

Intake Date: _____

WIOA Adult Education Enrollment Intake Form

Last Name: _____

First 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

☐ 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 Program: _____

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 Farm Worker

☐ Single Parent or Guardian

Other Barriers:

☐ Public Assistance

☐ Emancipated Minor

☐ Physical or Mental Disability?

How did you hear about Adult Education?

Address: _____

Zip Code: _____

County: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Email Address: _____

Contact Preference:

☐ Any Phone/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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