



# Arkansas Adult Education 2022-2023 Intake Form Ozarka College Adult Education

<b>*Start Time:</b>	_____
<b>*End Time:</b>	_____
<b>*Intake Hours:</b>	_____

(\*Denotes a required field)

## INITIAL INFORMATION:

**\*Staff:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\*LEA:** \_\_\_\_\_ **\*Site/Location:** \_\_\_\_\_

## PARTICIPANT INFORMATION:

**\*Last Name:** \_\_\_\_\_ **\*First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_ **\*Gender:**  Male  Female

**\*SSN:** \_\_\_\_\_ **\*Residence Area:**  Rural  Urban

*Note: Social security card or acceptable alternative documentation must be presented and viewed by intake staff. If documentation has not been presented, the SSN cannot be recorded in LACES.*

## \*PROGRAM INFORMATION:

<p><b>Program:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Education – ABE/ASE</li> <li><input type="checkbox"/> Adult Education - ESL</li> <li><input type="checkbox"/> Adult Literacy</li> <li><input type="checkbox"/> Citizenship</li> <li><input type="checkbox"/> Corrections</li> <li><input type="checkbox"/> Family Literacy</li> <li><input type="checkbox"/> IEL/CE</li> <li><input type="checkbox"/> IET</li> <li><input type="checkbox"/> Transition (ESL → ABE/ASE → Post Secondary)</li> <li><input type="checkbox"/> Workplace Classes</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>Secondary Program:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Distance Learning</li> <li><input type="checkbox"/> Homeless Literacy</li> <li><input type="checkbox"/> IEL/CE (only mark if receiving IEL/CE grant funds)</li> </ul> <p><b>ESL Student (Y/N):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
---	---

*\*Complete only if student is 16/17 years old*

Reason Minor Attending Adult Education:  Court Order  Home School  Waived out of High School

Last School Attended: \_\_\_\_\_ (Answer "Don't Know" if school is unknown or out-of-state.)

**\*Waiver for 16/17-year-old** (place copy in student's folder):

- Court Order
- Home School
- Waived out of High School

**Score of 535 on TABE level A or D?**

- Yes  No

**Citizenship Test Completed?**

- Yes  No

**\*STUDENT KEYWORD:**

**Student Keyword:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> ABE                    | <input type="checkbox"/> ARS (AR Rehabilitation Services)         | <input type="checkbox"/> Reentry     |
| <input type="checkbox"/> ASE                    | <input type="checkbox"/> Distance Learning                        | <input type="checkbox"/> SNAP/E&T    |
| <input type="checkbox"/> Alternative Sentencing | <input type="checkbox"/> DSB (Division of Services for the Blind) | <input type="checkbox"/> TANF        |
| <input type="checkbox"/> AR Works               | <input type="checkbox"/> ESL                                      | <input type="checkbox"/> Other _____ |

**\*STUDENT INFORMATION:**

**\*Ethnicity:** Hispanic/Latino  Yes  No

**\*Race:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander) |
| <input type="checkbox"/> Asian _____                    | <input type="checkbox"/> White                             |
| <input type="checkbox"/> Black or African American      | <input type="checkbox"/> Two or More Races                 |

**\*Highest Educational Level Completed at Program Entry:**

- |  |   |
|--|---|
| <input type="checkbox"/> No Schooling                                | <input checked="" type="checkbox"/> Secondary School Alternative (i.e., GED®) |
| <input type="checkbox"/> Grade _____                                 | <input type="checkbox"/> Some postsecondary, No degree/ diploma               |
| <input type="checkbox"/> Grade _____ (No Diploma (secondary school)) | <input type="checkbox"/> Postsecondary or professional degree                 |
| <input type="checkbox"/> Secondary School Diploma or Credential      | <input type="checkbox"/> Unknown  |

**\*Location:**

- U.S. Based Schooling  
 Non-U.S. Based Schooling

**\*Last Month/Year Attended:**

\_\_\_\_\_ / \_\_\_\_\_

**\*Employment Status at Program Entry:**

- |   |  |
|---|--|
| <input type="checkbox"/> Employed Full-Time   | <input type="checkbox"/> Unavailable for Work            |
| <input type="checkbox"/> Employed Part-Time   | <input type="checkbox"/> Retired                         |
| <input type="checkbox"/> Unemployed           | <input type="checkbox"/> Employed with Separation Notice |
| <input type="checkbox"/> Not Looking for Work |  |

**\*Barriers to Employment:**  Yes  No

**If "Yes", mark all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cultural Barriers          | <input type="checkbox"/> Foster Care Youth      |
| <input type="checkbox"/> Disabled                   | <input type="checkbox"/> Homeless               |
| <input type="checkbox"/> Displaced Homemaker        | <input type="checkbox"/> Long Term Unemployment |
| <input type="checkbox"/> Low Income                 | <input type="checkbox"/> Low Literacy Levels    |
| <input type="checkbox"/> English Language Learner   | <input type="checkbox"/> Migrant Farmworker     |
| <input type="checkbox"/> Ex-Offender                | <input type="checkbox"/> Seasonal Farmworker    |
| <input type="checkbox"/> Exhausting TANF in 2 Years | <input type="checkbox"/> Single Parent/Guardian |

**Military Service Experience:**  Yes  No

**\*Notified of Selective Service Obligation:**  Yes  No  Not Applicable

This 18-25-year-old male has been made aware of his obligation to register with the U.S. Selective Service System and has been made aware of how to register.  
<https://www.sss.gov/RegVer/wfRegistration.aspx>

**CONTACT INFORMATION:**

Which of the following do you have at home so we can contact you and/or connect you to services?

