

Community Health Navigator (CHN) Training Application



| APPLICANT INFORMATION | |
|---|--|
| Name: (first, last) | Last 4 digits of SSN (if applicable) |
| Home Address: (street, city, state, zip code) | |
| Sex: | DOB: |
| Phone: | Personal Email: |
| DEMOGRAPHIC INFORMATION | |
| US Citizen? Yes / No | Iowa Resident? Yes / No |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Race: (Mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |

The Iowa Chronic Care Consortium (ICCC) is among Iowa Workforce Development’s recently announced Coronavirus Relief Employer Innovation Fund projects. The Community Health Navigator training was created for interpreters, care coordinators, community health, community support and other frontline workers, especially those who have been impacted by the COVID-19 pandemic. This course is being made available at low cost to participants as part of Iowa’s economic recovery efforts.

1. Please describe why you are interested in participating in the CHN Professional Skills course.

2. Are you currently employed? Yes / No
 - a. If yes, are you employed full time or part time? Full time / Part time
 - b. If employed, briefly describe your job responsibilities.

3. The CHN training is estimated to be about 25 hours total, including on demand content that you can view when it is most convenient for you; and scheduled, live group sessions that will be scheduled in advance and required. Do you have any concerns about your ability to participate and complete this training, along with your current employment and other personal responsibilities?

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4. Has the COVID-19 pandemic impacted on your employment? (circle all that apply)
 - a. I lost my job
 - b. My hours were reduced
 - c. My partner lost their job or has reduced hours
 - d. I left my job to care for a loved with COVID-19
 - e. I can no longer work outside of the home because I live with an individual or individuals that are at high risk for COVID complications?

5. Who will be paying the \$100 registration fee?
 - a. Me
 - b. My employer

6. Do you have access to device (laptop or tablet) to use to complete the training? Yes / No

7. Do you have reliable internet access? Yes / No

8. Do you have questions that ICCC can help answer for you? If so, please state them here. *(Someone at ICCC will respond to your questions.)*

Complete and return this form as soon as possible to: deb.kazmerzak@iowaccc.com.

Applications will be reviewed as received. Class size is limited to 25 participants.

Anticipate final consideration for enrollment to be November 3, 2020.