 KYAE Intake and Enrollment form at WEBSTER County

***Local providers and fiscal agents should be well-versed in and adhere to FERPA and its data sharing policies. Providers are responsible for any liabilities associated with their failure to follow those guidelines and any applicable guidance outlined in the “Implementation Guidelines” and “KYAE Contracts”.***

STUDENT INTAKE INFORMATION

**\*STUDENT INFORMATION**

(IMPORTANT: Only provide SSN, Driver’s License, and KAERS ID in the presence of KYAE Staff.)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SSN:** |  | **Driver’s License #:** | |  | | | **KAERS ID:** |  | | |
| Last Name:  1 |  | First Name: |  | | | | | | Middle Initial: |  |
| Cell Phone: |  | Date of Birth: |  | | Email: |  | | | | |

Preferred Method of Contact: \_\_\_\_\_text \_\_\_\_\_\_call \_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_other (please write alternate way of contact)

**\*ADDRESS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | County of Residence: |  |
| Street: |  | City: |  |
| State:  2 |  | Zip Code: |  |

**\*OTHER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have your GED? | | |  | | Yes |  | | No | |  | Do you have a high school diploma? | | | | | |  | | Yes |  | No |
| Last Grade Completed:  3 | | |  | | | | Check if completed Outside U.S.: | | | | | |  |  | | Gender: |  | | Male |  | Female | |
| Living Area: |  | Rural |  | Urban | | |  | | Years out of school? | | |  | | | Hispanic Origin? | |  | Yes | |  | No | | |

I give KYAE (OAE) permission to release my contact information to The Career Index for the purpose of providing me with one-stop delivery system services include but not limited to, education and career services.

Yes

No

**How did you hear about our services?**

Adult Education Rep.  Ky Career Center

Billboards  Library

Career Fair  Print (flyer)

Direct Mail Radio

Employer Signage or Road Sign

Friend of Family  Social Media

GED Account or Website TV

Internet Search  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give the Kentucky Education and Labor Cabinet [Office of Adult Education (OAE)] permission to release my secondary enrollment, GED Testing Service® information, and employment status to KYAE providers as well as this enrollment information to the KY Center for Statistics, KY Council on Postsecondary Education, the Kentucky Community and Technical College System or any other public postsecondary institution.

Yes

No

**Corrections ONLY**

I give Skills U permission to release my attendance records to my local jailer and the Kentucky Department of Corrections for the purpose of verifying my completion of academic goals as it relates to educational good time credit.

Yes

No

I give the program, in which I am enrolled, to use photographs and/or my name for reporting and achievement purposes. Such photos and information may be used in newsletters, newspaper stories, social media or other reports/purposes describing the program.

Yes

No

**

Yes

No

I give this adult learning center staff permission to release my records to other educational institutions and appropriate public agencies, as necessary.

6

5

**\*RELEASE OF INFORMATION**

**\*CURRENTLY RECEIVING:**

4

7

**\*RACE:**

**\*OTHER STUDENT**

**INFORMATION:**

4

|  |  |
| --- | --- |
|  | KAERS |
|  | KY Career Center |
|  | KCTCS |
|  | Ministerial Association |
|  | Prob. & Parole |
|  | Employer\_\_\_\_\_\_\_\_ |
|  | DCBS/SNAP |
|  | Other |

|  |  |
| --- | --- |
|  | Unemployment Insurance |
|  | Disability SSI |
|  | TANF |
|  | SNAP |
|  | Medicaid |

|  |  |
| --- | --- |
|  | American Indian/Alaskan Native |
|  | Black, or African American |
|  | Asian |
|  | Hispanic or Latino |
|  | White, Not of Hispanic Origin |
|  | Hawaiian or Pacific Islander |

|  |  |
| --- | --- |
|  | Homeless |
|  | U.S. Citizen |
|  | Veteran |
|  | Immigrant |

Enrollment Information (Student section cont.)

**BARRIERS OF EMPLOYMENT-Must be completed in the presence of staff** (Check all that apply)

Individual with a Disability?  Yes  No

**CATEGORY OF DISABILITY** (Check all that apply)

Physical/Chronic Health Condition  Physical/Mobility Impairment  Mental or Psychiatric

Vision-related Disability  Hearing-related disability  Learning Disability

Cognitive/Intellectual Disability  Participant did not disclose type of disability  No Disability

Exhausting TANF within 2 Years? Yes No

Homeless Participant, Homeless Children and Youths or Runaway Youth? Yes No

Single Parent? Yes No

Low Income Status? Yes No

Cultural Barriers? Yes No

Foster Care Youth Status? Yes No

Ex-Offender? Yes No

Migrant and Seasonal Farmworkers? Yes No

Displaced Homemaker? Yes No

Long-term Unemployed? Yes No

Regular Transportation? Yes No

Custody of at Least One Child under the Age of 6? Yes No

**\*SECONDARY EDUCATION CREDENTIAL**

GED/High School Equivalency

High School Diploma

Other High School Equivalency

None

Non U.S.-based High School Diploma

**\*EMPLOYMENT STATUS**

Correctional Facility

Not in Labor Force

Employed but Notice Termination

Employed FT/PT

Unemployed

|  |  |
| --- | --- |
| **\*Enroll**  **Date:** |  |
| **Site:** |  |

Enrollment Information (STAFF USE ONLY)

**\*ENROLLMENT SUBJECT**

Reading

Math

Language

**\*PROGRAM TYPE**

Adult Education or ESL

AE/ESL Carry-Over Achievements

GED Ready/No initial test

**\*ENROLLMENT SOURCE**

Community Partner

County Jail

Court Ordered

Employer/Business

Media Influence

Personal Referral (Word of Mouth)

Post-Secondary School Referral

Probation and Parole

Secondary School Referral

State Institution

Walk-In (Not Referred)

WIOA Core Partner

**EXCLUSIONS**

Corrections

Death

Active-Duty Military

Sick (Hospital for over

90 days)

**SERVICE TYPE**

Adult Ed at the Workplace

Family Literacy

Corrections

EL/Civics

SNAP E&T Treatment

SNAP E&T Control

IET

Workplace Literacy

**\*INTENT**

Basic Skills Acquisition  Learn English Language  KESC

Gain Employment  NCRC

GED  Transition to College

**ASSIGNED STAFF**

|  |
| --- |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date