirements. Individuals interested in applying are required to submit **legible** copies to Grant staff.

**\*Program eligibility is limited to individuals who are citizens of the United States or who meet the immigrant eligibility requirements for federal public benefits**



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you a U.S. citizen: \_\_\_\_\_

If NOT U.S. Citizen, are you eligible to work in the U.S.?: \_\_\_\_\_

Does anyone in your household receive one or more of the below (check all that

apply)?

☐ TANF

☐ SNAP

☐ Medicaid/CHIP/STAR

☐ Free/Reduced Priced Lunches

☐ Women, Infants, and Children (WIC)

☐ Harris Health Gold Card or regional equivalent

☐ Section 8 Housing

☐ 150% below poverty level depending on family income and size (income within 30 days)

☐ Unemployment benefits

Preferred method of contact: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Which training location best meets your needs?

\_\_\_\_\_

**This form must be submitted with a legible copy/picture of a valid government issued ID. You will be contacted by grant staff if it is determined that you may be a candidate for HPOG HCPP program. You will be provided with the drug screening, background check, and career assessment information.**

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