Mark all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Computer with Camera    | <input type="checkbox"/> Home Phone      |
| <input type="checkbox"/> Computer without Camera | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Webcam                  | <input type="checkbox"/> Printer         |
| <input type="checkbox"/> Headset with Microphone | <input type="checkbox"/> Scanner         |
| <input type="checkbox"/> Mobile Phone            |  |

\*Address: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*City: \_\_\_\_\_ \*County: \_\_\_\_\_ \*State: \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ .com

Social Media (Facebook/Twitter/Instagram, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Country of Birth: \_\_\_\_\_

Demographic Tab

\*First/Native Language: \_\_\_\_\_

Education Tab/Language

\*Data Sharing Agreed?  Yes  No

**EMERGENCY CONTACT INFORMATION:**

Contact Preference: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone)

**\*CORRECTIONAL INFORMATION:**

**\*Correctional Status:**

- |                              |  |  |
|------------------------------|--|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Yes (Community) | <input type="checkbox"/> Yes (State)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes (County)    | <input type="checkbox"/> Yes (Federal) |

Inmate Number: \_\_\_\_\_

Institutional:  Yes  No  Not Applicable

**DIABILITY STATUS:**

Apparent or Disclosed Disability:  Yes  No

Specific Learning Disability:  Yes; Disclosed/Observed  Yes, Documented  Not Applicable

Notes: \_\_\_\_\_

*Note: If a disability is disclosed, please have the student sign the Authorization for Release of Strictly Confidential Information to Local Staff or Volunteers form and keep in a separate locked file. (Appendix A)*

**STUDENT REFERRAL DATA:**

**\*How did the participant learn about this program?**

- Friend or Family Member
- Newspaper or Magazine
- Pamphlet or Brochure
- Employer
- Radio
- Television
- Website
- Social Media
- Other: \_\_\_\_\_

**Referring Agency:**

- American Job Center (AJC)
- Arkansas Rehabilitation Services (ARS)
- Career Pathways Initiative (CPI)
- Community Based Literacy Organization
- Department of Corrections (DOC)
- Department of Health (DOH)
- Department of Human Services (DHS)
- Division of Services for the Blind (DSB)
- Division of Workforce Services (DWS)
- Transitional Employment Assistance (TEA)
- Supplemental Nutrition Assistance Program (SNAP)
- Faith Based Organization
- None
- Other \_\_\_\_\_

**OPTIONAL ADDITIONAL INFORMATION:**

- Driver's License
- Reliable Transportation
- Registered to Vote

**Additional Notes/Comments (i.e., support services needed or requested, attendance at other adult education program, program interests, etc.)**

Arkansas Adult Education provides equal educational opportunities to all students without regard to race, color, sex, gender identity, sexual orientation, age, religion, national origin, ancestry, or handicap.

No otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits for, or be subjected to discrimination in programs or activities sponsored by a public entity.

**DATA SHARING AGREEMENT (must be signed and marked in laces in-order-to be data matched):**

*I give permission for the information collected in the Arkansas Adult Education Data Management System to be used in data sharing within the Arkansas Adult Education Division, and with the Arkansas Department of Workforce Services and the Arkansas Department of Higher Education.*

**Print Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**Appendix A**

Arkansas Adult Education/Literacy  
 Learning Disabilities Planning & Policy

**AUTHORIZATION FOR RELEASE OF STRICTLY CONFIDENTIAL INFORMATION TO LOCAL STAFF OR VOLUNTEERS**

I give my permission to release information contained in the document(s) indicated below:  
 Please date, initial and check [✓] the appropriate items below.

<u>Date</u>	<u>Initials</u>	<u>Check</u>	<u>Item</u>
_____	_____	<input type="checkbox"/>	Learning Needs Screening
_____	_____	<input type="checkbox"/>	Current Intake Form
_____	_____	<input type="checkbox"/>	School Records from: _____
_____	_____	<input type="checkbox"/>	WIOA _____
_____	_____	<input type="checkbox"/>	Other Records from: _____

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff people, please list their names below. Then date, initial and check [✓] the appropriate individuals. If different information is going to various individuals, use separate forms.

DATE	INITIALS	[✓]	STAFF NAME
			Debbie Yancey
			Kendall Morrison
			Trish Miller
			Carol Sellars

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of staff person releasing the information:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF CONFIDENTIAL AND/OR ACADEMIC INFORMATION:**

I, \_\_\_\_\_ (Student Name), authorize  
Ozarka College Adult Education \_\_\_\_\_ (Program Name) to use my name and/or photo in the following manner:

(Initial Below if you agree)

- \_\_\_\_\_ Graduation Packet, mailings, program, news release, and/or booklet
- \_\_\_\_\_ Newsletter
- \_\_\_\_\_ Television
- \_\_\_\_\_ Videotaping
- \_\_\_\_\_ Photographing
- \_\_\_\_\_ Radio
- \_\_\_\_\_ Social Media
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ All Listed Above

This release is valid from the date of signature until June 30, 2023 (Ending Date)  
or until cancelled by the undersigned in writing. I understand that my participation in GED® Testing will be kept confidential and will not be used in any media manner other than stated above without my consent.

This release form has been read and reviewed with me, and I understand its contents.

<b>Student Signature</b>	<b>Guardian's Signature</b>	<b>Date</b>	
<b>(Street Address/P.O. Box)</b>	<b>(City)</b>	<b>State</b>	<b>(Zip)</b>

**STUDENT HANDBOOK AGREEMENT:**

I, \_\_\_\_\_ (Student Name)  
have been made aware of the Ozarka College Adult Education policies contained in the OCAE Student Handbook  
(available in each classroom and online at [www.ozarka.edu/blogs/ae](http://www.ozarka.edu/blogs/ae)) and agree to follow these polices.

<b>Student Signature</b>	<b>Guardian's Signature</b>	<b>Date</b>	
--------------------------	-----------------------------	-------------	--