



Community Council of South Central Texas, Inc. Self-Sufficiency Program Intake Application

Last Name	First Name	Middle Initial:
Address:		Apt.#
City, State, Zip		County:
Home Phone:	Work Phone:	Cell Phone:
Mailing Address (if different):		Apt.#
City, State, Zip		County:
Email Address:		

REMINDER: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

Required Documents:

1. Completed application
2. Valid Photo ID
3. **Proof of ALL income FOR THE PAST 30 DAYS** for every household member **18 years or older**, who works or receives assistance. (Check stubs, Social Security/SSI, award letters including minor children receiving any type of SS benefit included **Letters must be from Social Security Administration and must reference or be dated for the current year**, current year VA letter, unemployment, retirement, pension, etc.
4. Proof of SNAP, TANF and Child Support.
5. If any household member 18 or over is **NOT** receiving any income, you must complete the attached Declaration of Income Statement.

Please read attached descriptions of courses for more information.

**I am interested in the following training courses
Please checkmark the courses that interest you.**

Course Name
Basic Machine Shop
Fundamentals of Computer Numerical Controlled Machine Controls (CNC)
Nursing Assistant
Nursing Assistant Clinical
Phlebotomy with Electrocardiography (EKG) Procedures
Phlebotomy with Electrocardiography (EKG) Procedures (for Nurse Aide Certified Students to test for Patient Care Technician)
CompTIA IT (Fundamentals)
ComTIA A+

To return completed applications, or for more information, contact
Community Council of South Central Texas, Inc.
Mary Colvin, Self-Sufficiency Program Manager
830-253-4522

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Names of All Household members - Include yourself	SS #	Gender M / F	Date of Birth	Race	Hispanic Y / N	Education Level Circle Answer	Relationship To applicant Circle Answer
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Spouse Child Grandchild Other

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Income Sources: (Identify ANY income of anyone 18 or older in the household for the (PAST 30 DAYS))					
Employment	___ Yes	___ No	Unemployment/Worker's Comp	___ Yes	___ No
Odd Jobs/Self-Employment	___ Yes	___ No	Recurring Gifts/Family Support	___ Yes	___ No
Social Security / SSI Benefits	___ Yes	___ No	SNAP (food stamps)	___ Yes	___ No
Veteran's Benefits	___ Yes	___ No	Currently Receiving Child Support	___ Yes	___ No
Retirement /Pension/Annuity	___ Yes	___ No	TANF (Temporary assistance for needy families)	___ Yes	___ No
Alimony or spousal support	___ Yes	___ No	Public Housing (Section 8, subsidized, etc.)	___ Yes	___ No
No income	___ Yes	___ No	Housing Choice Voucher	___ Yes	___ No
Childcare Voucher	___ Yes	___ No	WIC	___ Yes	___ No

Work Status: For all household members age 18 or older			
Disabled	___ Yes	___ No	Who?
Employed Full-Time	___ Yes	___ No	Who?
Migrant Seasonal Farmworker	___ Yes	___ No	Who?
Unemployed 6 month +	___ Yes	___ No	Who?
Unemployed less than 6 months	___ Yes	___ No	Who?
Employed Part-Time	___ Yes	___ No	Who?
Retired	___ Yes	___ No	Who?
Unemployed	___ Yes	___ No	Who?
Unknown/Not reported	___ Yes	___ No	Who?

Insurance : Identify ANY insurance for all household members			
Direct purchase	___ Yes	___ No	Who?
Employment based	___ Yes	___ No	Who?
Medicaid	___ Yes	___ No	Who?
Medicare	___ Yes	___ No	Who?
Military Health Care	___ Yes	___ No	Who?
CHIPS	___ Yes	___ No	Who?
State Health Insurance for Adults	___ Yes	___ No	Who?
Unknown/Not reported	___ Yes	___ No	Who?

Military Status: For any household member			
Active	___ Yes	___ No	Who?
None	___ Yes	___ No	Who?
Male Veteran	___ Yes	___ No	Who?
Female Veteran	___ Yes	___ No	Who?

