

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: \_\_\_\_\_

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

**Consent to Release Personal Information**  
 (SSN Waiver)

I, \_\_\_\_\_, a student age 18 or older, consent to the release of personally identifiable information 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 from the student record of my son/daughter.

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

- the Montana Department of Labor & Industry,
- a postsecondary institution identified by me, or
- the 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 or 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

**DISTRICT 6 HUMAN RESOURCES DEVELOPMENT COUNCIL**

300 1st Ave. N., Suite 203

Lewistown, MT 59457

(406)535-7488 (800)766-3018

Fax: (406) 535-2843

**BASIC INTAKE FORM - complete page 2**

**HOUSEHOLD ADDRESS INFORMATION**

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Housing Type: Single Family (house) \_\_\_\_\_ Multi-Unit (apartment) \_\_\_\_\_ Mobile Home \_\_\_\_\_ Homeless \_\_\_\_\_ Live with friends or family \_\_\_\_\_ Other \_\_\_\_\_

Do you Rent \_\_\_\_\_ or Own? \_\_\_\_\_

**LIST ALL PERSONS LIVING IN YOUR HOME** Use the codes listed below

LAST NAME	FIRST NAME	MI	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	DATE OF BIRTH			GENDER	ETHNICITY	RACE	TRIBAL MEMBER YES/NO	VETERAN YES/NO	DISABLED YES/NO	HEALTH INSURANCE (CHECK ALL THAT APPLY)	VOCATIONAL OR LITERACY TRAINING	CURRENTLY IN SCHOOL YES/NO	LAST GRADE COMPLETED	EMPLOYMENT STATUS
					M	D	YR											
			SELF/ HEAD OF HOUSE											<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				
														<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				
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														<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				

**RACE CODES** (You may choose more than one)

- AI = Native American/Alaskan
- AS = Asian
- BL = Black or African American
- H/PI = Hawaiian or Pacific Islander
- W = White

**ETHNIC CODES**

- H = Hispanic or Latino
- NH = Nonhispanic/Latino

**EMPLOYMENT STATUS**

- FT = Full-Time employment
- PT = Part-Time employment
- U = Unemployed
- R = Retired/Not Working

FOR OFFICE USE ONLY

CDS HH# \_\_\_\_\_

DATE ENTERED \_\_\_\_\_

PROGRAM INITIALS \_\_\_\_\_

HMIS Data Operator Only

HMIS HID# \_\_\_\_\_

Date Entered \_\_\_\_\_

**BASIC INTAKE FORM – page 2**

**INDICATE ALL MONTHLY INCOME and/or NON-CASH BENEFITS - received by all household members, regardless of age or relationship.**

Wages / Earned Income	Property Income	Child Support	Other Source / Explain:
Social Security Retirement (SS)	Investment / Interest Income	Alimony Payments	
Supplemental Security Income (SSI)	Educational Grants	TANF	
Social Security Disability Income (SSDI)	Self-Employment	SNAP	
Veteran's Pension or Disability payment (VA)	Worker's Compensation	Cash-Spot Jobs	No Financial Source(s)
Retirement / Pension from former job	Unemployment Insurance	Cash-Gifts	

LIST MONTHLY INCOME	NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, ETC.)	TOTAL GROSS INCOME FOR THIS MONTH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**PLEASE READ THE FOLLOWING AND SIGN AND DATE WHERE INDICATED.**

- ◆ The collection of personal information on clients is essential to the provision of services at District 6 HRDC. Information is collected and stored in the agency Central Database System. Only District 6 HRDC and its funding sources access this information.
- ◆ I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_