

The Education Fund

Empowering potential.

SEIU-UHW & JOINT EMPLOYER EDUCATION FUND

MyEdFund - User Guide

Welcome to *MyEdFund* member portal!

We are happy to guide you towards taking the first steps to apply to our programs.

In this guide, you will find information on how to easily create your account on **MyEdFund**.

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If you have already created an account on **MyEdFund**, please click the Login button on the right-hand side of the page.

The screenshot shows the MyEdFund member portal interface. At the top, the logo for 'The Education Fund' is displayed with the tagline 'Empowering potential.' and the text 'SEIU-UHW & JOINT EMPLOYER EDUCATION FUND'. A red box highlights the 'Login' button in the top right corner. Below the header, there is a navigation bar with buttons for 'Log a Support Case', 'Create Case', 'Consult our My Ed Fund user guide', and 'View Guide'. A welcome message reads: 'Welcome to The Education Fund Community. Please provide your Employer information to get started.' The main form area contains a dropdown menu for 'Please select your Employer' with 'Antelope Valley Hospital' selected. To the right, there are input fields for 'Please enter your Employee ID' (with a search icon), 'OR NUID', and 'OR' followed by 'First Name', 'Last Name', and 'Date of Birth' fields. A 'Continue' button is at the bottom of the form. A small '1' is visible in the bottom right corner of the screenshot frame.

Otherwise please follow the instructions specified in section 1 “Create your Account on **MyEdFund**” (below) on the agenda to start navigating the portal.

1. Create your Account on **MyEdFund**

On the first section of the registration page, you will be asked to enter information that allows you to identify if you already have a Learner account with the Education Fund.

Finding your account makes the process of registering on **MyEdFund** simpler and faster.

Let’s now take a look at the steps to complete your registration!

Registration Steps:

1. To get started, please select your “**Employer**” from the dropdown fields on the left-hand side of the page.

Click the short arrow on the field “**Please select your Employer**” to open our dropdown list of employers.

Then, click the name of your current employer to select it.

Note: If you are affiliated with more than one Employer, please enter the information for your main Employer affiliation.

The screenshot displays the registration page for The Education Fund. At the top, the logo reads "The Education Fund Empowering potential." with a "Login" button. Below the logo is the text "SEIU-UHW & JOINT EMPLOYER EDUCATION FUND". A navigation bar contains links for "Log a Support Case", "Create Case", "Consult our My Ed Fund user guide", and "View Guide". A welcome message states: "Welcome to The Education Fund Community. Please provide your Employer information to get started." The main form area is titled "*1. Please select your Employer" and features a dropdown menu labeled "Select an Employer". The dropdown list includes: Alameda Health System, Antelope Valley Hospital, Chinese Hospital, Dignity Health Nevada, Dignity Health Northern California, Dignity Health Southern California, El Camino Hospital, and Empres. To the right of the dropdown are input fields for "Please enter your Employee ID" (with a "Search by Employee ID" label), "OR NUID", "OR First Name", "Last Name", and "Date of Birth". A "Continue" button is located at the bottom of the form. A red box highlights the dropdown menu, and a red arrow points to the dropdown arrow. A small "2" is visible in the bottom right corner of the screenshot frame.

2. Once you have selected your Employer and Facility, please choose one of the following options available on the right-hand side of the screen:

- Enter your **“Employee ID”** (for the Employer selected on the previous step) **OR**
- Enter your **“NUID”** (for Kaiser employees only) **OR**
- Enter your **“First Name”, “Last Name”, and “Date of Birth”**

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Log a Support Case [Create Case](#) Consult our My Ed Fund user guide [View Guide](#)

Welcome to The Education Fund Community. Please provide your Employer information to get started.

*1. Please select your Employer
Dignity Health

Please enter your Employee ID
Search by Employee ID

OR

NUID

OR

First Name Last Name Date of Birth

Continue

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Once you choose one of the options and fill out the field(s), please click the **“Continue”** button.

