FY2026 Adult Education Student Intake Form

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| **\* Intake Date:** | \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_  *Month Day Year* |

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| **\* Social Security Number:** | \_\_\_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_\_\_ **0** Not Provided |

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| **\* Last Name:** |  | |
| **\* First Name:** |  | |
| **Middle Name/Initial:** | **0** Not Provided | |
| **Preferred Name:** |  | |
| **Suffix:** (ex. Junior) |  | |
| **\* Date of Birth:** | \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_  *Month Day Year* | |
| **Official Letter of Withdrawal on File (if under 18 at enrollment): □** | | |
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| **\* Sex: □** Male **□** Female  **□** Other/Prefer Not to Disclose | |  |
| **Gender Identity:**   * Gender Fluid * Gender Nonconforming * Gender Queer * Man * Nonbinary | | * Other * Prefer Not to Disclose * Transgender * Two-Spirit * Woman |
| **Pronouns:**  **□** He/Him  **□** She/Her | | **□** They/Them  **□** A Pronoun Not listed\_\_\_\_\_\_\_\_\_\_\_\_ |
| \* Service (Check the one that best applies):   * ABE * ADP * Spanish ABE * ESOL * Transition to College (FC 668) | | \* Secondary Service:   * MassSTEP ESOL (FC 359) * Workplace Education (FC 494/495) * No Secondary Service Selected |
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| \* WIOA Core Program (Check one):   * Title I Adult * Title I Dislocated Worker * Title I Youth | | * Title III Wagner Peyser * Title IV Vocational Rehabilitation * None |
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| **Student Keyword:** |  | |
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| **\* Are you Hispanic/Latino? □** Yes **□** No | | |
| **\* What is your Race? (Check all that apply):**   * Alaskan Native / American Indian * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White | | |
| **\* Country of Birth:** |  | |
| **\* First Language (L1):** |  | |
| **\* First Language (L1) Reading/ Writing Proficiency:**   * Fluent * Intermediate * Basic * None | | |
| **Second Language (L2):** |  | |
| **Second Language (L2) Reading/ Writing Proficiency:**   * Fluent * Intermediate * Basic * None | | |
| **Second Language is the Primary Language: □** | | |
| **\* Highest educational level completed on entry: (Check only one.)** | | |
| * No Schooling * Grade 1-5 * Grade 6-8 * Grade 9-12 | | * Secondary School Diploma or Alternate Credential * Secondary School Equivalent * Some Postsecondary Education, No Degree * Postsecondary or Professional Degree |
| **\* Where did you receive your highest level of education? (Check only one.)**   * U.S. Based Schooling * Non-U.S. Based Schooling | | |
| **\* Were you ever enrolled in MA public education (K12, Adult Education, Community College)?**  **□** Yes **□** No | | |

