

## eData Adult Maintenance Intake/Exit

Demographic Data (Required Fields-\*)

**Important:** Individuals in F-1 immigration status are prohibited from attending publicly funded adult/family literacy education programs.

### Please Use Full Name

Prefix \_\_\_\_\_ \*First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Maiden Name, Preferred Name or Nickname \_\_\_\_\_

\*Date of Birth (mm/dd/yyyy) \_\_\_\_\_

\*Sex      Male      Female

**What is your gender identity? (Optional)**

**What are your pronouns? (Optional)**

she/her/hers

he/him/his

they/them/theirs

not listed: \_\_\_\_\_

man

woman

transgender

non binary

gender non-conforming

not listed: \_\_\_\_\_

**Social Security Number (SSN)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ Zip+4 \_\_\_\_\_

\*Area    ☐ Rural    ☐ Urban

\*County \_\_\_\_\_

Last Pennsylvania Public School or School District attended \_\_\_\_\_

\*Date First Started in Adult Ed \_\_\_\_\_

\*Ethnicity

1. Are you Hispanic/Latino?      Yes      No

2. What is your race? (choose one or more)

☐ American Indian or Alaskan Native

☐ Black or African American

☐ White (not Hispanic)

☐ Asian

☐ Native Hawaiian or other Pacific Islander

### Contact Information

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Call Home      Yes      No

Cell Phone \_\_\_\_\_

Call Cell      Yes      No

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Call Work    ☐ Yes      No

## Program Year Details

## OFFICE USE ONLY

Adult Status ☐ Active ☐ Inactive ☐ Completed ☐ Left Keyword \_\_\_\_\_

\*Period of Participation Start Date \_\_\_\_\_ Period of Participation Exit Date \_\_\_\_\_

\*Primary Assignment ☐ Class ☐ Group ☐ Pair

Distance Learner ☐ Provided by Local Agency

Incarceration Released Date \_\_\_\_\_ SID # \_\_\_\_\_

Leave of absence ☐ Scheduled Return Date \_\_\_\_\_

Reason for Leave of absence (select one) - Medical Work-related Extended visit to home country Other (If other, please specify) \_\_\_\_\_

## Prior Schooling

\*Adult most recently attended school (Select one) ☐ United States based schooling ☐ Non-US schooling

\*Highest Grade Completed (K-11) \_\_\_\_\_

Attended/Did not complete grade 12

High School Diploma (including Alternative HS Program)

High School equivalency diploma

Some postsecondary education, no degree

Postsecondary Education degree

No Schooling

Enrolled in Postsecondary School at entry Yes No

If yes, name of postsecondary school school \_\_\_\_\_

*Residence (select one)	Residence Type (if institution is selected)
Community	In a correctional facility
Institution	In a community correctional program
	In other institutional setting

## \*Employment Status at Program Entry (check one)

<input type="checkbox"/> <b>Employed</b> ((a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.)	<input type="checkbox"/> <b>Not Employed</b> (not employed but seeking employment, making specific effort to find a job, and is available for work)  <input type="checkbox"/> <b>Not in the labor force</b> (not employed and is not actively looking for work, including those who are incarcerated)  <input type="checkbox"/> <b>Employed, but received notice of termination of employment or military separation is pending</b>
If Employed Full Time Part Time Employer _____	Job provided Health Benefits Yes No

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<b>*Barriers to Employment - Do the following items prevent you from getting or keeping a job?</b>		
<input type="checkbox"/>		<b>Basic skills deficient/low level of literacy, cultural barriers, and/or English language learner</b> – all students
Yes	No	(Check one)
		<b>Displaced homemaker</b> — a person who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income <b>or</b> is the dependent spouse of a member of the Armed Forces on active duty <b>AND</b> is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
		<b>Individual with prior justice system involvement</b> — a person who either has been subject to any stage of the criminal justice process <b>or</b> requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
		<b>Exhausting TANF</b> — a person within 2 years of exhausting lifetime eligibility.
		<b>Foster care youth</b> — a person who is currently in foster care or has aged out of the foster care system.
		<b>Homeless individual</b> — a person without a fixed, regular and adequate nighttime residence or runaway youth.
		<b>Individual with disability</b> — a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.
		<b>Long-term unemployed</b> — a person who has been unemployed for 27 or more consecutive weeks.
		<b>Low-income individual</b> — a person who within the past 6 months has received income-based assistance, such as housing supplement or food stamps, or whose total family income is below 70 percent of the lower living standard income level.
		<b>Single parent</b> — a person who is single, separated, divorced or a widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant.

