

**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 \_\_\_\_\_

\***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      Some postsecondary education, no degree  
     High School Diploma (including Alternative HS Program)      Postsecondary Education degree  
     High School equivalency diploma      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)
<b>Community</b>	In a correctional facility
<b>Institution</b>	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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**\*Barriers to Employment - Do the following items prevent you from getting or keeping a job?**

<input type="checkbox"/>		<b>Basic skills deficient/low level of literacy, cultural barriers, and/or English language learner</b> - check for all students
Yes	No	(Select Yes or No for each prompt below)
<input type="radio"/>	<input type="radio"/>	<b>Displaced Homemaker</b> - Select <b>Yes</b> if you have been taking care of your family at home without pay and do not have enough financial support, and you are struggling to find or improve employment.
<input type="radio"/>	<input type="radio"/>	<b>Individual with prior justice system involvement (Ex-Offender)</b> - Select <b>Yes</b> if you have a history with the justice system (for example, arrested or charged for an offense) and need help overcoming job barriers related to it.
<input type="radio"/>	<input type="radio"/>	<b>Exhausting TANF</b> - Select <b>Yes</b> if you are close to using up your lifetime TANF benefits in the next two years, whether or not you are getting them right now.
<input type="radio"/>	<input type="radio"/>	<b>Foster care youth</b> - Select <b>Yes</b> if you are in foster care right now or have aged out of the foster care system.
<input type="radio"/>	<input type="radio"/>	<b>Homeless individual</b> - Select <b>Yes</b> if you do not have a regular and safe place to sleep at night are staying somewhere temporarily while away from home and/or do not have a regular place to live.
<input type="radio"/>	<input type="radio"/>	<b>Individual with disability</b> - Select <b>Yes</b> if you have any kind of disability that limits your ability to do everyday activities.
<input type="radio"/>	<input type="radio"/>	<b>Long-term unemployed</b> - Select <b>Yes</b> if you have been without a job for 27 weeks (about six months), either in a row or adding up over the past year.
<input type="radio"/>	<input type="radio"/>	<p><b>Low-income individual</b> - This means your income is low based on government rules, or you receive certain types of assistance or live in situations linked to low income. Select <b>Yes</b> if you:</p> <ul style="list-style-type: none"> <li>• Got any of the following public assistance in the past 6 months:                             <ul style="list-style-type: none"> <li>○ SNAP (food stamps)</li> <li>○ TANF</li> <li>○ SSI</li> <li>○ Other state or local income-based help</li> </ul> </li> <li>• Are part of a family whose <b>total income is</b> at poverty level or low-income standard</li> <li>• Are a <b>foster child</b> getting government support</li> <li>• Have a <b>disability</b> and your own income is below the poverty level (even if your family's income is above the poverty level)</li> <li>• Are <b>homeless</b></li> <li>• Are aged 16 to 24 living in an area with <b>high poverty</b></li> </ul>
<input type="radio"/>	<input type="radio"/>	<p><b>Single parent</b> - Select <b>Yes</b> if you are single, separated, divorced, or widowed, and</p> <ul style="list-style-type: none"> <li>• Have the main responsibility for one or more children under age 18, or</li> <li>• Are currently pregnant</li> </ul>

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

<input type="radio"/>	<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
<input type="radio"/>	<b>Migrant and Seasonal Farmworker</b> - A seasonal farmworker 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
<input type="radio"/>	<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
<input type="radio"/>	<b>Not Applicable</b>

