

Career Institute Young Adult Program

Advancement Project

Your Career Mentor will assist you with the advancement into the second year of the program.

The project asks you to identify your accomplishments for the first year you have just completed, and tell us your plans for the second year that you are about to begin.

We have included a list of when you may request supportive services for the second year.

If you are attending any kind of technical school or college, we need a report card or school schedule each time you request a supportive service.

If you are working, we need a paycheck stub and/or the Employer Verification form each time you request a supportive service. The paycheck stub must be dated in the month you request a supportive service.

Program Advancement Project

This project is going to help you review your accomplishments of this year as a participant in the Career Institute Young Adult program and plan for the coming year. As you will recall this is a two-year program with the first year being intensive training, job development, career advancement and obtaining life skills. The second year is intended for us to keep in touch with you, continue to assist you with jobs, college or other training and some supportive services.

Project Goals

1. Identification of major accomplishments this year.
2. Goal setting for next year.
3. Assess how you will work with the Career Institute in the second year
4. Consider the supportive services you may need.
5. Review of the documents Career Institute will need in the coming year.
6. Talk with your Career Mentor about their observations about your career education and life plans.

Check Off List

- Complete My Accomplishments. Type this on a separate sheet of paper using complete sentences and double-spacing.
- Complete My Plans for Next Year. Type this on a separate sheet of paper using complete sentences and double-spacing.
- Complete the Supportive Services Plan. Type this on a separate sheet of paper using complete sentences and double-spacing.
- Review and sign “Second Year Supportive Service Contact Timelines”
- Have your Career Mentor prepare a letter of recommendation for your portfolio.
Copy of pay stub and/or Employer Verification form
- Copy of school schedule and/or School Verification form
- Check Distribution Contact Information

My Accomplishments

Please identify the major accomplishments in the following areas. Type at least one double-spaced paragraph for each area.

Life Skills: Projects or major steps in life planning such as setting up a bank account, renting an apartment, getting your GED, learning to make better decisions, living a healthier lifestyle, etc.

Occupational Training: Identify the Occupational Training you have completed. This would be college, ROP, technical school etc.

Work: Describe your accomplishments in the world of work. Did you get your first job, advance in your job, get a job promotion or get a better job?

Certificates: What certificates or diplomas did you get this year? High School Diploma, GED, Customer Service, Driver's License, etc? How has this accomplishment been helpful to you in your life?

Relationships: How have things improved in your relationships this year? Think about your parents, family members, friends and spouses.

Customer Service: How have you benefited from the Customer Service training?

Maturing Accomplishments: I think I have changed in the following ways: (example: my goals are clearer; I now have a car; I enrolled in college; I am more self-sufficient; I see more hope for my future, etc.) Describe the situation in detail.

My Plans for Next Year

Identify in as much detail as possible your plans for the coming year in the following areas: Career Education, and Life Skills.

Supportive Services Plan

How can we be helpful to you in the second year? Please be specific about your needs. It might be interview clothing because you will be looking for a new job, a bus pass, help in finding an apartment, etc.



County of San Bernardino
Workforce Investment Department – WIA Program
Workforce Investment Business Resource Office
215 North D Street, Suite 301, San Bernardino, CA 92415-0041
[909] 381 -7906

School Enrollment Verification

Students Information

Name: _____

SSN: _____

I, _____, do request and authorize my school to provide and release verification of my enrollment, a copy of my class schedule, grades I have received, a progress report of my attendance and / or participation to the Career Institute.

Students Signature

Telephone Number

Service Provider Information

Name: Career Institute **Contact Person:** Judy Takano

Address: 10722 Arrow Route #808, Rancho Cucamonga, CA 91730

Telephone Number: (909) 481-0270 **Fax Number:** (909) 481-3947

Service Provider's Signature

Date

Comments: _____

Please fax this completed form to (909) 481-3947



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Employment Verification Employee Information

Name: _____ SSN: _____

I, _____, do request and authorize my employer to provide and release verification of my employment to the service provider listed below.

