

## 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      Non-binary      Prefer not to answer      **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>

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*Reason for Participating	How did you learn about the program?	
Meet employment goal	Relative, friend, acquaintance	Community organization
Meet family goal	Educational institution	Local PA CareerLink®
Become US Citizen	Internet	Institution staff
Meet educational goal	Advertisement	Court mandated or welfare required
Self-improvement	Worksite	Military recruiter
Mandated	Previously attended	Other, Specify _____
Be with other adults		
Meet other personal goal		
Other, Specify _____		

Reason for leaving (exit information)	
Attendance issues	Moved
Became incarcerated in a correctional institution	Other health or medical reasons
Called to active military duty for at least 90 days	Personal/family issues/death in family
Childcare issues	Program did not meet expectations
Deceased	Referred to other services
Entered a residential facility for treatment	Released from incarceration
Lack of transportation	Unknown
Medical treatment expected to last more than 90 days	Work schedule conflict
Met goal(s)	Other, Specify _____

Non-Educational Services (select all that apply)	Special Needs (Official Diagnosis Needed)
<input type="checkbox"/> Counseling <input type="checkbox"/> PA CareerLink®	Yes      No
<input type="checkbox"/> Financial counseling <input type="checkbox"/> Veteran's Assistance	
<input type="checkbox"/> Legal aid <input type="checkbox"/> Other Specify _____	
<input type="checkbox"/> OVR	<b>PA CareerLink® Referral</b> 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>
Earn High School Equivalency (HSE) Diploma			<input type="checkbox"/>
Pass HSE Science Subtest			<input type="checkbox"/>
Pass HSE Social Studies Subtest			<input type="checkbox"/>
Pass HSE Math Subtest			<input type="checkbox"/>
Pass GED® Reasoning Through Language Arts (RLA) Subtest			<input type="checkbox"/>
Pass HiSET® Reading Subtest			<input type="checkbox"/>
Pass HiSET® Writing Subtest			<input type="checkbox"/>
Improve basic literacy skills			<input type="checkbox"/>
Improve English Language skills			<input type="checkbox"/>
Reduce or eliminate public assistance			<input type="checkbox"/>
Become a U.S. citizen			<input type="checkbox"/>
Achieve U.S. citizenship skills			<input type="checkbox"/>
Register to vote			<input type="checkbox"/>
Vote for the first time			<input type="checkbox"/>
Increase involvement in community			<input type="checkbox"/>
Volunteer in community			<input type="checkbox"/>
Increase involvement in child(ren)'s education			<input type="checkbox"/>
Help child(ren) more with school work			<input type="checkbox"/>
Increase contact with child(ren)'s teacher			<input type="checkbox"/>
Increase involvement with child(ren)'s school activities			<input type="checkbox"/>
Increase involvement with child(ren)'s literacy activities			<input type="checkbox"/>
Read more to child(ren)			<input type="checkbox"/>
Visit library for or with child(ren)			<input type="checkbox"/>
Purchase books or magazines			<input type="checkbox"/>
Use the library/get a library card			<input type="checkbox"/>
Get a driver's license			<input type="checkbox"/>
Improve health literacy			<input type="checkbox"/>
Improve work skills			<input type="checkbox"/>
Obtain a job-related certificate			<input type="checkbox"/>
Fill out job application			<input type="checkbox"/>
Complete a job interview			<input type="checkbox"/>
Get a better job			<input type="checkbox"/>
Enlist in military			<input type="checkbox"/>

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