

First Name\*:

M.I.:

Last Name\*:

Birth Date\*:

Original Program Start Date\*:

Address\*:

City\*:

State\*:

Zip\*:

Home Phone:

Mobile Phone:

e-mail:

Emergency Contact:

Name/Relationship of Contact:

Social Security #:

OR: ☐ Student was asked for SS# and cannot/ will not provide. 

(Intake Staff print full name)

NOTE: Data matching for Employment-related outcomes will not be available if SS# is not recorded. Manual follow-up will be required after exit.

Gender\* (Required):  
☐ Male  
☐ Female  
☐ Non-Binary/Gender Non-Conforming  
☐ Did Not Answer

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

Race/Ethnic Identity\* (Required):  
Choose ONE:  
☐ Hispanic/Latino/a  
☐ Non-Hispanic/Latino/a  
AND Choose all that apply (Must Choose AT LEAST ONE):

☐ Native Hawaiian  
☐ Native American  
☐ Alaskan Native  
☐ Asian  
☐ Pacific Islander  
☐ African American  
☐ Afro-Caribbean  
☐ 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, Job Zone, UI) ☐ Title 3(e.g. Youth Empl) ☐ Title 4(e.g. ACCES-VR, TANF)

Name of Co-enrolled Program(s):

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 (make one selection only, indicating highest credential obtained)  
> 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? ☐ Yes ☐ No  
Is the Student a Single Parent? ☐ Yes ☐ No  
If yes to either question above, enter the number of children at each level:

PreSchool

Elementary

JHS

HS

Transportation/Child Care/Dependent Care Assistance: ☐ Yes ☐ No If yes, which? ☐ Transport ☐ Child Care ☐ Dependent Care

Barriers to Learning/Employment\*: (Please answer all items Yes or No)  
Self-reported by student. Definitions available in the ISRF Instruction Guide.

Y N

☐ Homeless  
☐ Already has HS Diploma or  
Equiv in US or US Territory  
(incl. Puerto Rico, Guam, etc.)  
☐ Displaced Homemaker  
☐ Disabled  
☐ Low Income  
☐ Migrant/Seasonal Worker  
☐ Learning Disabled  
☐ Runaway Youth

Y N

☐ Unsuccessful Outcome on HSE Subtest(s)  
☐ Non-Native English Speaker  
☐ Ex-Offender  
☐ Youth in Foster Care/ Aged out of System  
☐ Cultural Barriers to Learning  
☐ Long-Term Unemployed  
☐ Exhausting TANF within 2 years  
☐ Single Parent  
☐ Low Levels of Literacy  
☐ English Language Learner

Where did you hear about this program?\* (Required):  
Was the Ad for the local prog or a NYSED/AEPP Ad?  
Check all that apply, minimum one answer.

State Local

☐ Ad on bus  
☐ Ad on train  
☐ Ad on subway  
☐ Social media (Facebook, Instagram, Twitter)  
☐ Radio ad  
☐ Flyer  
☐ Other (please specify)

**Release of information:** By participating in this state and/or federally funded adult education and/or family literacy program, I agree to the release of the information contained in my program records, including, but not limited to, social security number, assessment results and attendance, to the New York state Department of Education (NYSED). Required information for learner participation is indicated with an asterisk (\*). This information may include follow-up with employment 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 NYSED, its authorized contractors or the local program will have exclusive access to this information.

Form Completed By: (Please Print):

Student Signature:

Date: