

WY Student Intake Form

EFFECTIVE October 9, 2017

THIS TOP PORTION IS FOR OFFICE USE ONLY

Intake Date: _____ / _____ / _____	New Student: <input type="checkbox"/> Yes <input type="checkbox"/> No PoP: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Former Program:		
Intake Person:	Current Primary Program:		College ID#:
Lead Instructor:	<input type="checkbox"/> Adult Education	<input type="checkbox"/> ELA	LACES ID#:
Site:	<input type="checkbox"/> IET	<input type="checkbox"/> Corrections Facility	NRS Pro Access Code#:
Residence Area: <input type="checkbox"/> Rural <input type="checkbox"/> Urban	<input type="checkbox"/> Transitions:	<input type="checkbox"/> Other:	Other ID#:
Social Security #: _____ - _____	Birth Date: _____ / _____ / _____	Age at Enrollment:	
Last Name:		Full Legal First Name:	
Middle Initial:	Other Names:		
Mailing Address:			
City:	State:	Zip:	County:
Home Phone:		Work Phone:	
Cell/Mobile Phone:		E-Mail Address:	
Emergency Contact Person:		Phone # and Relationship:	

GENDER	BARRIERS	WORK STATUS	PUBLIC ASSISTANCE	FAMILY INFO	DISABILITY
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> None <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled (All ages) <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economic Disadvantage <input type="checkbox"/> English Language Learners <input type="checkbox"/> Ex Offender <input type="checkbox"/> Exiting TANF Within Two Years <input type="checkbox"/> Foster Care Youth (Inc. Aged out) <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Single Parent or Guardian <input type="checkbox"/> Homeless, (Inc. Runaway youth) Homeless Site: _____	Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Company: _____ Occupation: _____ Employed but: <input type="checkbox"/> Received notice <input type="checkbox"/> Military Separation <input type="checkbox"/> Unemployed and Actively Seeking Job <input type="checkbox"/> Dislocated Worker Not in the Labor Force: <input type="checkbox"/> Stay-at-Home Parent <input type="checkbox"/> Retired <input type="checkbox"/> Institutionalized Registered on Wyoming at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Registration: _____	(Student currently receives financial assistance from federal, state or local government agency) <input type="checkbox"/> Total Disability or Aid to the Blind <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> TANF/Cash Assistance <input type="checkbox"/> Old Age Assistance (Special Program) <input type="checkbox"/> Local (Housing, WIC, etc.) <input type="checkbox"/> None of the Above	Student's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed IMMIGRATION INFO <input type="checkbox"/> Immigrant or Refugee Country of Origin: _____ FAMILY INCOME Family Income: _____ per month _____ per year Number of Dependents: _____	<input type="checkbox"/> None <input type="checkbox"/> Learning Disability <input type="checkbox"/> Physical Disability Is your disability documented? <input type="checkbox"/> Yes <input type="checkbox"/> No After reading the *Disability Statement below, please answer the following question: Would you like additional information about accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL SOURCE

Referred to program by:

Advertisement (please specify): _____ Workforce Center/Employment Service

Family Member Vocational Rehabilitation Friend Family Services Court/Probation & Parole Other: _____

If referred by an agency, please list contact person's name and phone number:

Referred by (Name): _____ Phone: _____

***Disability Statement:** Accommodations can be provided to students with documented disabilities. Disclosure of a disability is voluntary and no negative treatment will result if a disability is not disclosed. All information is confidential, and accommodations are provided only to students who request them.

EDUCATION

***Enter the highest level of schooling or degree attained for each student in US or non-us-based schooling. Use the last year of schooling that was completed to identify if it is to be recorded as US Based or Non-US Based Schooling.

