



**HAMPDEN COUNTY
WORKFORCE BOARD**

Direct Care Associate Training Program Eligibility Checklist & Self-Attestation Form

Applicant Information (please print):

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Acknowledgement of Program Goal: By signing this form, I attest that I understand the goal of this program is to provide participants with Direct Care Associate Training for potential job placement with a behavioral health employer after successfully completing the program. While job placement is the desired outcome of this program, employment is not guaranteed to me and will depend on meeting the requirements below, completing training, and successfully interviewing for employment.

Program Requirements: By checking boxes 1 through 6 and signing this form, I attest that I meet DCAT requirements 1 through 6 and that I can provide proof of my unemployed or underemployed status and COVID-19 vaccination status.

- Unemployed OR Underemployed
Comments (if applicable): _____
- At least 18 years of age
Comments (if applicable): _____
- Full COVID-19 Vaccination (2 shots)
Comments (if applicable): _____
- Authorized to work in the United States
Comments (if applicable): _____

5. Access to a laptop or computer and stable internet

Comments (if applicable): _____

6. Access to reliable transportation

Comments (if applicable): _____

Employment Requirements: By checking boxes 7 through 14 and signing this form I attest that I meet requirements 7 through 14 for job placement after successfully completing the DCAT program and that I can provide documentation of proof if requested by an employer.

7. High school transcript with graduation, or GED HISET

Comments (if applicable): _____

8. Valid Driver's License

Comments (if applicable): _____

9. Clean Driver Record

Comments (if applicable): _____

10. Immunization record

Comments (if applicable): _____

11. Able to pass a drug test which includes THC testing

Comments (if applicable): _____

12. Able to pass a CORI/SORI

Comments (if applicable): _____

13. Able to pass an Early Education & Care (EEC) check

Comments (if applicable): _____

14. Able to pass a Disabled Persons Protection Commission (DPPC) Abuser check

Comments (if applicable): _____

Applicant signature: _____

Date: _____