

Intake Form EFFECTIVE JULY 1, 2020

Intake Date

Program Enrollment Type:

____/____/____

ABE ASE ELA/ESL Family Literacy IELCE Correctional Facility Other Institution

Social Security #: _____ - _____ - _____

Birth Date: ____/____/____
(month/day/year)

Name: _____
Last First MI

Home Address: _____
(Mailing Address / PO Box) City State Zip County

Home Phone

Email

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 AND RACE	WORK STATUS	LIFE EXPERIENCES	DISABILITY	EDUCATION	
<input type="checkbox"/> Male <input type="checkbox"/> Female <hr/> Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	1) Choose only one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino 2) 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	<input type="checkbox"/> Employed (circle one) <i>Full-time job</i> <i>Part-time job</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force Do these issues impact your ability to participate in the AE program? <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care	3) Check all that apply: <input type="checkbox"/> Cultural Barriers <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"/> Homeless <input type="checkbox"/> Long Term Unemployment <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker	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 Would you like to 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: _____ Was education completed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Income: (Check box)		<input type="checkbox"/> \$0 - 12,760	<input type="checkbox"/> \$12,761 - 17,240	<input type="checkbox"/> \$17,241 - 21,720	<input type="checkbox"/> \$21,721 - 26,200	<input type="checkbox"/> \$26,201 - 30,680
		<input type="checkbox"/> \$30,681 - 35,160	<input type="checkbox"/> \$35,161 - 39,640	<input type="checkbox"/> \$39,641 - 44,120	<input type="checkbox"/> \$44,121 - 48,601	<input type="checkbox"/> > \$48,602

How many people are in your household? _____

How did you hear about this program? _____

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



ADULT LEARNING CENTER STUDENT COMMITMENT CONTRACT

We are happy that you have enrolled in the Adult Learning Center program(s). We will do everything we can to help you.

This program is free through a grant from the United States government and the State of New Mexico. In order to keep it free, and to be able to continue to provide services, you are expected to:

- | | |
|--|--------------|
| | Initial here |
| • Take a pre-test | _____ |
| • Come to class at least 40 hours | _____ |
| • Take a post-test to determine if progress has been made | _____ |
| • Tell us if your address/phone number change | _____ |
| • Tell your teacher if you cannot come to class | _____ |
| • Make up missed work | _____ |
| • Respond to surveys and evaluations | _____ |
| • Tell us and your teacher if you cannot attend class anymore | _____ |
| • Return student workbooks if you decide not to complete coursework | _____ |

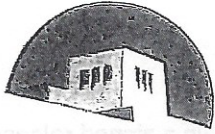
We sincerely appreciate your cooperation!

I have read these expectations and I understand them. I agree to them as part of entering this program.

(Print name)

(Signature)

(Date)



The University of New Mexico

LOS ALAMOS

UNM-LOS ALAMOS
ADULT LEARNING CENTER
4000 UNIVERSITY DRIVE
LOS ALAMOS, NM 87544

FERPA

Permission to Release Student Information

I, _____, hereby give my permission for the UNM-LA Adult Learning Center to release any information contained in my student records (i.e. class attendance, progress, etc.), according to the terms of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), to the following person(s) and/or organizations listed below. If I leave it blank it must be assumed that I do not want my information released to anyone.

I understand that this authorization takes effect the day that I sign and never expires until I notify the Adult Learning Center of any changes. I have the right to make changes at any time.

Signature _____

Date _____



PHOTO/VIDEO MODEL RELEASE FORM

All photographers taking photographs/video or audio recordings on University property or of University events must obtain a signed release form from any student, faculty member, staff person, or member of the public who is visibly recognizable in any photograph(s)/video(s) or audio recording(s). *Crowd scenes where no single person is the dominant feature are exempt.*

These rules govern photograph(s)/video(s) or audio recording(s) intended for use in any University publication of a marketing or a public relations nature, such as newsletters, brochures, viewbooks, promotional items, or other such material. This includes the use of photograph(s)/video(s) or audio recording(s) for online marketing purposes, such as email communications, websites, social media sites, or other such material.

I hereby grant the University of New Mexico-Los Alamos permission to interview me and/or to use my likeness in photograph(s)/video(s) or audio recording(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the University of New Mexico-Los Alamos, in perpetuity, and for other use by the University. I will make no monetary or other claim against the University of New Mexico-Los Alamos for the use of the interview and/or the photograph(s)/video.

NAME OF PERSON IN PHOTOS (PRINT FULL NAME)

IF SUBJECT IS A MINOR, PARENT/GUARDIAN MUST SIGN. PARENT/GUARDIAN NAME AND RELATION TO MINOR

ADDRESS

CITY

STATE

ZIP

EMAIL

SIGNATURE

DATE

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Los Alamos, NM 87544
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WIOA Barriers to Employment

DATA ELEMENT	DEFINITION
Displaced Homemaker	<p>Record if the participant has been providing unpaid services to family members in the home and who—</p> <ul style="list-style-type: none"> • Has been dependent on the income of another family member but is no longer supported by that income, or • Is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a permanent change of station, or the service-connected death or disability of the member <p>and</p> <ul style="list-style-type: none"> • Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
Low Income	<p>The participant is a person who:</p> <ul style="list-style-type: none"> • In the 6 months prior to application to the program has received, or is a member of a family that is receiving: • Assistance through the supplemental nutrition assistance program under the Food and Nutrition Act • Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act • Assistance through the supplemental security income program under Title XVI of the Social Security Act or state or local income-based public assistance. • 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 • Is a youth who receives, or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act • Is a foster child on behalf of whom State or local government payments are made • Is an individual 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 • Is a homeless individual or a homeless child or youth or runaway youth or • Is a youth living in a high-poverty area.
Individual with a Disability	<p>Record if the participant indicates that s/he has any "disability", as defined in the Americans with Disabilities Act of 1990. A "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.</p>
Ex-Offender	<p>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 artificial barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.</p>
Homeless Individual, Homeless Children and Youths, or Runaway Youth	<p>The individual:</p> <p>(a) Lacks a fixed, regular, and adequate nighttime residence. This includes:</p> <ul style="list-style-type: none"> (i) Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; (ii) Living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations (iii) Living in an emergency or transitional shelter (iv) Abandoned in a hospital (v) Awaiting foster care placement

	<p>(b) 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, such as a car, park, abandoned building, bus or train station, airport, or camping ground</p> <p>(c) 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</p> <p>(d) 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).</p> <p>This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p>
Foster Care Youth	Record if the participant is a person who is currently in foster care or has aged out of the foster care system.
English Language Learner	The participant is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.
Low Levels of Literacy	The participant is unable to read, write, and speak in English; compute and solve problems at levels of proficiency necessary to function on the job, in the family of the participant, or in society.
Cultural Barriers	Record 1 if the participant perceives 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
Migrant and Seasonal Farmworker Status	<p>Seasonal Farmworker:</p> <ul style="list-style-type: none"> • The participant is a low-income individual (i) who for the 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 (ii) faces multiple barriers to economic self-sufficiency • A dependent of the person described above. <p>Migrant Seasonal Farmworker:</p> <ul style="list-style-type: none"> • The participant is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day • A dependent of the person described above.
Exhausting TANF Within 2 Years	Record if the participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act.
Single Parent	Record if the participant is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).
Long-Term Unemployed	The participant has been unemployed for 27 or more consecutive weeks at program entry.