

**Intake Date:** **WIOA Adult Education Enrollment Intake Form**

**Last Name:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_  
**Suffix:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_

**Gender:**    Male        Female  
**Hispanic/Latino?**    Yes        No

**Race** (choose one or more):  
 American Indian or Alaska Native  
 Asian  
 Black/African American  
 Native Hawaiian or other Pacific Islander  
 White

**Highest Level of Education:**  
 Last School Attended: \_\_\_\_\_  
 No Schooling  
 Kindergarten  
 Grades 1-5  
 Grades 6-8  
 Grades 9-12 (No Diploma)  
 Secondary School Diploma  
 Secondary School Equivalent (GED/HISET) Unknown  
 Some Postsecondary Education, No Degree  
 Postsecondary or Professional Degree

**Education Completed In:**  
 US Based Schooling  
 Non-US Based Schooling

**Student Type:**  
 New            Continuing        Returning

**Previous Adult Education Program** (Please List):  
 \_\_\_\_\_

**Employment Status:**  
 Employed Full Time  
 Employed Part Time  
 Unemployed  
 Not Looking for Work  
 Unavailable for Work  
 Retired  
 Employed with Separation Notice

**Employment Barrier:**    Yes    No  
**If "Yes" Above, Select all that Apply:**  
 Cultural Barriers  
 Disabled  
 Displaced Homemaker  
 English Language Learner  
 Ex Offender  
 Exhausting TANF within Two Years  
 Foster Care Youth  
 Homeless  
 Long Term Unemployed  
 Low Literacy Levels  
 Migrant Farm Worker  
 Seasonal Farmworker  
 Single Parent or Guardian

**Other Barriers:**  
 Public Assistance  
 Emancipated Minor  
 Physical or Mental Disability (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

**How did you hear about Adult Education** (List):  
 \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Preference:**  
 Any Phone or Time    Email Only    Home Only  
 Mobile Phone        Text Only

**Emergency Contact Phone :** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Relation:** \_\_\_\_\_

**Signature of Participant:**  
 \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



## For Adult Education Staff Only:

AE Site Name: \_\_\_\_\_

Release of Personal Information on File: Yes

Letter of Withdrawal on File: Yes No N/A

Emancipated Minor (Minor with Adult Status) Paperwork on File:  
Yes N/A

Learning Disability: Observed/Disclosed Documented

List: \_\_\_\_\_

### Referral Information:

WIOA Title I-Adult, Youth, Dislocated Worker Programs (DLI)

WIOA Title II- Adult Education

WIOA Title III-Wagner Pyser/American Job Centers (DLI)

WIOA Title IV-Vocational Rehabilitation

Other Referral (Please List):  
\_\_\_\_\_

### Secondary Program Type:

Distance Learning

Integrated English Literacy and Civics Education

Community Correctional: Yes No

Institutional: Yes No

### Learner Goals:

Employment

Attain High School Equivalency Diploma

Place in Postsecondary Education

Place in Training Program

Attain Postsecondary Credential

Achieve Citizenship Skills

Vote or Register to Vote

Increase Involvement in Community Activities

Additional Notes:



## Consent to Release Personal Information

I, \_\_\_\_\_, a student age 18 or older, consent to the release of personally identifiable information and/or personal testing data from my student record.

**OR**

I, \_\_\_\_\_, the parent or guardian of

\_\_\_\_\_, a student under the age of 18, consent to the release of personally identifiable information and/or personal testing data from the student record of my minor child.

Dependent on my identified goal, I understand that the student record includes my social security number, which may be released to the following:

- Montana Department of Labor & Industry,
- Montana University System or postsecondary institution identified by me, or
- HiSET/Educational Testing Service (ETS)

I understand that the purpose of the release of my Social Security number is to assist the Montana Office of Public Instruction in obtaining and reporting information for grant funding concerning the outcome of students as required by Section 212 of the Adult Education and Family Literacy Act.

I understand that the Montana Office of Public Instruction will share my personally identifiable information with the agency(ies) identified above, *no other agency(ies) or individual(s) will have access to it*, and the information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand that the report will contain information and statistics about the employment and further education of adult education students in Montana, and that no specific or personal information about me will appear in this report.

\_\_\_\_\_  
Signature of Student or Parent/Guardian

\_\_\_\_\_  
Date

### For HiSET Testers Only

I give permission for Montana HiSET Test Centers to release my testing schedule and testing data to Montana Adult Education Programs, operating under the Adult Education and Family Literacy Act, to better assist with my future academic or career goals.

\_\_\_\_\_  
Signature of Student or Parent/Guardian

\_\_\_\_\_  
Date