Wisconsin AEFLA Program Intake Form Sample (English)

Program Entry Date:

May we share the information on this form with trusted partner agencies if we refer you for services? (For example: job centers, human services, community agencies)

- ◯ Yes, you may share my information
- ◯ No, do not share my information

About You

First Name

Last Name

Middle Initial (optional)

Social Security Number: Optional – this is used to help identify employment outcomes for showing the effectiveness of Adult Education and English Language Learning programs.

Contact Information

Street Address

City

State

Zip Code

Primary phone

Secondary phone (Optional)

Email

Demographic Information

Gender Please select

Date of Birth

Race Ethnicity (check all that describe you):

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Work and Life Situation

Current work status:

- ☐ Working full-time (35+ hours/week)
- ☐ Working part-time
- ☐ Unemployed and looking for work
- ☐ Unemployed and **not** looking for work
- ☐ Underemployed (not getting enough hours or income)
- ☐ Dislocated worker (lost your job and need help getting new work)

Barriers to employment: These questions help us understand what support you may need. Please check all that apply.

- ☐ Low income
- ☐ Individual with a disability
- ☐ Ex-offender
- ☐ Homeless or runaway youth
- ☐ Long-term unemployed (27+ weeks)
- ☐ Single parent
- ☐ Displaced homemaker
- ☐ TANF benefits ending within 2 years
- ☐ Youth in foster care or aged out
- ☐ Seasonal farmworker
- ☐ Migrant and seasonal farmworker
- ☐ Dependent of a seasonal or migrant farmworker

Education

Highest grade you have completed before starting this program: Please select

Highest credential you have earned: Please select

Formulario de Inscripción del Programa AEFLA

Fecha de inicio (fecha de hoy):

¿Podemos compartir su información con agencias asociadas para ayudarle a recibir servicios? (Ejemplos: centro de empleo, servicios humanos, agencias comunitarias)

- ◯ Sí, pueden compartir mi información
- ◯ No, no compartan mi información

Información Personal

Nombre:

Apellido:

Inicial del segundo nombre (opcional):

Número de Seguro Social (opcional. Esto se utiliza para ayudar a identificar los resultados de empleo y demostrar la efectividad de los programas de Educación para Adultos y Aprendizaje del Idioma Inglés.)

Su Información de Contacto

Dirección:

Ciudad:

Estado:

Código postal:

Número de teléfono principal:

Otro teléfono (opcional):

Correo electrónico (opcional):

Información Demográfica

(Estas preguntas son para informes requeridos. No afectan los servicios que recibe.)

Sexo por favor seleccione

Fecha de nacimiento

Raza / Etnicidad (marque todas las que correspondan)

- ☐ Indígena Americano / Nativo de Alaska
- ☐ Negro/a o Afroamericano/a
- ☐ Nativo/a de Hawái o de Islas del Pacífico
- ☐ Asiático/a
- ☐ Hispano/a o Latino/a
- ☐ Blanco/a

Situación Laboral

¿Cuál es su situación laboral ahora? (Elija una)

- ☐ Trabajo de tiempo completo (35+ horas por semana)
- ☐ Trabajo de medio tiempo
- ☐ No trabajo y estoy buscando empleo
- ☐ No trabajo y no estoy buscando empleo
- ☐ No tengo suficientes horas o pago (subempleado/a)
- ☐ Perdí mi trabajo y necesito ayuda para encontrar uno nuevo (trabajador desplazado)

Situaciones de Vida que Pueden Afectar el Trabajo

(Marque cualquier casilla que le describa. Esto nos ayuda a saber qué apoyo puede necesitar.)

- ☐ Ingresos bajos
- ☐ Persona con discapacidad
- ☐ He estado en la cárcel o prisión
- ☐ Estoy sin hogar o tengo vivienda inestable
- ☐ Estoy desempleado/a por más de 27 semanas
- ☐ Soy madre o padre soltero/a
- ☐ Era ama/o de casa y ahora necesito encontrar trabajo
- ☐ Mis beneficios TANF terminan en 2 años
- ☐ Estoy en cuidado de crianza temporal o salí del sistema
- ☐ Trabajador/a agrícola estacional
- ☐ Trabajador/a agrícola migrante y estacional
- ☐ Dependiente de un trabajador agrícola estacional o migrante

Educación

Último grado escolar que complete. (Elija uno) por favor seleccione

Certificado o Diploma Más Alto que Ha Obtenido por favor seleccione

Federal Barriers to Employment Definitions:

WIOA requires funded AEFLA providers to collect and report the following 11 barriers to employment. Barriers to employment are self-identified by each AEFLA participant at entry. All funded providers should report all categories to which the participant identifies. Funded providers may find value in using the collected data to inform holistic student supports and to inform referrals to partner agencies.

Displaced homemaker—The participant has been providing unpaid services to family members in the home and (a) has been dependent on the income of another family member but is no longer supported by that income; (b) is the dependent spouse of a member of the armed forces on active duty whose family income is significantly reduced because of (i) a deployment or a call or order to active duty pursuant to a provision of law, (ii) a permanent change of station, or (iii) the service-connected death or disability of the member; and (c) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

English language learner, low literacy level, cultural barriers—The participant has either (a) limited ability in speaking, reading, writing, or understanding the English language; (b) an inability 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; or (c) a perception of 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. Per guidance from U.S. Department of Education OCTAE, all individuals served in AEFLA should be reported with this barrier to employment.

Exhausting Temporary Assistance for Needy Families (TANF) within 2 years—The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.

Ex-offender—The participant is 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.

Homeless or runaway youth—The participant lacks a fixed, regular, and adequate nighttime residence; has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal

employment in agriculture, dairy, or fishing work; or is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). However, a participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that fact alone, be recorded as homeless.

Long-term unemployed—The participant has been unemployed for 27 or more consecutive weeks.

Low-income—The participant (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving in the past 6 months assistance through the Supplemental Nutrition Assistance Program (SNAP), the TANF program, the Supplemental Security Income (SSI) program, or State or local income based public assistance; (b) is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) is a youth who receives, or is eligible to receive, 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 homeless child or youth or runaway youth; or (g) is a youth living in a high-poverty area.

Migrant and seasonal farmworker—The participant is a low-income individual who for 12 consecutive months out of the 24 months prior to application for the program involved 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.

Individual with disabilities—The participant indicates that he or she has any disability, defined as a physical or mental impairment that substantially limits one or more of the person's major life activities, as defined under the Americans with Disabilities Act of 1990.

Single parent—The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

Youth in foster care or who has aged out of system—The participant is a person who is currently in foster care or has aged out of the foster care system.