

## Application for Delaware County Open Door to Education (DCODE) Program

Dates: Tuesday, September 17, 2019 to Thursday, November 14, 2019



**Application Deadline: Friday, August 16, 2019**

### **About the Program—please read completely before starting the application!**

The DCODE Program is a 9-week skills training program designed to help individuals take the next step in their vocational goals, whether that is going back to work or attending school. DCODE will help you prepare for the professional world with courses taught by college instructors. Classes are held on the Marple Campus of Delaware County Community College (DCCC) at 901 S. Media Line Road, Media, PA 19063. DCODE is not a job placement program, however students will have the opportunity to develop a resume and apply to jobs.

**As the applicant for DCODE, you must complete all sections of the application independently and to the best of your ability.** Please do not have someone else complete the application for you. Acceptance to the program will be based on your responses to the questions on the application. Your application will be reviewed by the DCODE Selection Committee. If you are selected for the program you will be provided with further information, such as the room location and what to bring to Orientation. You are encouraged to keep a copy of your completed application for yourself. If your application is not selected, there will be opportunities to apply to DCODE in the future.

Please consider the DCODE schedule before applying to the program. The class will meet twice per week for nine weeks. Classes are held on Tuesdays and Thursdays from 10:00am to 1:00pm at DCCC's Marple Campus. **Students are expected to attend and participate in all scheduled classes.** Transportation is not provided but there are three SEPTA bus routes available: Bus 112, 115 and 118.

If you have any questions about the application or the course, please contact one of the following:

**Abigail Hoffsommer at 610-626-6442x622 or [AHoffsommer@CareLinkServices.org](mailto:AHoffsommer@CareLinkServices.org)**

**Michele Smith at 610-619-8381 or [Michele.Smith@hhinc.org](mailto:Michele.Smith@hhinc.org)**

**Cheryl Starks at 267-432-7607 or [CStarks@CareLinkServices.org](mailto:CStarks@CareLinkServices.org)**

You may also contact *David Speers, DCODE Graduate and Certified Peer Specialist*, at 610-284-1902. David will be able to answer your questions about the DCODE classes and offer tips on how to make the most of your DCODE experience!

**Applications are due no later than **FRIDAY, AUGUST 16, 2019!****

***Thank you for interest in the DCODE Program!***

**\*Please complete this application on your own and to the best of your ability.**

**Please write clearly using blue or black ink.\***

**Section 1—Contact Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_\_

Are you a current resident of Delaware County? Yes \_\_\_ No \_\_\_

Do you identify as someone who has or is receiving services for a serious mental illness?

Yes \_\_\_ No \_\_\_

**Section 2—Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

**Section 3—Available Transportation** (Please check all that apply)

\_\_\_ Own Car \_\_\_ Public Transit \_\_\_ Other

What type of transportation would you use to attend DCODE? \_\_\_\_\_

**4. Have you attended DCODE before?** \_\_\_ Yes \_\_\_ No

If yes, please explain your experience and why you are interested in attending again.

\_\_\_\_\_  
\_\_\_\_\_

**5. How did you hear about DCODE?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Please tell us what you would like to accomplish by attending DCODE:**

\_\_\_\_\_  
\_\_\_\_\_

7. Have you registered for Job Gateway (PA CareerLink)? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not Sure

7a. If yes, do you have your Keystone ID and password? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not Sure

**DCODE SCHEDULE**

Day/Date	Course Topic
Tuesday, September 17, 2019	DCODE Orientation
Thursday, September 19, 2019	DCODE Class 1
Tuesday, September 24, 2019	DCODE Class 2
Thursday, September 26, 2019	DCODE Class 3
Tuesday, October 1, 2019	DCODE Class 4
Thursday, October 3, 2019	DCODE Class 5
Tuesday, October 8, 2019	DCODE Class 6
Thursday, October 10, 2019	DCODE Class 7
Tuesday, October 15, 2019	DCODE Class 8
Thursday, October 17, 2019	DCODE Class 9
Tuesday, October 22, 2019	DCODE Class 10
Thursday, October 24, 2019	DCODE Class 11
Tuesday, October 29, 2019	DCODE Class 12
Thursday, October 31, 2019	DCODE Class 13
Tuesday, November 5, 2019	DCODE Class 14
Thursday, November 7, 2019	DCODE Class 15
Tuesday, November 12, 2019	DCODE Class 16
Thursday, November 14, 2019	Certificate Award Ceremony

