

**Intake Date:** **WIOA Adult Education Enrollment Intake Form**

**Last Name:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_  
**Suffix:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_

**Gender:** Male Female Non-Binary  
**Hispanic/Latino?** Yes No **Refugee?** Yes No

**Race** (choose one or more):  
 American Indian or Alaska Native  
 Asian  
 Black/African American  
 Native Hawaiian or other Pacific Islander  
 White

**Highest Level of Education:**  
 Last School Attended: \_\_\_\_\_  
 No Schooling  
 Kindergarten  
 Grades 1-5  
 Grades 6-8  
 Grades 9-12 (No Diploma)  
 Secondary School Diploma  
 Secondary School Equivalent (GED/HISET)  
 Unknown  
 Some Postsecondary Education,  
 No Degree Postsecondary or Professional Degree

**Education Completed In:**  
 US Based Schooling  
 Non-US Based Schooling

**Student Type:**  
 New Continuing Returning

**Previous Adult Education Program** (Please List):  
 \_\_\_\_\_

**Employment Status:**  
 Employed Full Time  
 Employed Part Time  
 Unemployed  
 Not Looking for Work  
 Unavailable for Work  
 Retired  
 Employed with Separation Notice

**Employment Barrier:** Yes No  
**If "Yes" Above, Select all that Apply:**  
 Cultural Barriers  
 Disabled Low Income  
 Displaced Homemaker  
 English Language Learner  
 Ex Offender  
 Exhausting TANF within Two Years  
 Foster Care Youth  
 Homeless  
 Long Term Unemployed  
 Low Literacy Levels  
 Migrant Farm Worker  
 Seasonal Farmworker  
 Single Parent or Guardian

**Other Barriers:**  
 Public Assistance  
 Emancipated Minor  
 Community Corrections (Describe):  
 \_\_\_\_\_  
 Physical or Mental Disability (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

**How did you hear about Adult Education** (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Mobile Phone:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Contact Preference:**  
 Any Phone or Time Email Only Home Only  
 Mobile Phone Text Only

**Emergency Contact Phone :** \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_  
**Emergency Contact Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Emergency Contact Relation:** \_\_\_\_\_

**Signature of Participant:**  
 \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



## For Adult Education Staff Only:

AE Site Name: \_\_\_\_\_

Release of Personal Information on File: Yes

Letter of Withdrawal on File: Yes No N/A

Emancipated Minor (Minor with Adult Status) Paperwork on File:  
Yes N/A

Learning Disability: Observed/Disclosed Documented

List: \_\_\_\_\_

WIOA Core Program or Other Referral Information:

WIOA Title I - Adult (DLI)

WIOA Title I - Dislocated Worker Programs (DLI)

WIOA Title I - Youth (DLI)

WIOA Title II- Adult Education (DLI)

WIOA Title III-Wagner Peyser/American Job Centers(DLI)

WIOA Title IV-Vocational Rehabilitation (DPHHS)

Other Referral (List):  
  
\_\_\_\_\_

Secondary Program Type:

Distance Learning

Integrated English Literacy and Civics Education

Community Correctional: Yes No

Institutional: Yes No

Learner Goals:

Employment

Attain High School Equivalency Diploma

Place in Postsecondary Education

Place in Training Program

Attain Postsecondary Credential

Achieve Citizenship Skills

Vote or Register to Vote

Increase Involvement in Community Activities

Additional Notes:

Learner Resources:

Computer with camera

Computer without camera

Webcam

Headset with Microphone

Internet Access

Printer

Scanner

Current state issued photo ID

Other (List) :



Montana Department of  
**LABOR & INDUSTRY**

**Consent to Release Personal  
Information**

I, \_\_\_\_\_, a student age 18 or older, consent to the release of personally identifiable and/or personal testing data from my student record.

**OR**

I, \_\_\_\_\_, a parent or guardian of  
\_\_\_\_\_, a student age under the age of 18, consent to the release of personally identifiable information and/or personal testing data from the student record of my minor child.

Dependent of the identified goal, I understand that the student record includes my social security number, which maybe release to the following:

- Montana WIOA Adult Education programs (transfer or co-enrolled adult learner),
- Montana University System or postsecondary institution identified by me, and/or
- MT DLI Quality Assurance team

The purpose of the release of my Social Security number is to assist the Montana Department of Labor and Industry in obtaining and reporting information for grant funding concerning the outcome of students as required by Section 212 of the Adult Education and Family Literacy Act.

I understand that the Montana Department of Labor and Industry will share my personal identifiable information with the agency(ies) above for enrollment and data matching purposes only. The information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand the report will contain information and statistics about the employment and further education of adult education students in Montana, and no specific or personal information will appear in this report

\_\_\_\_\_  
Signature of Student or Parent/Guadian

\_\_\_\_\_  
Date

**High School Withdrawal Letter**

For students aged 16, 17 and 18 the high school withdrawal letter is required by DLI, to prove eligibility for WIOA Adult Education services, as well as OPI for high school equivalency test eligibility. By signing below, I am allowing for both parties to share the original high school withdrawal letter I provided. The purpose of sharing this document is only to assist in supporting the preparation for and taking of high school equivalency tests.

\_\_\_\_\_  
Signature of Student or Parent/Guadian

\_\_\_\_\_  
Date