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| Previous TEAMS Information | **NAME** |  | **TEAMS ID #** |  | **DOB** |
|       |       |  |       |
|  |
| **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 [x]  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 |
| [x]  Hispanic / Latino[ ]  Not Hispanic[ ]  Did not self-identifyPerson 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-identifyIndicates 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-identifyHaving origins in any of the original peoples of Far East, SE Asia, Indian Subcontinent. | [ ] Black/African American[ ]  No[ ]  Did not self-identifyHaving origins in any of the black racial groups of Africa. | [ ] Native Hawaiian /Other Pacific Island[ ]  No[ ]  Did not self-identifyHaving origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | [x]  White[ ]  No[ ]  Did not self-identifyHaving 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**[x]  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[ ]  NoDate 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-identifyImmigrant [ ]  Yes [ ]  No [ ]  Did not discloseDisplaced Homemaker [ ]  Yes [ ]  No Single Parent [ ]  Yes [ ]  No [ ]  Did not self-identifyParent of child (0-5) [ ]  Yes [ ]  No [ ]  Did not discloseParent of child (6-10) [ ]  Yes [ ]  No [ ]  Did not discloseParent of child (11-13) [ ]  Yes [ ]  No [ ]  Did not discloseParent of child (14-18) [ ]  Yes [ ]  No [ ]  Did not discloseEx-Offender [ ]  Yes [ ]  No [ ]  Did not discloseDate 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 discloseTANF Referral [ ]  Yes [ ]  No [ ]  Did not discloseReferral 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 AgencyStudent’s Signature Date Parent/Guardian Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Completed by \_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please print (only for virtual registration) |

Updated 01/04/2021 mes