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Log a Support Case [Create Case](#) Consult our My Ed Fund user guide [View Guide](#)

Welcome to The Education Fund Community. Please provide your Employer information to get started.

*1. Please select your Employer
Dignity Health

Please enter your Employee ID
0987654

OR

NUID

OR

First Name Last Name Date of Birth

Continue

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3. If you are already in our system, you will be prompted to confirm your **“Email Address”**.

Please enter your email address and click the **“Confirm Email”** button.

The screenshot shows a registration form with the following fields and elements:

- A dropdown menu for "Please select your Employer" with "Dignity Health Nevada" selected.
- A text input field for "Please enter your Employee ID" containing "099877".
- An "OR" section with a "NUID" text input field.
- Another "OR" section with three text input fields: "First Name", "Last Name", and "Date of Birth".
- A purple "Continue" button.
- A red box highlights the "Please confirm your Email Address" section, which includes a text input field containing "david.smith@gmail.com" and a purple "Confirm Email" button. A red arrow points from the input field to the button.
- Below the form, there is a paragraph of text: "Do you live in the Central Valley or Inland Empire? If so, you may be eligible for additional grant-funded support. The Education Fund has access to additional resources via California's Employment Development Department (EDD), Department of Labor, and other state-funded workforce development agencies. The Education Fund will enroll you in the CalJOBS, DOL, or other applicable databases. You will be asked to provide your social security number, barriers, selective service registration, and more. All information is stored securely. The Education Fund will not share your information with any other entity."
- At the bottom left, there is a link: "For more information on any particular field, hover over the ⓘ icon. Contact Information".
- A page number "6" is located in the bottom right corner.

4. If we already have your email address on file, you will receive a verification code on the email that you entered.

Note: If you see a message letting you know that we don't have your address on file, you will just need to create a Support Case and a team member will assist you shortly.

5. Please enter the verification code that you have received on your email address. Then, click the **“Verify Code”** button.

The screenshot shows a verification code entry form with the following elements:

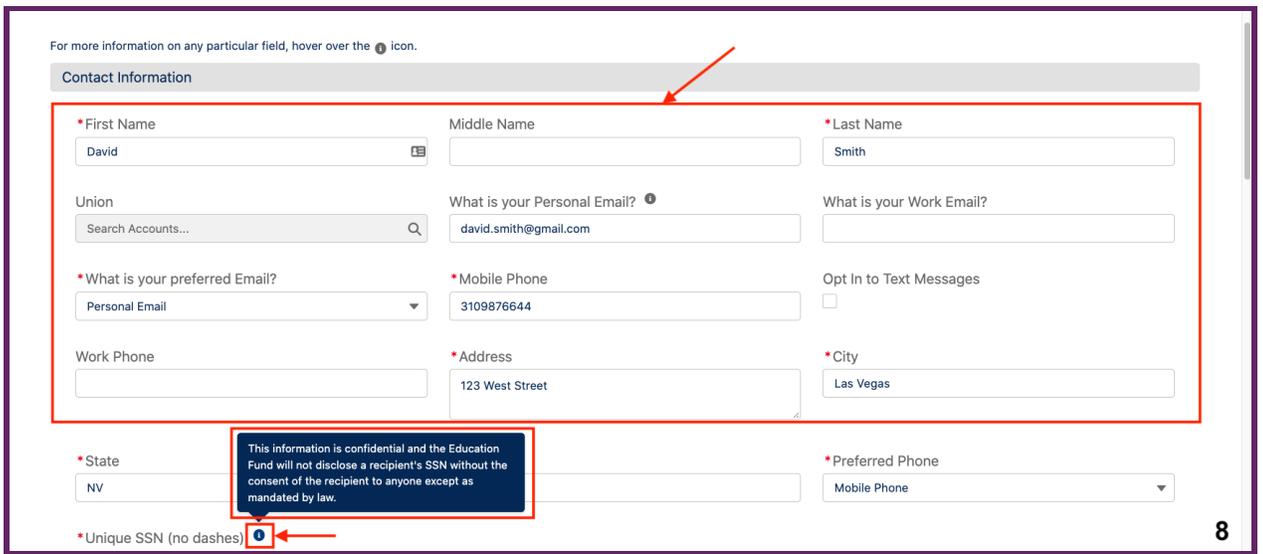
- A text input field with the label "*Enter verification code".
- A message below the input field: "Verification code has been sent on the provided email address."
- A purple "Verify Code" button.
- A red box highlights the input field, with a red arrow pointing to it and the number "1" below it.
- Another red box highlights the "Verify Code" button, with a red arrow pointing to it and the number "2" below it.
- A page number "7" is located in the bottom right corner.

