

About Urban Weatherization Initiative Kane County

How does the program work?

The Illinois Department of Commerce and Economic Opportunity (“DCEO” or “the Department”) administers the Urban Weatherization Initiative (“UWI”) in order to increase energy efficiency in targeted populations in eligible grant areas in Illinois communities and to increase employment opportunities in the "green jobs" sector. The goals of this program shall be to decrease energy costs, provide new career paths for under/unemployed individuals and stimulate local economies.

The Quad County Urban League, Inc. Urban Weatherization Initiative is open to residents of Kane County. UWI Kane County is comprised of two programs: Home Energy Auditor Training Program (HEATP) and Weatherization Specialist (RBE WHALCI – Residential Building Envelope Whole House Air Leakage Control Installer).

As a home energy auditor you will be fully qualified to perform energy auditor assessments as an entrepreneur or employee of a home weatherization contractor. Persons who successfully complete the technical training program will have the opportunity to earn BPI certification as a Building Professional Analyst™.

As a Weatherization Specialist you will implement measures to help reduce energy loss, reduce pollutants and allergen, and improve thermal comfort and energy efficiency through the proper installation of dense-pack insulation materials. Persons who successfully complete the technical training program will have the opportunity to earn BPI certification as a Residential Building Envelope Whole House Air Leakage Control Installer™.

Technical training and testing for HEATP is 4 weeks long with an additional 15 hours of job empowerment. The technical training and testing for the Weatherization Specialist is 7 days in length with an additional 15 hours of job empowerment (soft skills) training. These programs include case management, career awareness and exploration, reading and math preparation, technical skills training, mentoring, drug/alcohol testing, supportive services, life skills development, job referrals and placement, and internship opportunities (when available). Technical Skills Training and Testing is conducted by Insight Inspections, a Building Performance Institute (BPI) Affiliate. Insight provides contractor training in “Home Performance, Weatherization, and Deep Retrofits” leading to BPI Building Analyst and other certifications. The training program provides a practical path to BPI certification and prepares participants to perform comprehensive, whole-home assessments, identify problems at the root cause, and prescribe and prioritize solutions based on building science.

How do I qualify?

You are eligible for a UWI program if you meet the following requirements:

- Reside in Kane County
- 18 years of age or older
- Possess a high school diploma or GED
- Pass a drug screening and remain drug free throughout the entire program
- HEATP: Score a minimum 10.0 grade level on the Test of Adult Basic Education (TABE)
- Specialist: Score a minimum 8.0 grade level on the Test of Adult Basic Education (TABE)

Application Process

1. Complete the application.
2. Take a TABE Assessment (Must Score a minimum of 8.0 (Specialist) and 10.0 (HEATP) grade level in Reading and Math).
3. Complete a Weatherization Knowledge Assessment Test (80% or better proficiency is preferred).
4. In-Person Interview with QCUL UWI staff.
5. Drug/Background screening.
6. Application determination (approval or denial) by the Economic & Workforce Development Program Manager.

Enrollment approvals are conditional until the background and drug screenings have been conducted. Persons who fail the drug screening will be ineligible and unable to participate in the program. Persons convicted of violent crimes under the Class X, Class 1 and Class 2 felony categories will be ineligible for participation.

Required Documents

- Age Verification (Birth Certificate, Drivers License or Passport)
- Proof of Residency (Driver's License, Utility Bill, Mortgage or Lease Documents)
- Copy of Green Card (Alien Status)
- Government issued picture identification
- Educational Credential Proof (Transcripts)
- Veteran Status Verification (DD214 form)

Waiting List:

There will be several training classes offered during the 2013-2014 program year. The maximum number of participants in the HEATP program is sixteen (16) and Specialist is ten (10). Candidates may be placed on a waiting list if there are a high number of persons that meet program eligibility requirements. When or if openings occur, persons will be called back for a re-assessment of eligibility and possible program enrollment. Call backs are scheduled on a first-come, first-served basis (based on when the application and all required documents were received in). To check the status of an application, call Michael Rayford or Grace Boerema at (630) 851-2203.