Important Information for Former Military Service Members: Women and men who served in any branch of the United States Armed Forces including: Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For information visit Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

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Housing Information:				
Type	Private Home ___	Mobile Home ___	Apartment/Duplex ___	Other _____ # Bedrooms
Subsidized/Public Housing?	Y / N	Own: ___Yes ___No	Monthly Mortgage \$ _____	
Rent ___Yes ___No	Monthly Rent	\$ _____	Utilities included in rent?	Y / N
Prior Weatherization Assistance?	Y / N	Date completed?	House built date:	

Priority Information:	
1. Have you ever received services from Community Council of South Central Texas, Inc.	Y / N
2. Is anyone in the household 60 years of age or older?	Y / N
3. Is anyone in the household disabled? Who? _____	Y / N
4. Are there any children 5 years or younger in the household?	Y / N
5. Is anyone in the household a veteran?	Y / N
6. Is anyone living in your household age 14-24 not going to school or working? Who? _____	Y / N

Conflict of Interest Information:	
1. Is anyone in the household currently an employee, agent, consultant, officer or board member of Community council of South Central Texas, Inc.? If YES, identify who and their position _____	Y / N
2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or board member of Community council of South Central Texas, Inc.? If YES, identify who and their position _____	Y / N

FOR OFFICE USE ONLY: If there is a COI, this application requires the Executive Director's Approval and must be reviewed by the Program Director and a selection of peers.

I certify that the information on this application is true and correct. I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant Signature

Date

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Family Needs Questionnaire

For each section, please check the statement that most closely reflects your situation.

INCOME (Check One)

- My Income Can Pay All My Expensed And I Regularly Save For Large Purchases, Retirement, Or Emergencies.
- My Income Can Pay All My Expenses And I Occasionally Can Save For Large Purchases, Retirement Or Emergencies.
- My Income Is Enough To Cover All My Regular Expenses.
- My Income Is Not Enough To Cover All My Regular Expenses.
- I Have No Income.

FOOD AND NUTRITION (Check One)

- Always Able To Buy Food And Eat Well Balanced Meals.
- Usually Able To Buy Food An Deat Well Balanced Meals.
- Receive Assistance (Food Stamps/Food Pantry) In Order To Eat Well Balanced Meals.
- If We Didn't Receive Assistance (Food Stamps/Food Pantry) We Would Not Be Able To Eat Well Balanced Meals.
- Limited Or No Food

MY EMPLOYMENT STATUS IS (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retired | <input type="checkbox"/> With Pension | <input type="checkbox"/> Without Pension |
| <input type="checkbox"/> Full-Time Work Above Minimum Wage | <input type="checkbox"/> With Benefits | <input type="checkbox"/> Without Benefits |
| <input type="checkbox"/> Full-Time Work At Minimum Wage | <input type="checkbox"/> With Benefits | <input type="checkbox"/> Without Benefits |
| <input type="checkbox"/> Part-Time Work | <input type="checkbox"/> With Benefits | <input type="checkbox"/> Without Benefits |
| <input type="checkbox"/> Unemployeed Seeking Employment | <input type="checkbox"/> I Have Work History | <input type="checkbox"/> I Don't Have Work History |
| <input type="checkbox"/> Unemployed Not Seeking Employment | | |

MY HOUSING SITUATION (Check All That Apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> I Own My Home | <input type="checkbox"/> Paid In Full | <input type="checkbox"/> Can't Afford Mortgage | <input type="checkbox"/> In Foreclosure |
| <input type="checkbox"/> I Rent A Home Or Apartment | | <input type="checkbox"/> It's What I Want | <input type="checkbox"/> It's All I Can Afford |
| <input type="checkbox"/> I Live In Public/Assisted/Subsidized Housing | | <input type="checkbox"/> Temporary | |
| <input type="checkbox"/> I Live With Others | <input type="checkbox"/> Permanently | | |
| <input type="checkbox"/> I Live In A Shelter | <input type="checkbox"/> 60-90 Day Transitional Shelter | | <input type="checkbox"/> Temporary 30 Day Shelter |
| <input type="checkbox"/> I Feel Safe In My Home | <input type="checkbox"/> I Do Not Feel Safe In My Home | | |
| <input type="checkbox"/> I Don't Have A Home | | | |

MY EDUCATION LEVEL (Check One)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Bachelor's BA/BS | <input type="checkbox"/> Master's MA/MS | <input type="checkbox"/> Doctorate Phd.) |
| <input type="checkbox"/> Vocational Or Technical Certification | | | |
| <input type="checkbox"/> Some College Hours | | | |
| <input type="checkbox"/> High School Diploma Or GED | <input type="checkbox"/> Working Toward A High School Diploma Or GED | | |
| <input type="checkbox"/> I Did Not Graduate High School | | | |

TRANSPORTATION (Check All That Apply)

