

Instructions: If the box is shaded, you must enter a response. Thank you for your cooperation.

Intake Form EFFECTIVE OCTOBER 1, 2016 For UNM-LA ABE Program

Today's Date (Intake Date): _____ / _____ / _____	Program Enrollment Type: <input type="checkbox"/> ABE <input type="checkbox"/> ASE <input type="checkbox"/> Family Literacy <input type="checkbox"/> IELCE <input type="checkbox"/> High School Equivalency (GED) <input type="checkbox"/> ELA/ESL (English as a Second Language) <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other Institution
Location: <input type="checkbox"/> Bernalillo <input type="checkbox"/> Delancey <input type="checkbox"/> Jemez Pueblo <input type="checkbox"/> Los Alamos <input type="checkbox"/> Sangre De Cristo <input type="checkbox"/> Santa Ana Pueblo	
Social Security #: (If you don't have a SS#, write NA) _____ - _____ - _____	
ESL Students: List Country of Origin _____	
Birth Date: _____ / _____ / _____ (month/day/year)	
Name:	

Last First MI

Home Address:				
<i>(Mailing Address / PO Box)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>

Home Phone/Cell Phone: _____ / _____	Email: _____
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Follow-Up Survey Information (select preferred method of contact)		<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Personal Contact	
GENDER	ETHNICITY	WORK STATUS	LIFE EXPERIENCE	DISABILITY	EDUCATION	GOALS
<input type="checkbox"/> Male <input type="checkbox"/> Female	Choose only one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Employed Full- time job <input type="checkbox"/> Employed Part- time job <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force (not looking for a job)	Check all that apply: <input type="checkbox"/> Homeless <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economic Disadvantage <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Exiting TANF w/in 2 years <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Long Term Unemployment <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Single Parent	Do you have a record of a disability (e.g., learning disability, physical disability, or other type of disability)? <input type="checkbox"/> Yes <input type="checkbox"/> No DISABILITY ACCOMODATION Do you request a reasonable accommodation for any type of disability (e.g., learning disability, physical disability, or other type of disability)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what accommodation?	Highest Education Level Completed on Entry Into Program: Grade/Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> >12 Degree (If you have a degree): <input type="checkbox"/> High School Diploma <input type="checkbox"/> College Degree <input type="checkbox"/> MS, PhD, Professional Degree Was education completed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Achieve citizenship skills <input type="checkbox"/> Vote or register to vote <input type="checkbox"/> Increase involvement in community activities <input type="checkbox"/> Increased involvement in children's education <input type="checkbox"/> Help child more with school <input type="checkbox"/> Increased contact with child's teacher <input type="checkbox"/> More involvement with child's school activities <input type="checkbox"/> Increased involvement in child's literacy activities <input type="checkbox"/> Read to children <input type="checkbox"/> Visit library for/with child <input type="checkbox"/> Purchase books or magazines <input type="checkbox"/> Other personal goals
	RACE Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		LIFE ISSUES Do these issues impact your ability to participate in the AE program? <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Does not affect participation			
Household Income: <input type="checkbox"/> \$0 - 11,880 <input type="checkbox"/> \$11,881 - 16,020 <input type="checkbox"/> \$16,021 - 20,160 <input type="checkbox"/> \$20,161 - 24,300 <input type="checkbox"/> \$24,301 - 28,440 (Check one box) <input type="checkbox"/> \$28,441 - 32,580 <input type="checkbox"/> \$32,581 - 36,730 <input type="checkbox"/> \$36,731 - 40,890 <input type="checkbox"/> \$40,891 - 45,050 <input type="checkbox"/> > \$45,051						
Household Number: How many people are in your household? _____						
Expected date of last class in this program? _____						
How did you hear about this program? <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Teacher <input type="checkbox"/> Friend <input type="checkbox"/> Enrolled previously <input type="checkbox"/> Other						

Release of Information All above information is self-reported and accurate. I understand the New Mexico Higher Education Department and the local Adult Education program may release my information for purposes of education or employment research/reporting.

Student Signature	Date
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