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| Previous TEAMS  Information | **NAME** | | |  | **TEAMS ID #** |  | **DOB** | | |
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| **LAST NAME** | |  | **FIRST NAME** | | |  | **MIDDLE NAME** | |
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| **SSN / ID** |  | **SOCIAL SECURITY NUMBER** | | | | | | | | | | |  | **DOCUMENT NUMBER** | | | | | | | | |
| Verifier Name |  |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Did not disclose Social Security Number  TX DL  TX ID List State if other \_

Did not disclose Driver’s License or State ID Number

List Identity Document used\_

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| **ETHNICITY** |  | **RACE »** MUST CHECK AT LEAST ONE RACE | | | | |
| Hispanic / Latino  Not Hispanic  Did not self-identify  Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race |  | American Indian / Alaskan Native  No  Did not self-identify  Indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community. Including any Alaska Native Village. | Asian  No  Did not self-identify  Having origins in any of the original peoples of Far East, SE Asia, Indian Subcontinent. | Black/African American  No  Did not self-identify  Having origins in any of the black racial groups of Africa. | Native Hawaiian / Other Pacific Island  No  Did not self-identify  Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | White  No  Did not self-identify  Having origins in any of the original peoples of Europe, Middle East or North Africa. |

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| **DATE OF BIRTH** | | | | | | | | | | | | | | | | | |  | **IDENTIFYING INFORMATION** | | | |
|  |  | | **/** | |  | |  | | **/** | |  |  | | |  | |  |  | STUDENT STREET ADDRESS | | | |
|  | |  | |  | CITY | | STATE | ZIP CODE |
| M | M | |  | | | **D** | | **D** |  | | **Y** | | **Y** | | **Y** | | **Y** |  |  | |  |  |
|  | | | | | | | | |  | |  | | | | | | |  | HOME PHONE | | | |
| **GENDER** | | | | | | | | | **AGE OF STUDENT** | | | | | | |  | | | |
| M | | F | | Did not  Self-identify | | | | |  | | 16 | | 17-18 | | | 19+ | |  | CELL PHONE | WORK PHONE | | |
|  | |  | |  | | | | |  |  | | | |  | |  | |  | EMAIL ADDRESS | | | |

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| **Equal Opportunity Information**  Yes, Disabled (Select one below)  No  Did not self-identify  **Category of Disability**  Physical/Chronic Health Condition  Physical/Mobility Impairment  Mental or Psychiatric Disability  Vision-related Disability  Hearing-related Disability  Learning Disability  Cognitive/Intellectual Disability  Did not disclose type of disability  No disability | **Veteran Status**  Yes  No  Status not known  **Eligible Veteran Status**  Yes <= 180 days  Yes, Eligible Veteran  Yes, Other Eligible Person  No  **Disabled Veteran**  Yes  Yes, special disabled  No  Date of Actual Military Separation  \_\_     \_\_\_\_ | **Employment Information**  Employed  Hours Employed per Week \_     \_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unemployed (seeking employment)  Yes, Unemployed 27+ consecutive weeks  Employed, but received Notice of Termination of Employment  or Military separation pending  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not in Labor Force (not seeking employment)  **Reason for Not looking for work**  Full-Time caregiver/parent  Dependent  Disabled  Institutionalized  Incarcerated  Other \_\_     \_\_\_\_\_  Ineligible to work |

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| **Type of Community**  Rural  Urban  **School Status at Program Entry**  In-school, secondary school or less  In-school, Alternative School  In-school, Post-Secondary School  Not attending school or drop out  Graduate or recognized equivalent  Minor 16-18 years - within age of  compulsory school attendance  Highest School Grade Completed  \_\_     \_\_\_ (1-12)  No school grades completed | **Highest Education Level**  Attained High School Diploma  Attained GED or Equivalent  Participant with disability receives  certificate of attendance/completion  for successfully completing an IEP.  Completed 1 or more years of  postsecondary education  Postsecondary technical or vocation  Certificate (non-degree)  Associate’s Degree  Bachelor’s Degree  Attained a degree beyond a  Bachelor’s degree  \_\_  **No Educational Level Completed**  **In the US**  **Outside of the US** | **Migrant and Seasonal Farmworker**  Seasonal Farmworker Adult  Migrant Farmworker Adult  Migrant/Seasonal Farmworker Youth 16-24  Dependent Adult  Dependent Youth  No  **On Public Assistance**  Yes  No  Did not disclose  **Expanded Eligibility for TANF**  Yes  No  Not Applicable  **Exhausting TANF within 2 Years**  Yes  No  Not Applicable |