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> I Own A Car | <input type="checkbox"/> Buying A Car | <input type="checkbox"/> Borrow A Car | <input type="checkbox"/> Car Needs Repairs |
| <input type="checkbox"/> I Use Public Transportation | <input type="checkbox"/> Cannot Afford Public Transit | | <input type="checkbox"/> Car Purchase Unaffordable |
| <input type="checkbox"/> I Get A Ride From Someone | <input type="checkbox"/> I Don't Have Access To Public Transit | | |

DEPENDENT CARE (Check All That Apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> I Don't Have Dependents | <input type="checkbox"/> Dependent Child | <input type="checkbox"/> Dependent Adult | |
| <input type="checkbox"/> Dependent Enrolled In Care Proram | <input type="checkbox"/> Subsidized | <input type="checkbox"/> Unsubsidized | <input type="checkbox"/> On Waiting List |
| <input type="checkbox"/> Cared For By Family/Friends | <input type="checkbox"/> Don't Have Care For My Dependent Houshold Member | | |

HEALTH CARE (Check All That Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> I Don't Have Insurance | <input type="checkbox"/> I Go To Mexico | <input type="checkbox"/> Only Seek Care In Emergency |
| <input type="checkbox"/> Employer/Private Insurance & It Is | <input type="checkbox"/> Affordable | <input type="checkbox"/> Unaffordable |

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Screening Questions

Participant Name: _____

Date: _____

1. What has been your experience and success at establishing and meeting your goals in the past? (education, employment, self-improvement, etc.) What were some of the goals you completed?

2. Do you have specific goals that you would like to achieve in the area of employment? What are those goals? What actions are you will to take to meet those goals? _____

3. Do you have specific goals that you would like to achieve in the area of education? What are those goals? What actions are you will to take to meet those goals? _____

4. Are there any other key goals in areas that were covered in the CCSCT Self-Sufficiency Program Participant Questionnaire that you would like to work on? What actions are you will to take to meet those goals? _____

5. Do you think that at this time in your life you can take the necessary steps to work on a plan of action and take the steps necessary to achieve some of those goals? Why do you think you could or could not carry out those steps? _____

6. What strengths do you possess that can help you reach some of your goals? _____

7. Do you believe that there are barriers that might make it difficult to achieve your goals? What are the barriers? What type of assistance could you receive that might help you overcome the barriers?

Case Worker Assessment on whether the Participant would be a good candidate for enrollment in the CCSCT Self-Sufficiency Program (yes or no and why)

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Self-Sufficiency Program Agreement

This agreement is entered into by _____ and the Community
Participant Name
Council of South Central Texas, Inc. (CCSCT).

I agree to participate in the Self-Sufficiency Program. I am willing to cooperate with the requirements, which include the following:

- 1. Keep scheduled appointments with CCSCT staff.**
- 2. Provide necessary documents and follow-up information.**
- 3. Utilize information and referrals provided by CCSCT staff and report outcomes of the referrals.**
- 4. Attend all classes as scheduled**
- 5. Achieve set goals within the time frames provided.**

Since the above are requirements of the Self-Sufficiency Program, failure to comply with the items listed above could result in termination from the program.

I have read and understand this agreement. I will notify my Case Manager of any changes that could affect my participation in the program within 5 business days.

Participant Signature

Date

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AUTHORIZATION AND RELEASE OF INFORMATION AND TERMINATION OF SERVICES

1. I am an applicant of the Community Council of South Central Texas, Inc. (CCSCT), Community Services Program.
2. I certify that the information I provided is true and correct to the best of my knowledge and belief.
3. I hereby give my permission to release any information and understand that it will be kept in the strict confidence and be used ONLY for the program purpose.
4. I understand that a photocopy or fax of this release is as valid as the original.
5. I also give CCSCT, Community Services Program permission to share with, to inquire about, make pledges and to receive all information from other agencies, utility vendors or employers as needed.
6. I understand that my **GROSS** income is annualized at the time of the application according the pre-established rules and procedures in order to determine eligibility for assistance.
7. I understand that if I move, change my utility company, or phone number, I must notify CCSCT within 10 days.
8. I understand that if any member of the household 18 years or older has no income, the Declaration of Income Statement must be completed. No one who provided documented proof of income should be listed on this form.
9. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.
10. I have either read the above statement or had it read and explained to me, I understand it perfectly.
11. You will be terminated from CCSCT' s Programs immediately for the following offenses if committed by you, the applicant or any household member:
 - a. Any type of actual physical confrontation, belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any CCSCT office.
 - b. Verbal abuse to include cussing at or in the presence of a child, elderly person or staff member or any other person(s) while inside or outside any CCSCT office. This also includes social media posts!
 - c. Sexual harassment or innuendo toward a staff member or any other person(s) while inside or outside any CCSCT office.
 - d. Providing false or misleading information regarding any household member(s)
 - e. Theft from agency or staff member or any other person(s) while inside or outside any CCSCT office. Theft is also identified as not returning CCSCT funds if required to do so.
 - f. Violation of CCSCT concealed and open carry handgun and firearm policy.

