

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