

A Safe Haven Foundation 2750 W. Roosevelt Road Chicago, IL 60608 P: 773-435-8300 F: 773-435-8415

http://www.asafehaven.org/ Email: info@ASafeHaven.org

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
PHONE NUMBERS: H)	C)	W)
E-MAIL ADDRESS:		
SOCIAL SECURITY #:		
EMERGENCY CONTACT:		
RELATIONSHIP:		TELEPHONE #:
PROGRAM INFORMATION		
DATE OF ADMISSION://	_	
PROGRAM / COURSE NAME:		
DESCRIPTION OF PROGRAM / COURSE: _		
PREREQUISITE COURSES & OTHER REQUI	IREMENTS FOR AD	OMISSION TO PROGRAM / COURSE:



PROGRAM INFORMATION (CONTINUED)

PROGRAM / C	COURSE O	BJECTIVES:							
PROGRAM ST.	ART DATE	::	SCHEDU	JLED EN	D DATE	:			
FULL-TIME		PART-TIME			DAY		EVENIN	1G 🗆]
DAYS/EVENIN	GS CLASS	MEETS: (circle)	М	Т	W	Th	F	Sa	Su
TIME CLASS B	EGINS:			TIME C	LASS EN	IDS:			
NUMBER OF \	NEEKS: _			TOTAL	CREDIT	or CLOCI	K HOURS	S:	

FINANCIAL AID

Not applicable. All courses and related course materials offered at A Safe Haven Foundation are fully subsidized. No tuition is imposed on program participants at this time, and as such, there is no cost to the student. A Safe Haven Foundation does not participate with any student financial aid services.

TUITION & FEES

ASHF Welding Program Cost per Student: \$5,000 ASHF Culinary Arts Program Cost per Student: \$3,000

All courses and related course materials offered at A Safe Haven Foundation are fully subsidized. No tuition is imposed on program participants at this time, and, as such, there is no cost to the student.

REFUND / CANCELLATION POLICY

This policy is updated for current Workforce Innovation and Opportunity Act (WIOA) training and/or tuition refunds.

- ASHF Academy provides WIOA training services and will determine if a refund is owed to WIOA for early termination of a participant's training.
- ASHF Career Coaches will check with training providers on a monthly basis to ensure the participant
 is still receiving training services. If the participant is no longer receiving training services, ASHF
 Career Coaches will determine if a refund is owed and, if so, will ensure prompt return of any
 unused training monies. Checks are usually sent out on a monthly basis but if this is not possible,
 checks will be made at least quarterly.



 ASHF's Fiscal Unit is responsible for the collection and distribution of any outstanding training and/or tuition funds.

Procedures:

A training refund may be established in a variety of ways, including but not limited to the following:

- To recover payment due to participant's termination or early withdrawal from training.
- To secure refund due to the cancellation of the program by the training provider.
- To compensate for unsatisfactory services which do not meet training standards.

Recovery of WIOA Tuition and Training:

Once the need for a refund is established, the following procedures shall apply:

- A 25% nonrefundable fee shall be charged to cover the costs incurred by ASHF for testing, case management, administration of the program and time spent providing training and oversight.
- 2. All refunds shall be paid on a prorated basis, meaning the amount owed for the session, minus the 25% nonrefundable fee, shall be divided by the number of classes in the session. The resulting amount shall then be multiplied by the number of sessions remaining to determine the refund amount.
- 3. In the event that the WIOA agreement is terminated either for convenience or for cause, WIOA shall pay ASHF for training services up to the point of agreement termination. Any payment in excess shall be deemed as a refund due and will be paid as provided in #2 above.
- 4. In the case of participant dropout, the refund due shall be calculated in accordance with #2 above.
- 5. If the training provider fails to notify WIOA of an unauthorized dropout, WIOA's payment obligations for any remaining classes are limited to no more than seven training days after the client's absence. Any payments in excess shall be deemed as a refund due, which shall be paid in accordance with #2 above.
- 6. If a course is canceled or discontinued by the Training Provider, the Training Provider is responsible for determining if a refund is due for early termination of a participant's training. If a refund is due, it shall be paid in accordance with #2 above.

STUDENT'S RIGHT TO CANCEL

"The student has the right to cancel the initial enrollment agreement until (time) of the 7th business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within 30 days of cancellation. Cancellation should be submitted to the authorized official of the school in writing."