Highest Degree or Level of School Completed ***	US Based Schooling	Non-US Based Schooling
No schooling		
Grades 1-5		
Grades 6-8		
Grades 9-12 (no diploma)		
Secondary School Diploma or alternate credential		
Secondary School Equivalent		
Some Postsecondary education, no degree		
Postsecondary or professional degree		
Unknown		

Last school attended:

In what city, state or country:

Reason for leaving:

REASON(S) FOR ATTENDING THIS PROGRAM

- Court Ordered
 Obtain Citizenship Skills
 Improve Employment Skills
 Improve Math Skills
 Obtain a Job
 Improve English Skills
 Obtain Career Readiness Certificate
 Improve Basic Literacy Skills
 Enter College
 Get a Better Job
 Enter Career or Technical Education
 Improve Basic Computer Literacy Skills
 Retain Current Job
 Improve Current Job
 Increase Inv. in Child(ren)'s Educ.
 Other: _____
 Obtain HSEC (High School Equivalency Certificate)

SURVEY FOLLOW-UP INFORMATION

Please check your preferred method of contact:
 Phone
 Mail
 E-Mail
 Personal Contact

NOTICE OF STATUS:
 J-1 Au Pair
 F-1 Student Visa
 My status is not one of these / Other: _____

RELEASE OF INFORMATION

I authorize the Wyoming Community College Commission (WCCC) and my local Adult Education (AE) program to use, report and release the Personally Identifiable Information (PII) contained in my AE program records, instructional plan, assessment outcomes, credential progress and attainment, and accommodation documentation (if any was provided) and to access, use, and report my Employment Data (unemployment and wage records) from the Department of Workforce Services and my local One-Stop service center, for purposes of education and/or employment research, planning, and reporting as required by state policy and federal regulations. This will include follow-up employment data and other educational records and information that will only be reported in aggregated form. I understand that state government files will be accessed to obtain this information and will only be used for the purposes mentioned herein without specific authorization for any other use. I acknowledge WCCC fully supports the mandates of the federal Family Educational Rights and Privacy Act and 20 CFR, Chapter V, 603.5(d)(2)(i). I understand these statements fully and authorize the use of my "program", PII and employment data for official purposes only, as approved by my signature below.

Student Signature:
(Blue or Black Ink Only)

Date:

Parent/Guardian Signature:
(Blue or Black Ink Only)

Date:

Definitions Page for Wyoming Student Data:

ETHNICITY:

Hispanic / Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.

American Indian or Alaskan Native: a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black / African American: a person having origins in any of the black racial groups of Africa.

Native Hawaiian / Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

More Than One Race: a person having origins in more than one racial category.

BARRIERS:

Cultural Barriers: an individual who perceives him or 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: a person who has any "disability" as defined in the Americans with Disabilities Act. A "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.

Displaced Homemaker: a person 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 whose family income is significantly reduced because of a deployment, or a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; **and** is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Economic Disadvantage: (Low income status): an individual who:

- (a) In the 6 months prior to application to the program has received: (i) Assistance through the supplemental nutrition assistance program (SNAP); (ii) Assistance through the temporary assistance for needy families (TANF) program; (iii) Assistance of supplemental security income program (SSI); or (iv) State or local income-based public assistance.
- (b) total family income does not exceed 70% of the lower living standard income level;
- (c) Is a youth who receives a free or reduced price lunch;
- (d) Is a foster child on behalf of whom State or local government payments are made;
- (e) Is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement;
- (f) Is a homeless participant or a homeless child or youth or runaway youth; or
- (g) Is a youth living in a high-poverty area.

English Language Learner: a person 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: a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.

Exiting TANF Within Two Years: if the participant, at program entry, is within 2 years of exhausting lifetime eligibility regardless of whether receiving these benefits at program entry.

Foster Care Youth (Inc. Aged out): a person who is currently in foster care or has aged out of the foster care system.

Long Term Unemployed: if, at program entry, he/she has been unemployed for 27 or more consecutive weeks.

Low Literacy Levels: if the participant is, at program entry:

A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; **or** B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.

Migrant Farmworker: 1. A low-income individual who: for 12 consecutive months out of 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 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. 3 A dependent of the individual described as a seasonal or migrant seasonal farmworker above.

Single Parent or Guardian: if single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

Homeless (Inc. Runaway youth): a person without a fixed, regular, and adequate nighttime residence; or runaway youth

WORK STATUS:

Employed: The participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or 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, or (d) is one who is not working, but currently has a job or business from which he or 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, but Received Notice of Termination of Employment or Military Separation is pending: The participant, at program entry, is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member (i.e., within 12 months of separation or 24 months of retirement).

Not in the labor force: The participant, at program entry, is not in the labor force (i.e., those who are not employed and are not actively looking for work, including those who are incarcerated).

Unemployed: The participant, at program entry, is not employed but is seeking employment, makes specific effort to find a job, and is available for work.