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| **Additional Characteristics**  Foster Care Youth  Yes  No  Homeless/Runaway  Yes  No  Low Income  Yes  No  English Language Learner  Yes  No  Cultural Barriers  Yes  No  Did not self-identify  Immigrant  Yes  No  Did not disclose  Displaced Homemaker  Yes  No  Single Parent  Yes  No  Did not self-identify  Parent of child (0-5)  Yes  No  Did not disclose  Parent of child (6-10)  Yes  No  Did not disclose  Parent of child (11-13)  Yes  No  Did not disclose  Parent of child (14-18)  Yes  No  Did not disclose  Ex-Offender  Yes  No  Did not disclose  Date released from incarceration \_\_     \_\_\_\_  **Corrections & Institutional Funded Program**  In Correctional Facility  Yes  No  In Community Corrections  Yes  No  Other Institutionalized Settings  Yes  No  On Parole  Yes  No  On Probation  Yes  No  **Special Program Type**  Family Literacy Participant  Yes  No  In Workplace Literacy  Yes  No  Participant in Job & Training  Yes  No  **Referral Type**  One-Stop Center Referral  Yes  No  Did not disclose  TANF Referral  Yes  No  Did not disclose  Referral from College  Yes  No  **Have you attended classes with us before?**  Yes  No – If yes, when?\_\_\_     \_\_\_\_\_\_\_  **Have you attended another Adult Education site?**  Yes  No – If yes, when & where?\_\_\_\_     \_\_ | **One Stop Center Program**  **WIOA Adult**  Yes, Local Formula  Yes, Statewide  Yes, Both Local Formula & Statewide  Reportable Individual  No  **WIOA Dislocated Worker**  Yes, Local Formula  Yes, Statewide  Yes, Both Local Formula & Statewide  Reportable Individual  No  **WIOA Youth**  Yes, Local Formula  Yes, Statewide  Yes, Both Local Formula & Statewide  Youth Reportable Individual  No  **Job Corps – WIOA**  Yes  Reportable Individual  No  Unknown  **Vocational Rehabilitation - WIOA**  Yes  Yes, Vocational Rehab & Employment  Yes, Vocational Rehab & Vocational Rehab & Employment  No  Unknown  **Wagner-Peyser Employment Services - WIOA**  Yes  Reportable Individual  No  Unknown  **YouthBuild – WIOA Grant # \_\_\_\_\_****\_\_\_** |

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| **Participant Acknowledgement and Release of Information**  The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment**. My signature below shall constitute acknowledgement** to statistical use of my records of enrollment, progress, credential obtainment, and transition to postsecondary enrollment or employment. **My signature below also authorizes** use of my personally identifiable information, including my employment and wage information pre-, during and post- enrollment for audit, study and evaluation of the Adult Education and Literacy program performance and other state and federally-funded programs.  Such programs may include but are not limited to those under the laws administered by the Texas Education Agency and the Texas Higher Education Coordinating Board.  I acknowledge that the Adult Education and Literacy Program and that TWC may release personal identifiable information to other local, state, federal, partners and/or stakeholders for verification of state and federal program requirements, performance reporting, audit, evaluation, study and to monitor the programs performance. Participants who are 17 and 18 years of age must have written parental permission or qualify for another exemption from compulsory attendance law. Additional information may be found at:  <http://www.twc.state.tx.us/twc-website-privacy-securityinfomation#confidentiality>  Do not release directory information  Yes  No Share data with Texas Higher Education Coordinating Board  Yes  No Share data with Texas Education Agency  Student’s Signature Date Parent/Guardian Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Completed by \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please print (only for virtual registration) |

Updated 01/04/2021 mes