Employee Signature

Telephone Number

Employment Information

Business Name: _____ Federal ID #: _____

Employer Address: _____
Street Address / City / State / Zip

Supervisor's Name: _____ Phone: _____

Employee's Position / Job Title: _____

Start Date: _____ Wage Rate: \$ _____/Hr Hrs Worked/Wk: _____

I certify that the above employment information is true and correct and understand this information is to be used to verify employment for the above-named employee.

Employer's Authorized Signature

Date

Service Provider Information

Name: Career Institute **Contact Person:** Judy Takano

Address: 10722 Arrow Route #808, Rancho Cucamonga, CA 91730

Telephone Number: (909) 481-0270 **Fax Number:** (909) 481-3947

Service Provider's Authorized Signature

Date

Comments: _____

Please fax this completed form to (909) 481-3947

Check Distribution List

Please list five individuals we can get in touch with if we lose contact with you. This way we can get your checks or supportive services to you.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Second Year Resources

- ❖ **Career Mentor** - keep in contact with your Career Mentor. The Career Mentors are always finding, developing and becoming aware of jobs. Call them during the hours of 8:00 am -4:00 pm Monday – Thursday for the job leads.
- ❖ **Telephone Contact** - We will be making contact on a monthly basis.
- ❖ **Web Site-** www.cinow.org will be kept updated with current information.
- ❖ **Monthly Email Newsletter-** this email will be filled with new information and resources that can be beneficial to you.
- ❖ **Cooperative Education Programs-** Take full advantage of what the colleges can offer regarding career direction and counseling.
- ❖ **Public Library-** utilize the library resources and staff.
- ❖ **County Employment Resource Centers** - Utilize the resources and staff. They're located at:

658 E. Brier Drive #100, San Bernardino, CA 92408	(909) 382-0440
9650 Ninth Street, Rancho Cucamonga, CA 91730	(909) 941-6500
15555 Main Street, Hesperia, CA 92345	(760) 949-8526

- ❖ **Personal Progress-**There will be special attention given to wage progression for those who are in jobs, education progress for those in school and new jobs for those needing a change.
- ❖ **Adult Education Programs-** there are many adult schools within your community that offer various different classes.

<u>San Bernardino Adult</u> 1200 N. E ST., San Bernardino, CA 92405 (909) 388-6000	<u>Chaffey Adult</u> 1802 East 7 th ST building #K, Ontario, CA 91764 (909) 391-5365
<u>Pomona Adult</u> 1515 W. Mission Blvd, Pomona CA 91766 (909) 469-2333 ext 350	<u>Fontana Adult</u> 10755 Oleander Ave, Fontana CA 92335 (909) 357-5490

2nd Year Time Line for Supportive Services

By the dates listed below, we will need to have proof that you are working or in school. You **MUST** send us a copy of a paystub or school schedule by fax, email, or you can drop it off to your Career Mentor.

This paystub or school schedule will qualify you for a bus pass, gas, food, or clothing card. It is your responsibility to make sure your mentor received your paystub or school schedule.

Fax Number: (909) 481-3947

	Need by:	Eligible for:
30 days	July 5 th	\$50.00
60 days	August 2 nd	\$50.00
1st Quarter	September 6 th	\$50.00
2nd Quarter	October 1 st – December 1 st	\$50.00
3rd Quarter	January 1 st – March 1 st	\$50.00

CAREER INSTITUT**E**
Specializing in Career, Education and Life Planning
Stipend Request

Name: _____ Date: _____

Address: _____

Home Number: _____ Cell Phone: _____

Email address: _____

Are you currently working?

Yes Where? _____

Address: _____

Supervisor: _____ Phone Number: _____

Please attach a current pay stub

No

Are you attending school?

Yes Where? _____

Counselor's Name: _____

Please attach copy of your most recent Class Schedule

No

Project Completed: _____

Total _____

Participant Signature

Career Mentor Signature