First Name*: M.I Last Name*:	
Birth Date*: Original Program S	Start Date*:
Address: City:	State: Zip:
Home Phone:	
e-mail:  Emergency Contact: Name/Relationship of Contact:	
Social Security #:  NOTE: Data matching for Employment-related outcomes will not be as	OR: Student was asked for SS# and cannot/will not provide(Intake Staff print full name)  vailable if SS# is not recorded. Manual follow-up will be required after exit.
Gender* (Required):	Race/Ethnic Identity* (Required):
Employment Status* (Required):  □ Employed Full Time □ Employed Part Time □ Employed but Received Notice of Termination □ Military Separation Pending □ Unemployed & Seeking Employment □ Not Available for Employment □ Inmate	Choose ONE:  Hispanic/Latino/a Non-Hispanic/Latino/a  AND Choose all that apply (Must Choose AT LEAST ONE):  African African Latino/a White (not Latino/a)
WIOA Co-Enrollment* (Required): (Definitions available in the ISRF Instruction Guide.)  Student is currently receiving additional WIOA Services: ☐ Yes ☐ No  > If Yes, which type(s)? ☐ Title 1 (e.g. DOL, UI) ☐ Title 3 (e.g. Youth Empl) ☐ Title 4 (e.g. ACCES-VR, TANF)	
Educational Background* (Required):  Highest Grade completed in US Highest Grade completed in NY State? Last School Attended (If NYS)?  Highest Credential Obtained: > Location Obtained: □ In US □ In Other Country  > Credential Obtained: □ Sec School Diploma □ HSE Diploma □ Some Post-secondary □ Post-Sec or Prof Degree  Years of Schooling in Other Countries	
School-aged Children:  Is the student a parent or guardian of a child/children under 21?  Is the Student a Single Parent? ☐ Yes ☐ No  If yes to either question above, enter the number of children at each	IHS
Barriers to Learning/Employment*: (Minimum of 1 Answer Required)  Self-reported by student. Definitions available in the ISRF Instruction Guide.  Y N Y N  Homeless	Ad on train  Ad on subway  Social Media (Facebook, Instagram, Twitter)  out of System  Radio ad
□ Learning Disabled □ Exhausting TANF within 2 years □ Runaway Youth □ Single Parent □ Low Levels of Literacy □ English Language Learner  □ Completed By: (Please Print): □ Please of information: By participating in this state and/or funded adult education and/or family literacy program, I agree release of the information contained in my program records, in but not limited to, social security number, assessment results attendance, to the New York state Department of Education (New	
Student Signature:	data and other educational records and will be used in aggregated or non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years.  Information provided will remain secure. Unless otherwise noted, only
Date:	NYSED, its authorized contractors or the local program will have exclusive access to this information.