

GED

STEPS TO ACHEIVING A HIGH SCHOOL DIPLOMA

TESTING to determine correct level program for client to begin

A adult based skills (ABS) Classes leading to GED test program

B GED test preparation classes @ AACC site

Online classes for GED PREP (GED 1)

C National External Diploma Program (NEDP) - *for AA County* 410-789-2171

Client needs to register through AACC to take the initial test

1. The test is administered at AACC sites different times during the month at a cost payable to AACC of \$20 AACC residents \$25 out of county

call Tracy Jenkins 410-777-1823 for additional information

2. For low to mid income clients ^{FREE} testing can be arranged with OIC (Opportunities Industrialization Center) offices @ 2600 Solomon's Island Road Edgewater MD

443-433-5894(phone) 410-263-8004 (fax) Ed Greene Director
ed.oicaaco@comcast.net **testing on site**

APPLICATION Fill in application form (* see form) can be taken to the test site or faxed from St Vincent de Paul Payment due at time of registration

Class Attendance and testing for GED

OIC of Anne Arundel Co. Inc. Intake Form

Please circle one: GED/ Intro to Computers /MS Office Essentials/Tutoring/ESOL

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please select your ethnic group (for statistical purposes only).

___ Black/African American ___ Hispanic ___ White ___ Asian/Pacific
Islander ___ Indian/Native American ___ Not Listed _____

If you receive public assistance, please check all that apply:

Disability ___ Social Security ___ SNAP/EBT ___ Other _____

Single _____ Married _____ Separated _____

Male _____ Female _____ Date of birth _____ Age _____

Highest grade completed? _____ Are you a veteran? Yes _____ No _____

Are you a U.S. citizen? Yes _____ No _____ Country of Birth _____

Are you head of the household? Yes _____ No _____

#in family _____ # of dependents _____ ages of dependents _____

Emergency contact _____

Work Status: Employed? Yes _____ No _____ Full time _____ Part time _____
Retired _____ Never Worked _____ How long unemployed? _____

****Please initial beside the following- I grant OIC of AACo permission to:

_____ Use my photo for advertising purposes on their website.

_____ Share my attendance information for record keeping purposes.

_____ Share my testing information for record keeping purposes.

Signature _____ Date _____

APPENDIX B

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PARTICIPATION DATA: LFY 2020

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). The information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below.

Form to be completed by participant or by the parent or guardian of any minor child under the age of 18.

1. Head of Household: Are you the head of the household? Yes No

2. Household Size and Total Annual Household Income:

A. Circle the total number of people in your household in the first column.

B. On same line as your household size, check the income range that includes your household's annual income.

When determining your household income, include at minimum the following sources for all wage earners: 1) gross amount of wages, salaries, and other earnings, 2) net income from operation of a business or profession, 3) interest, dividends, and other net income from real or personal property, 4) full amount of periodic amounts received from Social Security, annuities, pensions, or disability or death benefits, Unemployment, disability compensation, worker's compensation and severance pay, 5) public assistance e.g. welfare payments, food stamps, 6) alimony, child support payments etc.

House-hold Size	HOUSEHOLD INCOME			
	30% or Less AMI*	31-50% AMI*	51-80% AMI*	81% AMI and Above
1	<input type="checkbox"/> \$21,250 or less	<input type="checkbox"/> \$21,251 - \$35,350	<input type="checkbox"/> \$35,351 - \$52,850	<input type="checkbox"/> \$52,851 or more
2	<input type="checkbox"/> \$24,250 or less	<input type="checkbox"/> \$24,251 - \$40,400	<input type="checkbox"/> \$40,401 - \$60,400	<input type="checkbox"/> \$60,401 or more
3	<input type="checkbox"/> \$27,300 or less	<input type="checkbox"/> \$27,301 - \$45,450	<input type="checkbox"/> \$45,451 - \$67,950	<input type="checkbox"/> \$67,951 or more
4	<input type="checkbox"/> \$30,300 or less	<input type="checkbox"/> \$30,301 - \$50,500	<input type="checkbox"/> \$50,501 - \$75,500	<input type="checkbox"/> \$75,501 or more
5	<input type="checkbox"/> \$32,750 or less	<input type="checkbox"/> \$32,751 - \$54,550	<input type="checkbox"/> \$54,551 - \$81,550	<input type="checkbox"/> \$81,551 or more
6	<input type="checkbox"/> \$35,150 or less	<input type="checkbox"/> \$35,151 - \$58,600	<input type="checkbox"/> \$58,601 - \$87,600	<input type="checkbox"/> \$87,601 or more
7	<input type="checkbox"/> \$37,600 or less	<input type="checkbox"/> \$37,601 - \$62,650	<input type="checkbox"/> \$62,651 - \$93,650	<input type="checkbox"/> \$93,651 or more
8+	<input type="checkbox"/> \$40,000 or less	<input type="checkbox"/> \$40,001 - \$66,700	<input type="checkbox"/> \$66,701 - \$99,700	<input type="checkbox"/> \$99,701 or more

Effective June 28, 2019; * CDBG Income Eligible

3. Ethnicity you must also check one of the racial categories if you check Hispanic)

Hispanic Non-Hispanic

4. Race (Check only one):

- Black/African American
- White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial: _____
- Asian
- Asian & White
- Black/African American & White
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native

5. Status (Check all that apply): 62 years or older Female Headed Household Disabled

I hereby certify that the above information is true and correct to the best of my knowledge. I, the undersigned, agree and acknowledge that the information provided is true and correct as of the date set forth opposite my signature. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program. I also understand that this agency, ACDS, or HUD may at any time request to see documentation that can verify that the income and information reported on this form is accurate and correct.

Signature _____

Date _____