



**Name and Last Name** \_\_\_\_\_

**CTHIRE account Username:** \_\_\_\_\_

I understand that the complete application may require additional forms or copies of supporting documentation. I understand that I have the right to file a formal complaint with EASTCONN, New London Youth Affairs, TVCCA & EWIB if I feel that I have experienced discrimination or that my rights have been violated.

**Personal Data**

I understand that all information required for this application is confidential and will be used to determine program eligibility. I understand that EASTCONN, New London Youth Affairs, TVCCA & EWIB use an online database system to collect personal information and track services related to me and my participation in this program. I understand that EASTCONN, New London Youth Affairs, TVCCA & EWIB may use such data for internal and external evaluation and reporting purposes. I understand that EASTCONN, New London Youth Affairs, TVCCA & EWIB has a policy to safeguard personally identifiable information.

**Release of Information**

I authorize the release of application information to EASTCONN, new London Youth Affairs, TVCCA & EWIB for regulatory and internal processes associated with training, funding, reporting and evaluation. I authorize the release of program participation information, including education and employment information, to EASTCONN, New London Youth Affairs, TVCCA & EWIB for reporting and evaluation processes. I understand that EASTCONN, New London Youth Affairs, TVCCA & EWIB collaborates with other organizations for the benefit of this program and that this collaboration may include the sharing of my confidential information, including but not limited to: basic identifying information, demographic information, eligibility information, program participation information, education information, and employment information. I understand that my information may be used for research, evaluation, and analytic purposes that support the improvement of policies and outcomes for training and employment programs. I understand that no identifiable information will be released publicly unless a request is obtained from state or federal authorities as part of their statutory investigative, audit and examination powers or as ordered to do so by a court or other administrative governmental body.

**Certification**

I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from the program and to such other civil and criminal penalties as may be prescribed by law or regulations. I understand that any and all information provided by me may be verified. I allow the release of information by EASTCONN, New London Youth Affairs, TVCCA & EWIB for verification purposes. I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief and are made in good faith.  
I have read and agree to this release and certification.

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

**Signature of Parent or Guardian (if applicant is under 18 years old)** \_\_\_\_\_ **Date:** \_\_\_\_\_