Health Careers for All Status Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| 1 | **SSN (5):** |       |
|  2 | **Last Name:** |       |
|  | **First Name:** |       | **M** |   |
|  |
|  | **ADD ACTIVITY** |
| 3 | **Activity:** |  |
| 4 | **Start Date:** |       |
|  |  | (Month, Day, Year |
| 5 | **Estimated End Date:** |       |
|  | (Month, Day, Year) |
| 6 | **Staff:** |  |
|  | **WORK OR TRAINING SITE** |
| 7 | **Job Title/Training Program Title (A-Me):** |
|  |  |
|  | **Job Title/Training Program Title (Mi-Z):** |
|  |  |
|  | If other: |       |
| 8 | **O-NET:** |  |
| 9 | **Training Type:** |
|  |
| 10 | **Name of Employer or School:** |
|  |
| 11 | **Address of Employer or School:** |
|  |       |
|  | **City:** |       |
|  | **State:** |    | **ZIP Code:** |       |
| 12 | **Phone of Employer or School:** |
|       |
| 13 | **Contact Name of Employer or School:** |
|       |
|  | **WORK ONLY** |
| 14 | **Employment Benefits:** |
|  | [ ]  | Retirement | [ ]  | Education |
|  | [ ]  | Medical | [ ]  | Dental |
| 15 | **Wage:** |       |
| 16 | **Hours per Week:** |    |
| 17 | **Wage Rate:** |  |
| 18 | [ ]  Training Related Employment |
|  | [ ]  Healthcare Employer |
|  | [ ]  Tribal Emploer |

 |

|  |  |
| --- | --- |
|  | **LEAVE ACTIVITY** |
| 19 | **Activity:** |  |
| 20 | **Activity Status:** | [ ]  | Completed |
|  |  | [ ]  | Not Completed |
|  | Specify Why Not Complete: |       |
| 21 | **Start Date:** |       |
|  |  | (Month, Day, Year) |
| 22 | **Actual End Date:** |       |
|  |  | (Moth, Day, Year) |
| 23 | **Coenrolled:** **[ ]**  | **Program:**  |
| 24 | **Attained Recognized School Credential(s):** |
|  | [ ]  | HS Diploma/GED | [ ]  | BA or BS Degree |
|  | [ ]  | AA or AS Degree | [ ]  | N/A |
|  | [ ]  | Other: | [ ]  | Certificate |
| 25 | **Attained Occupational License/Certificate(s):** |
|  | [ ]  | Occupational License | [ ]  | N/A |
|  | [ ]  | Occupational Certificate |
|  | Name of License/Cert: |       |
|  | Date Obtained: |       |
|  | **EXIT INFORMATION** |
| 26 | **Exit Date:** |       |
|  | (Month, Day, Year) |
| 27 | **Exit Code:** |  |
| ⇦ *If UE, complete Work information on left.* |
| 28 | **Training Completed by Exit Date:** | [ ]  Y | [ ]  N |
|  | If “No”, Reason:  |  |
|  | If other, describe: |       |
| 29 | **Tuition assistance while in program:** |
|  | 1. |  |
|  | 2. |  |
|  | 3. |  |
|  |
|  | **RETENTION - 6 MONTHS** |
| ⇦ *If employed, complete Work information on left.* |
| 30 | **Enrolled in non-HPOG education program:** |
| [ ]  Yes [ ]  No [ ]  Not Reported |
| 31 | **Has participant been promoted?** |
| [ ]  Yes [ ]  No [ ]  Not Reported |
|  | **COMMENTS** |
|  |  |

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