However, at this time, the above statement is not applicable. All courses and related course materials offered at A Safe Haven Foundation are fully subsidized. No tuition is imposed on program participants at this time, and as such a comprehensive cancellation and refund policy is not applicable.

NOTICE TO STUDENT

- 1. Do not sign this agreement before you have read it or if it contains any blank spaces.
- 2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
- 3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
- 4. This agreement and the school catalog constitute the entire agreement between the student and the school.
- 5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
- 6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS

1.	I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog. Student Initials
2.	I have carefully read and received an exact copy of this enrollment agreement. Student Initials
2	Lunderstand that the school may terminate my enrollment if I fail to comply with attendance

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.



4.	I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement. Student Initials
5.	I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, A Safe Haven Academy must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations. Student Initials
6.	I understand that the school does not guarantee job placement to graduates upon program completion. Student Initials
7.	I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org . Student Initials
cor ack the or agr	e student acknowledges receiving a copy of this completed agreement, the school catalog, and written infirmation of acceptance prior to signing this contract. The student by signing this contract knowledges that he/she has read this contract, understands the terms and conditions, and agrees to e conditions outlined in this contract. It is further understood that this agreement supersedes all prior contemporaneous verbal or written agreements and may not be modified without the written reement of the student and the School Official. The student and the school will retain a copy of this reement.



Student's Signature

Date

Program Director's Signature

Date



A Safe Haven Foundation 2750 W. Roosevelt Road Chicago, IL 60608 P: 773-435-8300 F: 773-435-8415

http://www.asafehaven.org/ Email: info@ASafeHaven.org

BRIDGE WELDING ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBERS: H) C)	
E-MAIL ADDRESS:	
SOCIAL SECURITY #:	_ STUDENT ID #:
EMERGENCY CONTACT:	
RELATIONSHIP:	TELEPHONE #:
PROGRAM INFORMATION	
DATE OF ADMISSION:/	
PROGRAM / COURSE NAME:	
DESCRIPTION OF PROGRAM / COURSE:	
PREREQUISITE COURSES & OTHER REQUIREMENTS FOR A	DMISSION TO PROGRAM / COURSE:



ADDENDUM

CONSUMER INFORMATION

All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:

• The number of students who were admitted in the program as of July 1 of that reporting period.

Expected Outputs	FY18 Actual	FY19 Actual	FY19 Goal
(See attached)	50	50	50

• The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.

Not applicable. The nine week training programs are offered in multiple cohorts throughout the year. As such, individuals are placed in the next training cohort rather than transferring into the program once training has started.

- The total number of students admitted in the program during the 12-month reporting period.
- The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.
- The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
- The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.

January - December 2017	
ServSafe Food Handler Certification	8
ServSafe Food Manager Certification	4



- The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
- The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).

	FY16	FY17 Actual	FY18 Goal
Average Culinary Arts Hourly Wage	\$12.25	\$12.25	\$12.50



Work Program

A Safe Haven Foundation A1. Delegate Agency: A2. Program Name:

Industry Specific Job Training

B1. Department: B2. Program:

Center for Workforce Development

Career Pathways

C. Work Program Year:

2018

C1. Program or Subprogram Activities	C2. Deliverables) à	3. Plar Quarte	C3. Planned Output	C3. Planned Output by Quarter & Year Total		C4. Performance Measures
		_	1st Qtr 2nd	2nd Qtr 3rd Qtr		4th Qtr	Total	
Individualized employment placement and counseling	A total of 70 participants will be enrolled in the program based on the employment assessment and TABE testing. The Placement and Retention Coach will initiate development of an individual Employment Plan and provide ongoing counseling throughout the programs.	Clients / Units	18	18	17	17	02	Individualized Employment Plan initiated
		Unduplicated	33.50	98	53	70	159	
	65 trainees will complete a Job Readiness program. Upon completion, graduating trainees will eligible to participate in ASHF's five week Culinary Arts and Food Service job training program. Trainees will receive classroom	Clients / Units	17	16	16	16	65	Total number of graduting trainees from training
	o.	Unduplicated		33	49	65	147	
Trainees who complete one of the vocational skills training programs and take the tests needed to earn industry credentials	rainees who complete one of the vocational skills Upon completion of ASHF's Vocational Skills Iraining programs (Culinary, Welding, Customer sarn industry credentials Service, Hospitality and Security) job training program, 56 participants will successfully pass the program, 56 participants will successfully pass the strequired to receive a Food Safety and Safety and Samitation i cense from the City of Chicaro Cook	Clients / Units	14	14	14	14	99	56 completers will receive industry recognized credentials from the State, County and/or City; and/or one of the other aforementioned Certificate programs.
	01.07000.0000.00000	Unduplicated	33	78	42	56	126	