FOR OFFICE USE ONLY:

HEATP Specialist DATE RECEIVED: _____ DATE ENTERED ODM: _____

INTERVIEW DATE (if applicable): _____

ASSESSMENT SCORES:

TABE PRETEST READING: _____ TABE PRE-TEST MATH: _____

WEATHERIZATION ASSESSMENT SCORE: _____

STATUS (Approved/Denied): _____

UWI KANE COUNTY - TRAINING PROGRAMS APPLICATION 2013-2014

Instructions: Please fill out all parts of the application form. If you need help, ask. Please refer to page 1-2 for details of the application process. Only return pages 3-7. Please remember to sign page 7.

Please only check one:

Program of Interest

Home Energy Auditor Training

Weatherization Specialist

Name _____ **Date** _____
Last First Middle

Address _____ **City** _____ **State** _____ **Zip** _____

County _____ *(You must live in Kane County)*

Phone _____ **Cell Phone** _____

Email address: _____

Social Security Number _____ - _____ - _____ **Date of Birth** _____ **Age** _____
month/day/year Minimum age: 18

Gender: () Male () Female () Transgender () Opt-Out of Gender

U.S. Citizen : () Yes () No **Alien Resident:** () Yes () No

Is English the primary language in your household? () Yes () No _____
Specify language used

How often does communication (reading, writing, speaking) in English cause problems for you at work or school?
() Usually () Sometimes () Seldom () Never

Marital Status: () Never married () Married () Divorced () Separated () Widowed

Race:

(Primary) () Black/African-American () Hispanic/Latin American () White American
() Asian-American/Pacific Islander () Native American () Other _____

Ethnicity:

(Secondary) () Hispanic () Non-Hispanic () Opt-Out of Race/Ethnicity

Number of people in your household: _____

Please check which of the following is closest to **your household's yearly income**

- () 00 to \$ 5,000.00 () \$ 15,001.00 to \$ 20,000.00 () \$ 30,001.00 to \$ 35,000.00
() \$ 5,001.00 to \$ 10,000.00 () \$ 20,001.00 to \$ 25,000.00 () \$ 35,001.00 to \$ 40,000.00
() \$ 10,001.00 to \$ 15,000.00 () \$ 25,001.00 to \$ 30,000.00 () Over \$ 40,000.00

Living where: (check the one that best describes your living situation)

- () House/Apartment () Work Release Program () Public Housing
() Halfway House () Homeless Shelter () Group Home
() Homeless () Other: _____

Please indicate if you are receiving any kind of **Public Assistance:** () Yes () No

If yes, please check those that apply to you:

- () AFDC/TANF () SSI () WIC
() Food Stamps/SNAP () General Assistance () Public Housing/Section 8
() Other: _____

(Please explain)

Does someone in your household receive **Public Assistance?** () Yes () No

If yes, please check those that apply to you:

- () AFDC/TANF () SSI () WIC
() Food Stamps/SNAP () General Assistance () Public Housing/Section 8
() Other: _____

(Please explain)

CONSTRUCTION EXPERIENCE

Have you had any construction or Building Trades experience? () Yes () No *If yes, check years of experience below:*

- () 0-6 months () 6-12 months () 1-2years () 2 or more years

Please describe this experience (i.e. paid/unpaid, etc.)

Do you have any weatherization knowledge or experience? () Yes () No *If yes, describe briefly:*

ADDITIONAL INFORMATION

Do you know how to drive? () Yes () No Do you own a car? () Yes () No

Do you have a valid Drivers/Operators License? () Yes () No, any special endorsements?

Are you registered with Selective Service? () Yes () No U.S. Military Service? () Yes () No, if yes, what branch? _____ Type of discharge () Honorable () General () Other, explain _____
Dates served _____ to _____ Rank at discharge
_____ month/day/year month/day/year

CRIMINAL HISTORY

Have you ever been arrested? () Yes () No
Have you ever been convicted of any crime? (other than a traffic offense) () Yes () No
Was this crime a felony or misdemeanor?

