



INTAKE INFORMATION

1 STUDENT INFORMATION

SSN: _____ Driver's License #: _____
Last Name: _____ First Name: _____ MI: _____
Cell Phone: _____ Date of Birth: _____ Email: _____

2 ADDRESS

County of Residence: _____
Street: _____ City: _____
State: _____ ZIP: _____

3 OTHER

Last grade completed: _____ Check if Completed Outside U.S. Gender: Male Female
Living Area: Rural Urban Years out of school? : _____ Hispanic Origin? : Yes No

4 CURRENTLY RECEIVING:

- Unemployment Insurance
Disability SSI
TANF
SNAP
Medicaid

5 RACE:

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

6 OTHER STUDENT INFORMATION:

- Homeless
U. S. Citizen
Veteran
Immigrant

When is the best time for you to attend classes? (Please check all that apply.)

Table with 8 columns (Time, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday) and 3 rows (Morning, Afternoon, Evening).

I give the Kentucky Education and Workforce Development Cabinet (EWDC) and KYSU [Office of Adult Education (OAE)] permission to release my post-secondary enrollment, GED Testing Service® information, and employment status to KYSU providers as well as this enrollment information to the Kentucky Council on Postsecondary Education, the Kentucky Community and Technical College System or any other public postsecondary institution.

Student Signature

Date

ENROLLMENT INFORMATION (STAFF USE ONLY)

Enroll

Date: _____

Site: _____

EMPLOYMENT STATUS

- Correctional Facility
- Not in Labor Force
- Employed but Notice Termination
- Employed FT/PT
- Unemployed

SECONDARY EDUCATION CREDENTIAL

- GED/High School Equivalency
- High School Diploma
- Other High School Equivalency
- None
- Non U.S.-based High School Diploma

ENROLLMENT SOURCE

- County Jail
- 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

PROGRAM TYPE

- Adult Education or ESL
- AE/ESL Carry-Over Achievements
- Official Practice Test (OPT)/
Paraeducator

ENROLLMENT SUBJECT

- Reading
- Math
- Language

SERVICE TYPE

- | | |
|--|--|
| <input type="checkbox"/> Adult Ed at the Workplace | <input type="checkbox"/> GED Plus (Fall) |
| <input type="checkbox"/> Family Literacy | <input type="checkbox"/> GED Plus (Spring) |
| <input type="checkbox"/> Corrections | |
| <input type="checkbox"/> EL/Civics | |
| <input type="checkbox"/> SNAP E&T Treatment | |
| <input type="checkbox"/> SNAP E&T Control | |
| <input type="checkbox"/> IET | |

ASSIGNED STAFF

INTENT

- | | |
|---|---|
| <input type="checkbox"/> Basic Skills Acquisition | <input type="checkbox"/> Learn English Language |
| <input type="checkbox"/> Gain Employment | <input type="checkbox"/> NCRC |
| <input type="checkbox"/> GED | <input type="checkbox"/> Transition to College |
| <input type="checkbox"/> KESC | |

BARRIERS OF EMPLOYMENT

Individual with a Disability?

Yes No

CATEGORY OF DISABILITY (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical/Chronic Health Condition | <input type="checkbox"/> Physical/Mobility Impairment | <input type="checkbox"/> Mental or Psychiatric |
| <input type="checkbox"/> Vision-related Disability | <input type="checkbox"/> Hearing-related disability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Cognitive/Intellectual Disability | <input type="checkbox"/> 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