Revised OBM $^{\sim}$ 03.19.2014

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Institutional Disclosures Reporting Table

Reporting Period: July 1, 2018 - June 30, 2019

Per Section 1095,200 of 23 Ill. Adm.	Code 1095:			
The following information must be submitted to the Board annually; failure to do so is s	prounds for imm	ediate revocation o	f the nermit of approv	al.
The following internation may be building to the Bourd unimain, Tuniae to do so so so	Tourist Tourist	ounce to vocation of	the permit of upprov	
Institution Name: A Safe Haven Foundation				
Institution Name: A Safe Haven Foundation				
Program Name/Course of Instruction ¹	Culinary			
CIP Code ²	12.0505			
SOC Code ³	35-2021.00			
Disclosure Reporting Category				
A) For each program of study, report:				
1) The number of students who were admitted in the program or course of instruction as of July 1 of				
this reporting period.	0			
2) The number of additional students who were admitted in the program or course of instruction during t	he next 12 month	s and classified in or	ne of the following cate	gories:
a) New starts	0			
b) Re-enrollments	0			
c) Transfers into the program from other programs at the school	0			
3) The total number of students admitted in the program or course of instruction during the 12-month				
reporting period (the number of students reported under subsection A1 plus the total number of students	_			
reported under subsection A2).	0			
4) The number of students enrolled in the program or course of instruction during the 12-month reporting	g period who:			
a) Transferred out of the program or course and into another program or course at the school	0			
b) Completed or graduated from a program or course of instruction	0			
c) Withdrew from the school d) Are still enrolled	0			
5) The number of students enrolled in the program or course of instruction who were:				
a) Placed in their field of study b) Placed in a related field	0			
c) Placed out of the field	1			
d) Not available for placement due to personal reasons	0			
e) Not employed	0			
B1) The number of students who took a State licensing examination or professional certification				
examination, if any, during the reporting period.	0			
B2) The number of students who took and passed a State licensing examination or professional				
certification examination, if any, during the reporting period.	0			
C) The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period; such information may be compiled by reasonable				
efforts of the school to contact graduates by written correspondence.	0			
D) The average starting salary for all school graduates employed during the reporting period; this		T		
information may be compiled by reasonable efforts of the school to contact graduates by written				
correspondence	0			

²CIP Code --Please insert the program CIP Code. For more information on CIP codes:

 $\underline{https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55}$

³SOC Code --Please insert the program SOC Code. For more information on SOC codes:

https://www.bls.gov/soc/

Note: PBVS Administrative Rules, Sections 1095.200(d)(2) and 1095.240, provide additional information related to disclosure data and completion rates. Failure to meet minimum standards may result in probation and/or revocation of IBHE approval.

A course of instruction is a standalone course that meets for a period of time and provides instruction that may or may not be related to a program of study, but is either not part of the sequence or can be taken independent of the full sequence as a stand-alone option. A Course of Instruction may directly prepare students for a certificate or other completion credential or it can stand alone as an optional preparation or, in the case of students requiring catch-up work, a prerequisite for a program. A stand-alone course might lead to a credential to be used toward preparing individuals for a trade, occupation, vocation, profession; or it might improve, enhance or add to skills and abilities related to occupational/career opportunities.