_____ Have you ever been convicted for a violent or weapons offense? () Yes () No, if yes, please list offense(s) and include dates and status of case:

_____ Are you on probation? () Yes () No () Pending
Are you on parole? () Yes () No () Pending
If yes, when will your probation/parole be over? _____
Month/year

Name and phone number of probation/parole officer:

_____ Do you have any charges pending: () No () Yes If yes please describe: _____

SCHOOL INFORMATION

Do you have a High School Diploma? () Yes, year graduated _____
OR () No, last grade completed _____ Last date attended: _____
Do you have a GED Certificate? () No () Yes, date received _____

If you did not complete high school or get your GED, why did you drop out? Check all that apply:

() Poor grades () Pregnancy () Lack of interest () Work (needed money)
() Incarcerated () Expelled () Suspended () Other _____
Please explain reason(s)

To be eligible for a UWI program, you must possess a high school diploma or GED

Have you ever been in another training program? () No () Yes
Name and address of program:

_____ Did you complete this program? () No () Yes
Please list any additional training and/or certificates you may have received

_____ Do you plan or hope to continue your education after completing a UWI program? () Yes () No
If yes, please check which of the following you may be interested in:

() Community College (2 years degree) () Professional School () University (4 years degree)
() Vocational/Trade School () Apprenticeship () Other _____

What are you interested in doing for a career?

(Please describe)

Have you ever held a job before? Yes No

Was this job? Full-time Part-time with a temp service

Are you currently employed? No Yes (if yes, fill out section below)

CURRENT JOB:

Name of company

Address of company

Street

city

state/zip

Phone number _____ Name of Supervisor _____

Hire Date _____
Month/day/year

Hourly wage? \$ _____ Job Title _____ No. of hours per week _____

What kind of work did you do?

Did you receive benefits? Yes No

PAST JOB

Name of company

Address of company

Street

city

state/zip

Phone number _____ Name of Supervisor _____

Dates you worked there from _____ to _____
Month/day/year month/day/year

What was the hourly wage? \$ _____ Job title _____ # of hours per week _____

What kind of work did you do?

Did you receive benefits? Yes No

Why did you leave?

Reference available Yes No

CHILDREN

No Yes How many children do you have? _____ Living with own children Yes No

Please list the names and date of birth of your children

Does your child's other parent receive AFCD/TANF? () Yes () No
 Do you have Child Care? () Yes () No Any current DCFS involvement () Yes () No
 Please list the name and address of your child care provider/agency

HEALTH SURVEY

Do you have any physical, medical or health problems that would prevent you from participating in this program? () No () Yes, if yes, please explain

Date of last physical exam? _____ Physician/Clinic/Hospital : _____

Are you supposed to be wearing eye glasses/contacts? () Yes () No

List any medication being taken (prescription or non-prescription) _____

Do you smoke (cigarettes)? () No () Yes

If you smoke, can you limit your smoking to breaks and lunchtime? () Yes () No

Please read the following list carefully, and check all sections.

	Y	N		Y	N		Y	N
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Eye problems	<input type="checkbox"/>	<input type="checkbox"/>	Ear problems	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Bruise easily	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hearth problems	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Short of breath	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Tumors/cysts	<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Rectal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bladder problem	<input type="checkbox"/>	<input type="checkbox"/>
Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problem	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant now	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	IV drug use	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
			nervousness	<input type="checkbox"/>	<input type="checkbox"/>	irritability	<input type="checkbox"/>	<input type="checkbox"/>

If you answer YES to any section, please describe

Emergency contact person _____ Relationship _____

Address _____ Home # _____ Work # _____

Cell # _____

Participants Signature _____ Date _____

Please advise where you learned about the availability of this training program?

Would you recommend this information be shared elsewhere? _____ YES _____ NO If yes, where?