6. Please scroll down to find the fields to fill out to create your Account on **MyEdFund**.

Some of the fields are pre-filled out based on the information on your account with the Education Fund. Please feel free to update any information on these fields.

The fields which start with a red asterisk * such as **“First Name”**, **“Last Name”** and more are required fields to create your account.

The fields which have an information icon  contain help text. Please hover over the information icon to review more information.



For more information on any particular field, hover over the  icon.

Contact Information

*First Name: David Middle Name: Last Name: Smith

Union: Search Accounts... What is your Personal Email?  david.smith@gmail.com What is your Work Email?

*What is your preferred Email? Personal Email *Mobile Phone: 3109876644 Opt In to Text Messages

Work Phone: Address: 123 West Street *City: Las Vegas

*State: NV *Preferred Phone: Mobile Phone

*Unique SSN (no dashes) 

This information is confidential and the Education Fund will not disclose a recipient's SSN without the consent of the recipient to anyone except as mandated by law.

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Fields highlight:

- “First Name”**, **“Middle Name”**, **“Last Name”** - Enter your First Name, Middle Name, and your Last Name.
- “What is your Personal Email / What is your Work Email?”** - Depending on your answer to the previous question, you will be required to fill out one of these two fields. You can also fill out both fields.
- “What is your Preferred Email?”** - Enter the email address that you prefer to be contacted on by the Education Fund’s team.
- “Mobile Phone”** - Enter the mobile phone number you would like to be reached on.

- e. **“Opt In to Text Messages”** - Check this checkbox if you would like to and consent to be contacted by Text Message by the Education Fund.
- f. **“Address”, “City”, “State”, “Zip Code”** - Enter your mailing address.
Your mailing address will be used to send you studying materials (such as textbooks) or to lend technical devices (such as Chromebooks or MiFi devices) as part of specific programs.
- g. **“Unique SSN (no dashes)”** - Please enter your 9 digits Social Security Number with no dashes (you will see an error if you enter less/more than 9 digits or include dashes)

Why are we asking for this information?

This information is strictly confidential and will be used for payments towards a Learner or for Grants purposes. The Education Fund will not disclose a recipient’s SSN without the consent of the recipient to anyone except as mandated by law.

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- 7. In the next section, please fill out the fields related to your demographic information.

- 8. In the next section, please fill out the fields related to your Education/Employment background and goals.

