First Name*: M.I Last Name*:	
Birth Date*: Original Program Start	: Date*:
Address: City:	_ State: Zip:
Home Phone: Mobile Phone:	
	ne/Relationship ontact:
Social Security #: NOTE: Data matching for Employment-related outcomes will not be availal	OR: Student was asked for SS# and cannot/ will not provide
Gender* (Required): ☐ Male ☐ Female ☐ Non-Binary/Gender Non-Conforming Ch Employment Status* (Required): ☐ Employed Full Time ☐ Employed Part Time AN	ce/Ethnic Identity* (Required): oose ONE: Hispanic/Latino/a Non-Hispanic/Latino/a ID Choose all that apply (Must oose AT LEAST ONE): African American 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: \(\text{Yes} \) No \(\text{Title 1} = \text{Programs funded under the Wagner-Peyer Act} \) It Yes, which type(s)? \(\text{Title 1} \) Title 1 \(\text{Title 4} \) Name of 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: \(\text{In Other Country} \) > Credential Obtained: \(\text{Sec School Diploma} \) HSE Diploma \(\text{Some Post-secondary} \) 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? ☐ Y Is the Student a Single Parent? ☐ Yes ☐ No If yes to either question above, enter the <u>number</u> of children at each I	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 Unsuccessful Outcome on HSE U.S. HS Grad or Equivalent Non Native English Speaker Displaced Homemaker Ex-Offender Disabled Youth in Foster Care/ Aged out Low Income Cultural Barriers to Learning Migrant/Seasonal Worker Long-Term Unemployed	□ □ Ad on train□ □ Ad on subway□ □ Social Media (Facebook, Instagram, Twitter)
□ Learning Disabled □ Exhausting TANF within 2 years □ Runaway Youth □ Single Parent Form Completed By: (Please Print): Student Signature:	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.