Intake Date:

WIOA Adult Education Enrollment Intake Form

Last Name: _____

First Name: _____

Middle Name: _____

Suffix: _____

Social Security #: _____

Birth Date: _____

Gender: ☐ Male ☐ Female ☐ Other

Hispanic/Latino? ☐ Yes ☐ No **Refugee?** ☐ 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
- ☐ Community Corrections (Describe): _____
- ☐ 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: _____

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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:_____

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 (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:

Learner Resources:

- ☐ Computer with camera
- ☐ Computer without camera
- ☐ Webcam ☐ Headset with Microphone
- ☐ Internet Access ☐ Printer ☐ Scanner
- ☐ Current state issued photo ID
- ☐ Other (List) :

Montana
Office of Public Instruction
Elsie Arntzen, State Superintendent
opi.mt.gov

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