Institutional Disclosures Reporting Table

Reporting Period: July 1, 2018 - June 30, 2019

Per Section 1095.200 of 23 Ill. Adm. Code 1095: The following information must be submitted to the Board annually; failure to do so is grounds for immediate revocation of the permit of approval. Institution Name: A Safe Haven Foundation Program Name/Course of Instruction¹ Welding CIP Code² 46.0411 SOC Code³ 51-421 Disclosure Reporting Category A) For each program of study, report: 1) The number of students who were admitted in the program or course of instruction as of July 1 of this reporting period. 2) The number of additional students who were admitted in the program or course of instruction during the next 12 months and classified in one of the following categories: a) New starts 12 b) Re-enrollments c) Transfers into the program from other programs at the school 0 3) The total number of students admitted in the program or course of instruction during the 12-month reporting period (the number of students reported under subsection A1 plus the total number of students reported under subsection A2). 13 4) The number of students enrolled in the program or course of instruction during the 12-month reporting period who: a) Transferred out of the program or course and into another program or course at the school b) Completed or graduated from a program or course of instruction 8 c) Withdrew from the school d) Are still enrolled 0 5) The number of students enrolled in the program or course of instruction who were: a) Placed in their field of study 4 b) Placed in a related field c) Placed out of the field 0 d) Not available for placement due to personal reasons 2 e) Not employed B1) The number of students who took a State licensing examination or professional certification examination, if any, during the reporting period. B2) The number of students who took and passed a State licensing examination or professional certification examination, if any, during the reporting period. C) The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period; such information may be compiled by reasonable efforts of the school to contact graduates by written correspondence. D) The average starting salary for all school graduates employed during the reporting period; this information may be compiled by reasonable efforts of the school to contact graduates by written \$13.75/hr

²CIP Code --Please insert the program CIP Code. For more information on CIP codes:

 $\underline{https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55}$

 ${}^3\!\mathbf{SOC}\ \mathbf{Code}\ \text{--Please insert the program SOC Code}. For more information on SOC codes:$

https://www.bls.gov/soc/

Note: PBVS Administrative Rules, Sections 1095.200(d)(2) and 1095.240, provide additional information related to disclosure data and completion rates. Failure to meet minimum standards may result in probation and/or revocation of IBHE approval.

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Work Program

A Safe Haven Foundation A1. Delegate Agency: A2. Program Name:

Industry Specific Job Training

B1. Department: B2. Program:

Center for Workforce Development

Career Pathways

C. Work Program Year:

2018

		H	ឌ	Planr	C3. Planned Output	tput	F	
C1. Program or Subprogram Activities	C2. Deliverables	_	by Q	uarter	by Quarter & Year Total	Total		C4. Performance Measures
		18	1st Qtr 2nd Qtr 3rd Qtr	Qtr 3rd	Qtr 4th	4th Qtr To	Total	
Retention and Follow-up	Completers will be placed in unsubsidized employment. ASHF's Placement and Retention Coach will work closely with each client to ensure they retain employment for at least 30 days. The Coach will gather the documentation needed to be retained to refer in the commentation needed to be retained to refer in the commentation needed to be retained to refer in the commentation meded to be retained to refer in the commentation meded to be retained to be retained to the commentation for at least one wear after the commentation for at least one wear after the commentation for at least one were the commentation for all the commentations and the commentation for all the commentations are the commentation for all the commentations are the commentation for the commentation for the commentation for all the commentations are the commentations and the commentation for the c	Clients / Units	0 11		11	3	33 P	Total Job Placements: 48 of the 56 completers will be placed in employment; 48 (100%) will maintain employment for 30 days; 42 (88%) will maintain employment for 60 days; 36 (75%) will maintain employment for 90 days
		Unduplicated	11		22 3	33 6	99	
Enrollment	ASHF's general population; and the 77 registed to ASHF's general population; and the 77 reighborhoods across the city of Chicago. A Placement and Retention Coach will conduct employment assessments and administer TABE feets to each client prior to encollment in the	Clients / Units	20 20		20 2	20 8	08	Verification of program eligibility to include: Homeless individuals, Ex-Offender Population, Persons with low literacy, Persons with limited work skills, Unemployed individuals
	State Selection would be thanked to be record	Unduplicated	40		8 09	80 18	180	
Job Placement-48 trainees will be placed in unsubsidized employment. ASHF's Placement and employment with the support from ASHF's Retention Coach will work closely with each trainee to ensure they retain their employment.		Clients / Units	12 12		12 1	12 4	48	Check stubs and employer letters will be used measure job placement/retention
	Unduplicated	Unduplicated	24		36 4	10	108	

Revised OBM ~ 03.19.2014

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