Education/Employment Information

*Education
--None--

*Hourly Wage

*Desired Position

*Years of Experience
--None--

*Desired Wage ⓘ

*Driver's License
--None--

*Weekly Availability
--None--

*Current Work Shift

*Work Shifts Available
--None--

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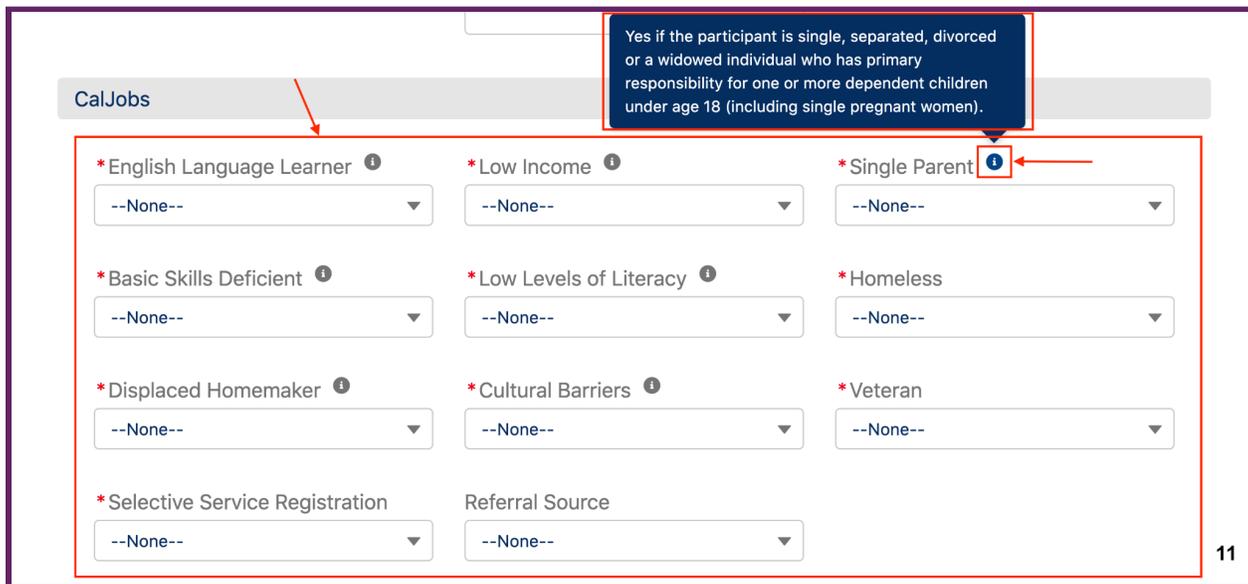
Fields highlight:

- a. **“Education”** - Select your highest level of education.
 - b. **“Hourly Wage”** - Enter your current hourly wage.
 - c. **“Desired Position”** - If you wish to change positions, write the name of the position that you would like to obtain. Otherwise, write “Current Position”.
 - d. **“Years of Experience”** - Select the range of years of work experience that you have.
 - e. **“Desired Wage”** - Enter the wage that you would like to obtain.
 - f. **“Driver’s License”** - Select the Driver’s License type that you have (there is also an option for no license and suspended license).
 - g. **“Weekly Availability”** - Select your availability to attend Courses/Training.
 - h. **“Current Work Shift”** - Enter your current work shift. For example Monday through Friday.
 - i. **“Work Shifts Available”** - Select your preferred work schedule.
9. In the next section, please fill out the fields related to your CalJOBS information.

Why are we asking for this information?

Certain grant-funded Education Fund programs require providing this information to CalJOBS. CalJOBS is California's online resource to help job seekers and employers navigate the state's workforce services.

Hover over the  icon to see more information about each field and determine if you match the criteria for these fields.



CalJobs

Yes if the participant is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

* English Language Learner  --None--

* Low Income  --None--

* Single Parent  --None--

* Basic Skills Deficient  --None--

* Low Levels of Literacy  --None--

* Homeless --None--

* Displaced Homemaker  --None--

* Cultural Barriers  --None--

* Veteran --None--

* Selective Service Registration --None--

Referral Source --None--

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Fields highlight:

- a. **“English Language Learner”** - Yes you have limited ability in speaking, reading, writing or understanding the English language and also meet at least one of the following two conditions (a) your native language is a language other than English, or (b) you live in a family or community environment where a language other than English is the dominant language.
- b. **“Low Income”** - In the six months before application, have you or your family received assistance through the supplemental nutrition assistance program (SNAP), temporary assistance for needy families (TANF), social security income program, state or local income-based public assistance? Does your total family income not exceed the poverty line or 70% of the lower living standard income?
- c. **“Single Parent”** - Yes you are single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).
- d. **“Basic Skills Deficient”** - Yes if (A) your English reading, writing, or computing skills are at or below the 8th grade level on a generally accepted standardized test; or (B) you are unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the participant’s family, or

in society. In addition, for the purpose of the Title I Youth program, states and grantees have the option of establishing their own definition, which must include the above language.

