

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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