



Policies and Procedures

Last Name:	Participant ID:
First Name:	Date:
is a reality today I the impetus for th and Austin City C	an economic development program designed to respond to the needs of the Austin community. The program because of substantial commitments from private, city, state and federal agencies. [Austin Interfaith provided the program.] Their hard work and convincing justification of community need gained support from the Mayor Council, the Texas Workforce Commission, the Austin Travis County Commission, the Governor of Texas, as ation and business leaders.
	a coalition of community based organizations and employers whose mission is to provide leremployed Central Texas adults access to economically self sufficient growth jobs through long term trainin rices.
include formal mo	ants receive career counseling on a regularly scheduled basis. They also receive high quality training, to otivational and life–skills training. All skills training are credentialed, either in the form of a certificate or e. Program participants receive supportive services based on assessment of need.
TERMS OF AGR	<u>REEMENT</u>
and supporting th will benefit those	mportant to the community, which is why employers, civic leaders and community representatives for funding the program are counting on you. More than anything else, the success of this program and whether or not it who will follow you depend on your dedication, hard work and willingness to "stay the course", reach your back to the community.
are willing to acce to ensure you get	outlines in detail what is expected of you as a participant in the Capital IDEA Program. Read it carefully. If yo tept responsibility for meeting the standards outlined in this document, Capital IDEA will do everything possibet the supportive services you need to complete your training, education, and/or career advancement. However, or unable to meet the standards, Capital IDEA will recommend other alternatives better suited to your
As a Capital ID	DEA participant, I will:
	Training
	Attend all scheduled classes, counseling sessions, and VIPs (Vision Initiative Perseverance) meetings accordance with the requirements of the training institutions and Capital IDEA. If you are absent to mo than two VIP sessions or training classes, you will be required to meet with the Capital IDE Director to continue enrollment in the program.
	Study diligently for required tests and complete all assignments to the best of my ability. Notify my Capit IDEA counselor of any circumstances (personal or academic) that may affect my training.
	Comply with all rules and requirements imposed which regulate the standards of behavior of the training institution in which I am enrolled.



to maintain agreed-upon grades. I am expected to make B or better in all classes.

Understand that I am required to attend school/training on a full time basis. I further understand that it is my responsibility to take and complete all classes required by my occupation's curriculum each semester and

 Understand that if I drop or fail a class without contacting my counselor, I will be responsible for taking the class again and paying for it in order to remain in the program. Participants are NOT authorized to drop (or add) a class or classes unless they have cleared it with their Capital IDEA Counselor. Capital IDEA will only pay for classes that are required for your degree/certificate program.
 Contact my Capital IDEA counselor, if for any reason, I consider dropping out of school, dropping a course and/or quitting my job.
 Understand that Capital IDEA will refer me to apply for ACC Financial Aid. I will only be allowed to receive grants or scholarship funds but not participant loans. If I apply and receive participant loans, I will be responsible for my own tuition, books and fees and any other services provided by Capital IDEA.
 Understand that the Attendance Form is a legal document and must be correctly completed in ink and turned in by specific date and time. Participants must ensure that all teachers initial the attendance forms. Failure to get initials by the instructor/teacher or to turn the form in on time may result in the immediate cancellation of supportive services.
 Understand that if textbooks are lost or stolen, it is the participant's responsibility to replace them. Textbooks may not be replaced using the Capital IDEA voucher. I must pay for replacement books with my money.
 VIP's are mandatory! No exceptions! If I have a concern about the VIP times, I need to discuss it with my assigned counselor.
Anything purchased with Capital IDEA funds is considered Federal, State, or City property. All books, supplies, equipment, tools, and uniforms are the property of Capital IDEA until a participant completes their Capital IDEA training. If a participant leaves the program prior to completing their training; they are required to return this property. Understand that school supplies may not be purchased with a Capital IDEA voucher. School supplies (i.e. pens, pencils, paper) must be purchased by the participant and submit an itemized receipt for reimbursement.
Support Services
 Contact my Capital IDEA counselor if my circumstances (i.e., childcare, transportation) change in any way that affects the supportive services I receive.
 Understand that support services (i.e. Child care, rent assistance, etc.) will be terminated the same day I drop out of school, work and/or any other Capital IDEA training.
 Understand that if I need supportive services I agree to access all available community resources prior to using Capital IDEA funds.
 Understand that Capital IDEA will supply bus passes for participants who do not have access to a private transportation.
 Understand I must follow the Capital IDEA childcare process in order to establish my childcare services. This process requires for me to contact the Child Care Solutions Staff and work with them on this.
 Understand that Capital IDEA does not pay for child care when training institutions are closed. Capital IDEA does not pay for child care when participants are not actively participating in Capital IDEA sponsored activities.
 Participants will be required to submit a Workforce Investment Act (WIA) application during the term of their training with Capital IDEA The purpose of this co enrollment process is to leverage funding for others. Participants must comply with all WIA requirements if deemed eligible.
<u>Employment</u>
 Seek and accept employment in the occupation for which I have trained either during or after successful completion of my training or education program.
 I understand that during my last semester of training prior to graduation, I will need to meet with the occupational development staff once a week to start working on employment opportunities. I also



	understand that I will continue to attend weekly meeting that I am expected to secure employment within 60 days		
	I understand that on my last semester of classes p employment coordinator twice a month to start working o		
	Giving Back		
	I understand that the money for my education has comhave chosen to invest in the community. Although I am (Exception: Health Care Participants who choose not to back the money for their education), I am expected, up community in a tangible way. (Ex. I may give back by the Central Texas Area; or by getting involved in computed Alumni Association.)	n not required to repay this money to Capital IDEA fulfill the 2yr. work obligation will be required to pay on completion of the program, to give back to the volunteering; donating to a non-profit that works in	
	General Information		
	Be drug free. (Capital IDEA is a Drug-Free Training Graduates will be drug-free employees). I agree to take a		
	Agree to abide by and comply with the terms set forth in this enrollment agreement. I further acknowledge that I have read and understand this enrollment agreement. I understand that failure to comply with the terms of the enrollment agreement will result in my termination from Capital IDEA. I understand that by signing the Capital IDEA Policies and Procedures at this point does not mean that have been accepted in the program until the Executive Director or Deputy Executive Director have signed this form.		
Participant Signature		Date Of Signature	
Counselo	or Signature	Date Of Signature	
Executive	e Director/ Director Of Operations Signature	Date of Signature	