I acknowledge that once terminated, I will not be allowed to reapply for any services with the Community Council of South Central Texas, Inc. (CCSCT) for a period of 1 – 2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out. I acknowledge that all documentation of the violation will be maintained in my client file; and that I shall have the right to appeal in writing to the Program Director within 10 days of the violation.

I certify that the information on this application is correct and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

(When application is accepted/logged in)

**DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

Customer/Client Satisfaction Survey

Instructions: We need your feedback to help improve service and plan for the future.

Check the box to indicate which service(s) you received:

- Utility Assistance
 Weatherization
 WIC
 Education Services
 Employment Services
 Rental Assistance
 Case Management
 Referral
 Emergency Assistance
 Other _____

List the county where you receive services: _____

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. When I entered the building, I was greeted and felt welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The facilities were clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was assisted in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My needs were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was informed about other CCSCT programs or community services that could benefit me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I found the program service(s) helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was satisfied with my overall experience and the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am likely to use the program service(s) again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would recommend CCSCT to family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would be willing to participate in a discussion group to help CCSCT continue to improve. (Include name and phone number below)

Name: _____ Phone: _____

Comments/How can we better serve you? (If you were not satisfied, please tell us why).

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CCSCT Outcome Matrix

Vulnerable and In Crisis status should be addressed when setting self-sufficiency goals

Benchmark	Thriving	Safe	Stable	Vulnerable	In Crisis
Employment	Full-time job above minimum wage with benefits	Full-time job above minimum wage with no benefits	Full-time job at minimum wage	Part-time job at minimum wage	Unemployed and no income
Job skills	Certification or license or more than 3 years experience	Certification or license or more than 1 year experience	Has HS Diploma or attending trade school	Limited skills	No marketable skills
Education	Bachelor's degree or above	Associate's or technical certificate	High school diploma or GED	Basic skills no GED or HS Diploma	No basic skills or education
Income	Income greater than basic needs plus savings	Income greater than basic needs sometimes adds to savings	Income meets basic needs	Income does not meet basic needs	No income
Housing	Homeowner with home paid off	Homeowner with affordable mortgage or safe and affordable rent	Safe and affordable housing	Unaffordable hous or rent	Facing eviction / temporary shelter / homeless
Food	Always able to buy food and eat well balanced meals	Usually able to buy food and eat well balanced meals	Able to buy food but relies on assistance	Dependent on food program in order to eat	Has no food
Utilities	Always pays their own utility bill	Usually pays the entire bill	Some past due balance or shut off notices	Large past due with high bills unable to pay	Has utilities but has a disconnection notice or no utilities
Child care	Either no dependants or able to pay for dependable childcare	Dependant enfolled in daycare or home care	Provided by family or friends	Dependent on waitlist or enrolled in unlicensed care	no dependent care
Transportation	Always have transportation either through car, public transit or rides	Most of the time has rides or car	Some transportation needs met through public transit or car	Rarely have transportation	No transportation available
Health	No illness and has insurance and upplemental insurance	Has insurance and no chronic illness	Medicare or medicaid or illness well managed	Limited access to health care	No access to healthcare

Date of assessment: _____

CCSCT Case Manager: _____

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SERVICE DELIVERY PLAN AND FOLLOW UP

Client Name: _____

Date Enrolled in Case Management: _____

Goal: _____

NEED		OBJECTIVE						
Strategies & Measures to be taken		NPI	Est. Date of Completion	Enroll / Referral	Date Enrolled / Referred	Follow Up Date 1	Follow Up Date 2	Date Completed
1								
2								
3								
Identify the strategy/measure number above for which the household was referred and provide the resource organization's information below								
#	Organization	Contact		Telephone		Email / Website		
NOTES								
NEED		OBJECTIVE						
Strategies & Measures to be taken		NPI	Est. Date of Completion	Enroll / Referral	Date Enrolled / Referred	Follow Up Date 1	Follow Up Date 2	Date Completed
1								
2								
3								
Identify the strategy/measure number above for which the household was referred and provide the resource organization's information below								
#	Organization	Contact		Telephone		Email / Website		
NOTES								

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You may keep these Course Descriptions for your future reference:

