 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