EVEN START ADULT INTAKE FORM – FY11

BASIC INFORMATION:

First Name: _____ **Middle Initial:** ___ **Last Name:** _____	**Gender:** ☐ Male ☐ Female
Date of Birth: _____ / _____/ _____ MM DD YEAR **Ethnicity:** Hispanic/Latino Yes _____ No _____	**Race:** (can select more than 1) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Country of Birth: _____	**Immigrant:** ☐ Yes ☐ No **If Yes**: Arrival Year in US: _____
Referral: ☐ Career Center ☐ Counselor ☐ Flier/Brochure/Poster ☐ JOBS ☐ Library ☐ Other ☐ Recruiter ☐ Student(Current/Previous) ☐ Waiting List ☐ Walk-in (newspaper) ☐ Walk-in (school) ☐ Walk-in (television) ☐ Welfare/Transitional Assistance ☐ Community Organization ☐ Court ☐ Head Start ☐ Job ☐ Literacy Hotline ☐ Probation Officer ☐ Social Services/MA Rehab ☐ Unemployment Office ☐ Walk-in (friend/relative) ☐ Walk-in (radio) ☐ Walk-in (self) ☐ Word of Mouth	**Mandated:** ☐ Yes ☐ No
Social Security #: _____ - _____ - _____ ☐ Not Provided	**Intake Date:** _____ / _____/ _____ MM DD YEAR
Native Language: _____ **Language Spoken at Home:** _____	Intaker Name:
Other Language:	
☐ **Yes** ☐ **No** **Confidentiality Release of Information Form Signed (revised 5/11/2010)**	

CONTACT INFORMATION:

	Home	Mailing	Emergency
Last Name: First Name: M. Initial:	**(Name is already entered in Basic Information on page 1)**	**(Name is already entered in Basic Information on page 1)**	
Address:			
City:			
State:			
Zip Code:			
Phone Number:		☐ Check if mailing address is same as home address	
Alternate Number:		NA	NA
Fax Number:		NA	NA
Work E-Mail:		NA	NA

EDUCATION:

Last Grade Completed in US:		**Last Grade Completed in Foreign Country:**	

Schooling Completed:

- ☐ **No High School Diploma**
- ☐ **US High School Diploma**
- ☐ **GED**
- ☐ **ADP/EDP**
- ☐ **Equivalent of HS Diploma in Another Country**
- ☐ **Associate Degree (2 years beyond H.S.)**
- ☐ **Bachelor Degree (4 years beyond H.S.)**
- ☐ **Masters Degree (1 or more years beyond Bachelors)**
- ☐ **Doctorate Degree**

Last Adult Education Center Attended:

State:		Last Year Attended:	
Obtained GED Before Enrollment:	☐ Yes ☐ No	GED Score:	

EMPLOYMENT AND HOUSEHOLD:

Employment Status:

- ☐ Employed
- ☐ Unemployed and Not Looking for Work
- ☐ Homemaker
- ☐ Unemployed and Looking for Work
- ☐ Retired or Otherwise Not Looking for Work

Concerned About Layoff: (if employed) ☐ Yes ☐ No

Recently Laid Off: (if unemployed) ☐ Yes ☐ No

Occupation: (required if employed)

Town Where Employed:

Start Date of Current Job: ____ (Month) _____ (Year)

Job Type: ☐ Full Time (30 or more hrs/wk) ☐ Part Time (less than 30 hrs/wk) ☐ Multiple Jobs

 # Hours Work Per Week _____

Income: Personal ___ $0 - $4,999 ___ $5,000-$9,999 ____ $10,000-$14,999 ____ $15,000 - $19,999 ___$20,000-$29,999 ___$30,000-$39,999 ___ Over $40,000

Income: Household ___ $0 - $4,999 ___ $5,000-$9,999 ____ $10,000-$14,999 ____ $15,000 - $19,999 ___ $20,000-$29,999 ___$30,000-$39,999 ___ Over $40,000

Public Assistance: ☐ **TAFDC** (Transitional Aid to Families with Dependent Children)

☐ **EAEDC** (Emergency Aid to the Elderly, Disabled and Children) ☐ **Food Stamp Benefits**

☐ **EA** (Emergency Assistance) ☐ **SSI** (Supplemental Security Income) ☐ **None** ☐ **Other**

Homeless: ☐ Yes ☐ No

Shelter Name: (required if homeless)

Single Parent/Guardian: ☐ Yes ☐ No

____ **# Adult Caregivers**

Dependents: ☐ Yes ☐ No

List of Caregivers: ___ Mother ___ Father ___ Significant Other ___ Grandparent ___ Aunt ___ Uncle ___ Other

Dependent Birth Year:						
In School (PreK-12)(Y/N)						

SCHEDULING AVAILABILITY:

	Morning	**Afternoon**	**Evening**	Anytime
Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
Saturday:				
Sunday:				
Any Weekday:				
Any Day:				

Will Take Classes in Summer:	☐ Yes ☐ No	**Available Hours Per Week:** _____

TECHNOLOGY AVAILABILITY: Check all that apply

	Located In the Home	**Student Uses At Home**	**Student Uses Outside The Home**
Computer			
Internet Access			
E-Mail Address			
DVD			
Other: (Program enters)			
None of above			
All of above			

DISABILITIES AND ACCOMMODATIONS:

Was the student informed that he/she does not have to inform the program of a disability, however, self-disclosing this information would make the student eligible for reasonable accommodations?	☐ Yes ☐ No
Is there an apparent physical disability OR did the student disclose a disability? *	☐ Yes ☐ No

*** If Yes, complete the Disabilities and Accommodations section.**

DISABILITIES:

	Disclosed/Observed (check if Yes)	**Documented (check if Yes)**
None		
Hearing Loss		
Vision Impaired		
Speech Impairment		
Legally Blind		
Deaf		
Non-verbal		
Paralysis		
Missing Extremities		
Nonparalytic Orthopedic		
Specific Learning Disability (SLD)		
Other:		

ACCOMODATIONS:

	Requested (check if Yes)	**Provided (check if Yes)**
None		
Reader/Signer		
Modified Teaching Materials		
Audio		
Architecturally Accessible		
Distraction Free Spaces		
Alternative Location		
Test Schedule		
Scribe/Note-Taker		
Adaptive Equipment		
Extended Time		
Other:		

8/1/10