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| **\* Employment Status at Program Entry: (Check the one that best applies.)** | | | | | | | | | | | | | | | |
| **□ Employed –** (a)is currently performing any work as a paid employee  (b) is currently performing any work at his/her own business, profession, or farm  (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family  (d) is not working, but currently has a job or business from which he/she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job. | | | | | | | | | | | | | | | |
| * **Employed – Multiple Jobs** | | | | | | | | | | | | | | | |
| * **Employed with Separation Notice** | | | | | | | | | | | | | | | |
| * **Unemployed –** not employed but seeking employment, making a specific effort to find a job, and is available for work. | | | | | | | | | | | | | | | |
| * **Retired** | | | | | | | | | | | | | | | |
| * **Unavailable for work** | | | | | | | | | | | | | | | |
| * **Not looking for work** | | | | | | | | | | | | | | | |
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| **\* Barriers to Employment** (Check all that apply. Must select at least either “English Language Learner” or “Low Literacy Levels”) | | | | | | | | | | | | | | | |
| * **Cultural Barriers –** aperson who perceives him/herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment. | | | | | | | | | | | | | | | |
| * **Disabled Individual –** aperson with a physical or mental impairment that substantially limits one or more of the person's major life activities. | | | | | | | | | | | | | | | |
| * **Displaced Homemaker –** aperson who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income or is the dependent spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. | | | | | | | | | | | | | | | |
| **□ Low-income Individual –** aperson who meets either of the following:   1. Who within six months has received income-based assistance, such as housing supplement or food stamps (Persons receiving public assistance or a housing supplement within last six months meet this criteria.) 2. Whose total family income is below 70 percent of the lower living standard income level. | | | | | | | | | | | | | | | |
| * **English Language Learner –** aperson who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language. | | | | | | | | | | | | | | | |
| * **Ex-offender –** aperson who either has been subject to any stage of the criminal justice process or requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. | | | | | | | | | | | | | | | |
| * **Exhausting TAFDC (TANF) –** aperson within two years of exhausting lifetime eligibility. | | | | | | | | | | | | | | | |
| * **Foster Care Youth –** aperson who is currently in foster care or has aged out of the foster care system. | | | | | | | | | | | | | | | |
| * **Homeless Individual –** aperson without a fixed, regular and adequate nighttime residence or a run-away youth. | | | | | | | | | | | | | | | |
| * **Long-term Unemployed –** aperson unemployed for 27 or more consecutive weeks (approx. six months, or more). | | | | | | | | | | | | | | | |
| * **Low Literacy Levels** | | | | | | | | | | | | | | | |
| * **Migrant Farmworkers –** aperson who meets either of the following:  1. A low-income individual who for the 12 consecutive months out of the 24 months prior to program entry has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment **and** faces multiple barriers to economic self-sufficiency. 2. A dependent of the individual described as a seasonal or migrant seasonal farmworker above. | | | | | | | | | | | | | | | |
| * **Seasonal Farmworkers –** aperson who meets either of the following:  1. A seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. 2. A dependent of the individual described as a seasonal or migrant seasonal farmworker above. | | | | | | | | | | | | | | | |
| * **Single Parent or Guardian –** aperson who is single, separated, divorced or widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant. | | | | | | | | | | | | | | | |
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| **\* Address 1:** |  | | | | | | | | | | | | | | |
| **Address 2:** |  | | | | | | | | | | | | | | |
| **\* Zip Code:** |  | | | | | **City:** |  | | | | | | | | |
| **County:** |  | | | | | | | | | | |  |  | | |
| **State:** |  | | | | | | | | | | |  |  | | |
| **Mail preference:** **□**  No Mailings **□**  Any **□**  Newsletters only **□**  Flyers only | | | | | | | | | | | | | | | |
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| **Which of the following do you have at home so we can contact you and/or connect you to services? (Check all that apply):** | | | | | | | | | | | | | | | |
| * Computer with Camera | | | | | | | | | | | * Mobile Phone | | | | |
| * Computer without a Camera | | | | | | | | | | | * Home Phone | | | | |
| * Webcam | | | | | | | | | | | * Internet Access | | | | |
| * Headset with Microphone | | | | | | | | | | | * Printer | | | | |
|  | | | | | | | | | | | * Scanner | | | | |
|  | | | | | | | | | | | | | | | |
| **\* Telephone:** | | ( ) | |  | | | | | ( ) |  | | | | ( ) |  |
| *At least one* | | *Home* | | | | | | *Mobile* | | | | | | *Work* | |
|  | |  | | | | | |  | | | | | |  | |
| **\* Email:** | | |  | | | | | | | | | | | | |
| **Secondary Email** | | |  | | | | | | | | | | | | |
| **Contact Preference:** | | | | | **□** Any phone any time **□** Home phone only **□** Mobile phone only | | | | | | | | | | |
|  | | | | | **□** Text message (mobile) **□** Email | | | | | | | | | | |

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| **Emergency Contact Name:** |  |
| **Emergency Contact Phone:** |  |
| **Emergency Contact Address:** |  |

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| **\*\*Correctional:** | |
| * Yes – County (Pretrial) | * Yes – State |
| * Yes – County (Sentenced) | * Yes – Federal |
| * Yes – Community (Pretrial) |  |
| * Yes – Community (Sentenced) |  |
| **\*\*Institutional:** **□** No **□** Yes | |
|  | |
| **Apparent or Disclosed Disability:** **□** | |
| **Specific Learning Disability:** **□** No **□** Yes – Disclosed **□** Yes - Documented | |
| **Official Letter of Withdrawal on File (if under 18 at enrollment): □** | |

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| **Public Assistance** (Choose one or more if "yes”):   |  |  | | --- | --- | | **□** | EAEDC | | **□** | MassHealth | | **□** | Other | | **□** | SNAP (EBT/Food Stamps) | | **□** | SSI | | **□** | TAFDC (TANF) | | **□** | WIC | |

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| **Schedule Preferences** (Choose one or more):   |  |  | | --- | --- | | **□** | Morning | | **□** | Afternoon | | **□** | Evening | | **□** | Weekend | |

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| **Preferred Instructional Mode (**Choose one or more):   |  |  | | --- | --- | | **□** | In-person | | **□** | Remote (online) | | **□** | Hybrid | |

**\*** Is there a signed *Confidentiality Release of Information Form* on file? **□** Yes **□** No