**\*Migrant and Seasonal Farmworker Status at Program Entry** (select one) — a person who is:

	<b>Seasonal Farmworker</b> - A low-income individual who for 12 consecutive months out of the 24 months prior to program entry has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment <b>and</b> faces multiple barriers to economic self-sufficiency
	<b>Migrant and Seasonal Farmworker</b> - 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
	<b>Dependent of a Seasonal or Migrant and Seasonal Farmworker</b> - A dependent of the individual described as a seasonal or migrant seasonal farmworker above
	<b>Not Applicable</b>

### eData Adult Maintenance Intake/Exit

*Reason for Participating	How did you learn about the program?												
Meet employment goal Meet family goal Become US Citizen Meet educational goal Self-improvement Mandated Be with other adults Meet other personal goal Other, Specify _____ _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Relative, friend, acquaintance</td> <td style="width: 50%;">Community organization</td> </tr> <tr> <td>Educational institution</td> <td>Local PA CareerLink®</td> </tr> <tr> <td>Internet</td> <td>Institution staff</td> </tr> <tr> <td>Advertisement</td> <td>Court mandated or welfare required</td> </tr> <tr> <td>Worksite</td> <td>Military recruiter</td> </tr> <tr> <td>Previously attended</td> <td>Other, Specify _____</td> </tr> </table>	Relative, friend, acquaintance	Community organization	Educational institution	Local PA CareerLink®	Internet	Institution staff	Advertisement	Court mandated or welfare required	Worksite	Military recruiter	Previously attended	Other, Specify _____
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Advertisement	Court mandated or welfare required												
Worksite	Military recruiter												
Previously attended	Other, Specify _____												

Reason for leaving (exit information)	
Met goal(s) Lack of transportation Moved Childcare issues Personal/Family issues/Death in Family Work schedule conflict Incarcerated Release from Incarceration/Not attending community-based program	Attendance issues Program didn't meet expectations Health/ Medical Deceased Referred to other services Not indicated Other, Specify _____

Non-Educational Services (select all that apply)	Special Needs (Official Diagnosis Needed)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Counseling</td> <td style="width: 50%;"><input type="checkbox"/> PA CareerLink®</td> </tr> <tr> <td><input type="checkbox"/> Financial counseling</td> <td><input type="checkbox"/> Veteran's Assistance</td> </tr> <tr> <td><input type="checkbox"/> Legal aid</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> OVR</td> <td>Specify _____</td> </tr> </table>	<input type="checkbox"/> Counseling	<input type="checkbox"/> PA CareerLink®	<input type="checkbox"/> Financial counseling	<input type="checkbox"/> Veteran's Assistance	<input type="checkbox"/> Legal aid	<input type="checkbox"/> Other	<input type="checkbox"/> OVR	Specify _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table> <hr/> <b>PA CareerLink® Referral</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table>	Yes	No	Yes	No
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Yes	No												
Yes	No												

### Release of Information

By participating in this state and/or federally funded adult education and/or family literacy program, I agree to the release of the information contained in my program records, including, but not limited to, social security number, assessment results and attendance, to the Pennsylvania Department of Education (PDE). Required information for learner participation is indicated with an asterisk (\*). This information may include follow-up with employment data and other educational records and will be used, in aggregated or non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years. Information provided will remain secure. Unless otherwise noted, only PDE, its authorized contractors or the local program will have exclusive access to this information.

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

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<b>Goals</b>	<b>Set Date</b>	<b>Met Date</b>	<b>Not Applicable</b>
<i>High School Equivalency Diploma</i>			
<i>Improve basic literacy skills</i>			
<i>Improve English Language skills</i>			
<i>Reduce or eliminate public assistance</i>			
<i>Become a U.S. citizen</i>			
<i>Achieve U.S. citizenship skills</i>			
<i>Register to vote</i>			
<i>Vote for the first time</i>			
<i>Increase involvement in community</i>			
<i>Volunteer in community</i>			
<i>Increase involvement in child(ren)'s education</i>			
<i>Help child(ren) more with school work</i>			
<i>Increase contact with child(ren)'s teacher</i>			
<i>Increase involvement with child(ren)'s school activities</i>			
<i>Increase involvement with child(ren)'s literacy activities</i>			
<i>Read more to child(ren)</i>			
<i>Visit library for or with child(ren)</i>			
<i>Purchase books or magazines</i>			
<i>Use the library/get a library card</i>			
<i>Get a driver's license</i>			
<i>Improve health literacy</i>			
<i>Improve work skills</i>			
<i>Obtain a job-related certificate</i>			
<i>Fill out job application</i>			
<i>Complete a job interview</i>			
<i>Get a better job</i>			
<i>Enlist in military</i>			

<b>Agency Specific/Adult Specific Outcomes</b>	<b>Set Date</b>	<b>Met Date</b>