- e. **“Low Levels of Literacy”** - Yes if you are unable to read, write, and speak in English; compute and solve problems at levels of proficiency necessary to function on the job, in the family of the participant, or in society.

- f. **“Homeless”** - Yes if you are currently homeless. The term “homeless” or “homeless individual or homeless person” means:
 - i. An individual or family who lacks a fixed, regular, or adequate nighttime residence;
 - ii. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
 - iii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
 - iv. An individual who resided in a shelter or placed not meant for human habitation and who is exiting an institution where they temporarily resided;
 - v. An individual or family who: will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not delivered for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by— a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;the individual or family has a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing.
 - vi. Unaccompanied youth and homeless families with children and youth defined as homeless under other federal statutes who: have experienced a long term period without living independently in permanent housing; have experienced persistent instability as measured by frequent moves over such period; and Can be expected to continue in

such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

- g. **“Displaced Homemaker”** - Have you been providing unpaid services to family members in the home and dependent on another family member's income but are no longer supported by that income? Are you a dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of the member's deployment, death, or disability, and who is unemployed or underemployed?
- h. **“Cultural Barriers”** - Yes if you perceive him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.
- i. **“Veteran”** - Yes if you meet the following criteria. The term “eligible veteran” means a person who (a) served on active duty in the military, naval, or air service (of the United States) for more than 180 days and was discharged or released from there with other than a dishonorable discharge; or (b) Was discharged or released from active duty because of a service-connected disability; or (c) Was discharged as a member of a reserve component under an order to active duty, who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged from such duty with other than a dishonorable discharge.
- j. **“Selective Registration”** - Yes if you meet the following criteria. Presidential Proclamation 4771 of July 2, 1980, requires that male persons born after December 31, 1959, who have attained their 18th birthday, register with Selective Service. Registration must be completed within 30 days of a male's 18th birthday. Failure to register in a timely manner does not relieve the duty to register. WIOA requires all participants receiving assistance under WIOA to comply with Selective Service registration under the Military Selective Service Act. Requires male citizens of the United States between 18 and 21 years of age to present themselves for Selective Service registration at times and places determined by the President of the United States. It is required that the registration status of all males born after December 31, 1959, be examined and confirmed.
- k. **“Referral Source”** - The Referral Source is any entity, including a person or organization, that directs an individual to a third party for educational services, employment, or other federal/state assistance programs.

10. In the next section, you will select a **“Username”** and **“Password”** to create your Account on **MyEdFund**.

The username field is auto-populated with the email address that you have indicated above as your preferred email address (Personal or Work email).

You can choose another username but please keep in mind that it needs to be in the format of a valid email address.

Once you select your username, please enter a password that has a minimum of 8 characters. Your password must include alpha and numeric characters (numbers and letters).

Create Your User Account

*What would you like your Username to be? (Must be in email format)
david.smith@gmail.com

*Please select a Password (Minimum of 8 characters; must include alpha and numeric characters)
.....

*Please confirm your Password
.....

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Below the username and password selection, you will see a message that prompts you to review the **“Learner Guidelines”** document.

Please click the **“Click Here”** hyperlink to read the **“Learner Guidelines”** and click the Toggle to confirm that you reviewed the **“Learner Guidelines”**.

Then, check the **“I agree with the Learner Guidelines”** checkbox to confirm that you understand and agree with the **“Learner Guidelines”**.

Finally, click the **“Submit”** button to create your Account.

Affiliation Information

Employee Status: Full-Time

Employer Department: [Empty]

Job Title: Nurse Practitioner

Job Classification: Nursing (Licensed)

Hire Date: Jan 1, 2021

Yes Please [Click Here](#) to view the Learner Guidelines then click the Toggle to confirm that you've reviewed to the Guidelines.

I Agree with the Learner Guidelines

Submit

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