**eData Adult Maintenance Intake/Exit**

<p><b>*Reason for Participating</b> (Select only one)</p> <p><input type="radio"/> Meet employment goal</p> <p><input type="radio"/> Meet family goal</p> <p><input type="radio"/> Become US Citizen</p> <p><input type="radio"/> Meet educational goal</p> <p><input type="radio"/> Self-improvement</p> <p><input type="radio"/> Mandated</p> <p><input type="radio"/> Be with other adults</p> <p><input type="radio"/> Meet other personal goal</p> <p><input type="radio"/> Other, Specify _____</p>	<p><b>How did you learn about the program?</b></p> <table style="width:100%;"> <tr> <td><input type="radio"/> Relative, friend, acquaintance</td> <td><input type="radio"/> Community organization</td> </tr> <tr> <td><input type="radio"/> Educational institution</td> <td><input type="radio"/> Local PA CareerLink®</td> </tr> <tr> <td><input type="radio"/> Internet</td> <td><input type="radio"/> Institution staff</td> </tr> <tr> <td><input type="radio"/> Advertisement</td> <td><input type="radio"/> Court mandated or welfare required</td> </tr> <tr> <td><input type="radio"/> Worksite</td> <td><input type="radio"/> Military recruiter</td> </tr> <tr> <td><input type="radio"/> Previously attended</td> <td><input type="radio"/> Other, Specify _____</td> </tr> </table>	<input type="radio"/> Relative, friend, acquaintance	<input type="radio"/> Community organization	<input type="radio"/> Educational institution	<input type="radio"/> Local PA CareerLink®	<input type="radio"/> Internet	<input type="radio"/> Institution staff	<input type="radio"/> Advertisement	<input type="radio"/> Court mandated or welfare required	<input type="radio"/> Worksite	<input type="radio"/> Military recruiter	<input type="radio"/> Previously attended	<input type="radio"/> Other, Specify _____
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<p><b>Reason for leaving (exit information)</b></p> <table style="width:100%;"> <tr> <td><input type="radio"/> Attendance issues</td> <td><input type="radio"/> Moved</td> </tr> <tr> <td><input type="radio"/> Became incarcerated in a correctional institution</td> <td><input type="radio"/> Other health or medical reasons</td> </tr> <tr> <td><input type="radio"/> Called to active military duty for at least 90 days</td> <td><input type="radio"/> Personal/family issues/death in family</td> </tr> <tr> <td><input type="radio"/> Childcare issues</td> <td><input type="radio"/> Program did not meet expectations</td> </tr> <tr> <td><input type="radio"/> Deceased</td> <td><input type="radio"/> Referred to other services</td> </tr> <tr> <td><input type="radio"/> Entered a residential facility for treatment</td> <td><input type="radio"/> Released from incarceration</td> </tr> <tr> <td><input type="radio"/> Lack of transportation</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Medical treatment expected to last more than 90 days</td> <td><input type="radio"/> Work schedule conflict</td> </tr> <tr> <td><input type="radio"/> Met goal(s)</td> <td><input type="radio"/> Other, Specify _____</td> </tr> </table>	<input type="radio"/> Attendance issues	<input type="radio"/> Moved	<input type="radio"/> Became incarcerated in a correctional institution	<input type="radio"/> Other health or medical reasons	<input type="radio"/> Called to active military duty for at least 90 days	<input type="radio"/> Personal/family issues/death in family	<input type="radio"/> Childcare issues	<input type="radio"/> Program did not meet expectations	<input type="radio"/> Deceased	<input type="radio"/> Referred to other services	<input type="radio"/> Entered a residential facility for treatment	<input type="radio"/> Released from incarceration	<input type="radio"/> Lack of transportation	<input type="radio"/> Unknown	<input type="radio"/> Medical treatment expected to last more than 90 days	<input type="radio"/> Work schedule conflict	<input type="radio"/> Met goal(s)	<input type="radio"/> Other, Specify _____
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<p><b>Non-Educational Services (select all that apply)</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Counseling</td> <td><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 Specify _____</td> </tr> <tr> <td><input type="checkbox"/> OVR</td> <td></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 Specify _____	<input type="checkbox"/> OVR		<p><b>Special Needs (Official Diagnosis Needed)</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p><b>PA CareerLink® Referral</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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**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** \_\_\_\_\_

**eData Adult Maintenance Intake/Exit**

<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"/>

**eData Adult Maintenance Intake/Exit**

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