



## Pre-Enrollment Questionnaire – CNA Training Program

Thank you for your interest in the Goodwill Industries of Greater Grand Rapids (Goodwill) Certified Nurse Aide (CNA) Training Program! Please answer each question as completely and honestly as possible, and submit the completed form using one of the methods identified below.

- Email: [cnatraining@goodwillgr.org](mailto:cnatraining@goodwillgr.org)
- Mail: Goodwill Ind of Greater Grand Rapids  
Attn: CNA Training Program  
3777 Sparks Drive SE  
Grand Rapids, MI 49546

A member of our team will review your application and reach out to you via email with additional questions, the eligibility determination, and next steps. Due to the high volume of applications we receive this may take several weeks. If you are concerned about the amount of time it is taking or have additional questions, please email us at [cnatraining@goodwillgr.org](mailto:cnatraining@goodwillgr.org).

### Demographic Information for Reporting Purposes

First Name:		Today's Date:	
Middle Name:		Date of Birth:	
Last Name:		Current Age:	
Email Address:		Phone Number:	
Address:		Apt #:	
City:		Zip Code:	
Primary Language:			
Other Languages:			
How did you hear about Goodwill's Certified Nurse Aide Training Program?			
What training schedule are you interested in?			

### Emergency Contact Information

First Name:		Last Name:	
Phone Number:		Relationship to you:	

### Eligibility Information

Goodwill's Certified Nurse Aide Training Program determines eligibility for training based on:

1. Eligibility to work in long-term care based on a background check and the Michigan Legal Guide
2. Must be eighteen (18) years of age or older on or before the first day of training
3. Ability to perform the skills associated with caring for others (bathing, toileting, feeding, exercising, checking pulse and blood pressure, etc.) which require the ability to lift 50 pounds repeatedly, stand for long periods of time, stoop, kneel, walk at a fast pace, etc.
4. Ability to attend the full 115 hours of the assigned training

Do you have any concerns about your eligibility for our training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

### Criminal Background information

Due to the federal and state regulation that determines eligibility to work in long-term care, our program is required to screen for criminal backgrounds. Having a background will not necessarily exclude you from training. Exclusions are based on the Michigan Legal Guide which provides the state and federal guidelines based on what the crime was, when it occurred, and the length of sentence. Our program will run a background check as part of the eligibility process.

During your lifetime, have you <u>ever</u> been convicted of a felony, misdemeanor, or ordinance violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain what it was, when it occurred, and what was your sentence. Be as specific and honest as possible.</i>	

**Educational Information**

Have you earned a high school diploma or GED? <i>Answering no will not prevent you from enrolling in our training. If you earned a high school diploma in another country, please select yes.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attended college or completed any training after high school? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete the learning styles questionnaire found on our training website:

[www.goodwillgr.org/cna](http://www.goodwillgr.org/cna)

Visual:		Auditory:		Kinesthetic:	
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**C.N.A. Specific Questions**

Why are you interested in taking C.N.A Training?	
What concerns do you have about being able to perform the skills associated with caring for others? (for example: bathing, toileting, feeding, exercising, checking pulse and blood pressure, etc.)	
Do you have any physical limitations that may impact your ability to perform the tasks of a C.N.A.? (for example, lifting 50 pounds repeatedly, standing for long periods of time, stooping, kneeling, walking at a fast pace, etc.) <i>If yes, please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed or attempted to complete a C.N.A program with another provider? <i>If yes, please explain when, who the training provider was, and whether you completed the training.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment Information**

Are you currently employed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been unemployed for 27 weeks or more?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please answer the following questions for your <u>current or most recent</u> employer.</b>					
Employer Name:					
Employer Location:					
Position / Title:					
Start Date:		End Date: (if applicable)			
Wage:		Hours per Week:		Shift:	
Reason for Leaving ( <i>if applicable</i> ):					

**Other Information**

Over the years, we have found that childcare, transportation, and attendance tend to be the three things that prevent students from being successful in our program.

*Please note, our program does not provide assistance with transportation. You will not receive gas cards, bus passes, etc. from our program.*

Our program certifies 115 hours to the state of Michigan. This includes time spent learning in the classroom and lab settings as well as time spent performing skills during a clinical practicum. Attendance is vital to success in our program and every student is required to complete the full 115 hours in order to graduate. Showing up late to class, leaving early, or missing a day can result in your dismissal from training as we cannot certify 115 hours if you have not completed them.

Do you have concerns about being able to attend every training session on-time and for the full duration of training? <i>If yes, please explain.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Funding Information

The tuition for our training program is a one-time fee of \$1,800. This includes:

- The 115-hour training
- Basic Life Support level of CPR Certification
- Tuberculosis (TB) screening
- Training uniform (medical scrubs)
- Alzheimer’s Association essentiALZ Certification (CARES® Dementia Basics™)
- One-time State of Michigan CNA Certification Testing Fee
- Individualized Job Placement and Retention Services
- Refresher course
- Open lab hours for skills practice for certification testing
- Unlimited one-on-one tutoring

Please describe your plan to pay for training: (for example, self-pay, tuition program thru employer, Michigan Works!, I’m not sure, etc.)	
If you do not have a plan to pay for training, what portion of the tuition amount do you believe you can reasonably pay out-of-pocket without creating a hardship for you or your family? Please note, zero is not an appropriate answer. While we recognize the full amount may be difficult, everyone is able to pay something even if that means planning and utilizing various resources. Please be honest and reasonable with your answer.	
Are you interested in applying for a full or partial scholarship? <i>This process may require you to participate in a 3-5 day workshop prior to the start of CNA Training.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Community Organizations

Have you received services in the past 12 months from any of the following organizations? (please mark all that apply)			
Disability Advocated of Kent County		Grand Rapids Urban League	
Hispanic Center of West Michigan		Jubilee Jobs	
Literacy Center of West Michigan		Michigan Rehabilitation Services	
West Michigan Works!		Women’s Resource Center	
United Church Outreach Ministry (UCOM)			

### Participant Criminal Background Check Release

I authorize Goodwill Industries of Greater Grand Rapids to use the following information to perform one or more criminal background checks for employment purposes and/or service provision. Your signature (including electronic signature) gives us permission to proceed.

The information requested below is what we are required to enter into the system to obtain results.

First Name:					
Middle Name:					
Last Name:					
Maiden: Name:					
Aliases:					
Race:		Date of Birth:		Gender:	
Participant Signature: _____ Date: _____					
Parent/Guardian Signature: _____ Date: _____ <i>(if applicable)</i>					
Staff Signature: _____ Date: _____					
Staff Printed Name: _____					