

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

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 Title 1 = Working with Department of Labor, unemployment etc. Title 3 = Programs funded under the Wagner-Peyser Act Title 4 = Working with Social services - Food Stamps, Childcare, Housing, SSI

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?  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	

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  Unsuccessful Outcome on HSE Subtest(s)  U.S. HS Grad or Equivalent  Non Native English Speaker  Displaced Homemaker  Ex-Offender  Disabled  Youth in Foster Care/ Aged out of System  Low Income  Cultural Barriers to Learning  Migrant/Seasonal Worker  Long-Term Unemployed  Learning Disabled  Exhausting TANF within 2 years  Runaway Youth  Single Parent

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) \_\_\_\_\_

Form Completed By: (Please Print): \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: [ ][ ][ ][ ][ ][ ][ ][ ][ ]

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.