8. If you are accepted to the DCODE Program, you will be expected to attend and participate in all scheduled classes. Please select your availability below:

8a. I would be able to attend all classes listed above. \_\_\_\_

8b. My schedule conflicts with the DCODE Program. I am not available on the following dates:

**Section 9—Employment**

Please check off your employment goal. I want to obtain:

\_\_\_\_ Paid work      \_\_\_\_ Full-time      \_\_\_\_ Part-time

\_\_\_\_ Volunteer work      \_\_\_\_ Not Sure

What type of job or position are you interested in? \_\_\_\_\_

\_\_\_\_\_

Are you currently employed?      \_\_\_ Yes                      \_\_\_ No

Please list your current OR most recent employment in the box below:

<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PAID	<input type="checkbox"/> VOLUNTEER
Job Title: _____			
Start / End Dates: _____			
# of Hours per Week: _____			
Employer Name: _____			
Brief Job Description: _____			
_____			

10. Please share any experiences from your previous employment history that you feel could help you succeed in the DCODE Program?

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**Section 11—Education**

<b>Please check off your education goal. After completing DCODE I would like to pursue:</b>			
___ GED	___ College	___ Certificate Program	___ Don't Know

Your Highest Level of Education Completed:

\_\_\_ GED    \_\_\_ High School Diploma    \_\_\_\_\_ Other (please specify)

\_\_\_ Associate's Degree    \_\_\_ Bachelor's Degree    \_\_\_ Master's Degree    \_\_\_ Certificate

12. What are/were some of the challenges you faced in your educational experience? How did you handle them?

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13. What do you feel would be your biggest challenge in attending DCODE?

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14. How can you address or overcome this challenge?

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**Section 15—Skill Assessment**

Please check a box to rate yourself in each skill area listed below. For example, if you feel you are skilled in communicating effectively, check the box in the “SKILLED” column.

SKILL AREA	UNSURE	NO SKILL	SOME SKILL	SKILLED
COMMUNICATING EFFECTIVELY WITH OTHERS				
MANAGING YOUR TIME				
SETTING YOUR PERSONAL GOALS				
USING A COMPUTER				
USING EMAIL AND INTERNET				
WRITING A RESUME				
COMPLETING JOB APPLICATIONS				
INTERVIEWING				
MANAGING YOUR STRESS				
FOLLOWING DIRECTION				
RESOLVING CONFLICTS				
COMMUNICATING IN THE WORKPLACE				

**Section 16—Letter of Recommendation**

**Please include a recommendation with your application.** The recommendation may be a personal or professional reference from anyone who can talk about your current career goals. Examples: Case Manager, Therapist, Vocational Program Staff (clubhouse), Peer Specialist, other mental health support, co-worker or supervisor for paid or volunteer work, friend or peer participating in common hobby, social group, or team activity. **Members of the DCODE Committee will not write letters of recommendation.**

**Section 16—Letter of Recommendation (cont'd)**

Please use the space below for your reference to write their recommendation or indicate if you have attached another sheet of paper to your application.

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**Provide reference contact information below:**

Reference Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you known the person writing the recommendation? \_\_\_\_\_

Please submit your application by **FRIDAY, AUGUST 16, 2019** and keep a copy for yourself.  
Please return your completed application to one of the following contacts:

**Abigail Hoffsommer at 610-626-6442x622 or AHoffsommer@CareLinkServices.org**  
**Michele Smith at 610-619-8381 or Michele.Smith@hhinc.org**  
**Cheryl Starks at 267-432-7607 or CStarks@CareLinkServices.org**

*The DCODE Selection Committee will review your application. Acceptance will be based on responses to the questions on the application. The intent of the application is to ensure curriculum is appropriate and effective for all individuals involved in the class. If you are not selected for this DCODE course, there will be other opportunities to apply to DCODE in the future.*

*If you are selected for the program, you will be contacted by a DCODE Committee Member and provided with additional information about the course. Upon completing the course, you will be asked to complete a post survey.*

*If you have any special needs that will require extra support in taking the course, please inform one of the contacts above upon acceptance to the program.*

*In order to determine whether you will be selected to participate in DCODE your application will be reviewed by the DCODE Selection Committee comprised of staff of CareLink, Horizon House and the Delaware County Office of Behavioral Health. Please sign below to indicate that you have been informed and agree to your application being reviewed by the DCODE Selection Committee.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_