Intake Date: WIOA Adult Education Enrollment Intake Form		
Intake Date: W Last Name: First Name: Middle Name: Suffix: Social Security #: Birth Date: Gender: Male Female Non-Binary Hispanic/Latino? Yes No Refugee? Yes Race (choose one or more): American Indian or Alaska Native	Employment Status: Employed Full Time Employed Part Time Unemployed Not Looking for Work Unavailable for Work	Address: Zip Code: County: Home Phone: Mobile Phone: Work Phone: Email Address: Contact Preference:
American Indian or Alaska Native Asian Black/African American Native Hawaiian or other Pacific Islander White Highest Level of Education: Last School Attended:	English Language Learner Ex Offender Exhausting TANF within Two Years Foster Care Youth Homeless Long Term Unemployed	Any Phone or Time Email Only Home Only Mobile Phone Text Only Emergency Contact Phone : Emergency Contact Name: Emergency Contact Address:
No Schooling Kindergarten Grades 1-5 Grades 6-8 Grades 9-12 (No Diploma) Secondary School Diploma Secondary School Equivalent (GED/HiSET) Unknown	Migrant Farm Worker Seasonal Farmworker Single Parent or Guardian Other Barriers : Public Assistance Emancipated Minor Community Corrections (Describe):	Emergency Contact Relation: Signature of Participant:
Some Postsecondary Education, No Degree Postsecondary or Professional Degree	Physical or Mental Disability (List):	Date Signed:
Education Completed In:		WTY, COLLEGE
US Based Schooling Non-US Based Schooling Student Type : New Continuing Returning	How did you hear about Adult Education (List)	
Previous Adult Education Program (Please List):	A proud partner of the American Job Cer	ter network

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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:_____

WIOA Core Program or Other Referral Information:

WIOA Title I - Adult (DLI)
WIOA Title I - Dislocated Worker Programs (DLI)
WIOA Title I - Youth (DLI)
WIOA Title II- Adult Education (OPI)
WIOA Title III-Wagner Peyser/American Job Centers(DLI)
WIOA Title IV-Vocational Rehabilitation (DPHHS)
Other Referral (List):

Secondary Program Type:

Distance Learning Integrated English Literacy and Civics Education

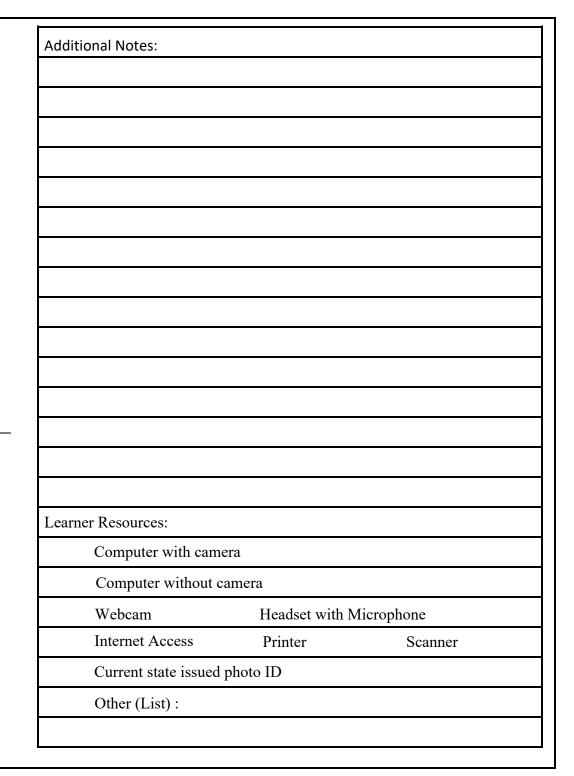
Community Correctional: Yes No

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





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

____, 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,
- Montana WIOA Adult Education Programs (transfer or co-enrolled adult learner) or
- GED/HiSET (High School Equivalency vendors in Montana)

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 High School Equivalency Testers Only

I give permission for Montana GED and 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