Basic Machine Shop

This course introduces the trainee to machining fundamentals. The trainee begins by using basic machine tools including the lathe, milling machine, drill press, power saw, and bench grinder. Machine terminology, theory, math, part layout, and bench work using common measuring tools is included. Emphasis is placed on shop safety, housekeeping, and preventative maintenance. At the end of the course, trainees will be able to:

- demonstrate set-up and use of the lathe, milling machine, drill press, power saw, and bench grinder applying good housekeeping, and proper safety
- use precision instruments to perform bench work including part layout, drilling, reaming, taping, press fitting, location of hole centers and surfaces
- set up power saws for cutoff operation; demonstrate tooling maintenance, and hazardous material handling
- perform preventative maintenance
- interpret blueprints

Fundamentals of Computer Numerical Controlled (CNC) Machine Controls

This course covers programming and operation of Computer Numerical Controlled (CNC) machine shop equipment. At the end of the course trainees will be able to:

- demonstrate operations of CNC machine controls
- compare and contrast the differences between conventional and CNC machines
- utilize CNC machine applications for machining operations

Nursing Assistant

This course covers the knowledge, skills, and abilities essential to provide basic care to residents of long-term care facilities. Topics include residents' rights, communication, safety, observation, reporting and assisting residents in maintaining basic comfort and safety. Emphasis is placed on effective interaction with members of the health care team, restorative services, mental health, and social service needs. At the end of this course trainees will be able to:

- discuss basic care of residents and patients in multiple healthcare facilities
- communicate and interact effectively with residents/patients and their families based on sensitivity to the psychosocial needs
- discuss the rights of the residents/patients
- provide safety and preventive measures in the care of residents/patients
- demonstrate skills in observing and reporting
- assist residents/patients in attaining and maintaining maximum functional independence
- function effectively as a member of the health care team

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Nursing Assistant- Clinical

This course provides a health-related work-based learning experience that enables the trainee to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. At the end of this course trainees will be able to:

- apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry
- demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry

Phlebotomy with Electrocardiography (EKG) Procedures

This course teaches skill development in the performance of a variety of blood collection methods using proper techniques and standard precautions. Instruction includes vacuum collection devices, syringes, capillary skin puncture, butterfly needles and blood culture, and specimen collection on adults, children, and infants. Emphasis is placed on infection prevention, patient identification, specimen labeling, quality assurance, specimen handling, processing, accessioning, professionalism, ethics, and medical terminology. At the end of this course trainees will be able to:

- demonstrate infection control and safety practices
- describe quality assurance as it relates to specimen collection
- explain the role of specimen collection in the overall patient care system
- identify collection equipment, various types of additives used, special precautions necessary, and substances that can interfere in clinical analysis of blood constituents
- demonstrate venipuncture and capillary puncture techniques on adults, children, and infants
- explain requisitioning, transport and processing

Also included in the course are basic electrocardiography procedures, interpretation of basic dysrhythmias, and appropriate treatment modalities. At the end of this course the trainee will be able to:

- describe the anatomy and physiology of the cardiovascular system
- perform basic electrocardiography procedures
- interpret basic dysrhythmias

ComnTIA IT Fundamentals

This course covers the knowledge and skills to set up and use a computer at home securely and keep it in good working order, provide informal support for personal computers (PCs) and simple computer networks to your colleagues in a small business, and prepare for the CompTIA A+ certification exam. At the end of the course the trainee will be able to:

- set up a computer workstation running Windows and use basic software applications
- understand the functions and types of devices used within a computer system
- apply basic computer maintenance and support principles

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- configure computers and mobile devices to connect to home networks and to the internet
- identify security issues affecting the use of computers and networks

CompuTIA A+

This course covers the fundamental principles of installing, configuring, and troubleshooting PC, mobile, printer, and networking device hardware and to advance a career in PC support. The course prepares the trainee to take the CompTIA A+ 220-901 and 220-902 exams. At the end of the course the trainee will be to:

- identify types and characteristics of PC, laptop, and mobile device components, including motherboard, CPU, memory, and storage, input, and output devices
- install, configure, and troubleshoot peripheral devices and system components, print devices, and wired and wireless LAN links and internet access devices
- install, configure, and troubleshoot the Microsoft Windows, Linux, and OS X PC operating systems plus iOS, Android, and Windows mobile devices
- configure and manage PC and mobile device network connectivity plus users, groups, and shared resources in a typical SOHO network
- use anti-virus tools to prevent and recover from malware infections
- configure access control measures, such as authentication, security policy, encryption, and firewalls
- perform basic PC maintenance while working safely and responsibly and communicate effectively with customers