

**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 \_\_\_\_\_ Other Name (previous last name or nickname) \_\_\_\_\_

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

\*Gender  M  F

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

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

she/her/hers

he/him/his

they/their/theirs

other/not listed: \_\_\_\_\_

man

woman

transgender

non binary

gender non-conforming

other/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 of First Enrollment (Adult Ed/Fam Lit Program) \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*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**

<b>OFFICE USE ONLY</b>	
Adult Status	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Completed <input type="checkbox"/> Left    Keyword _____
*Period of Participation Enrollment Date	____/____/____    Period of Participation Exit Date ____/____/____
*Primary Enrollment	<input type="checkbox"/> Class <input type="checkbox"/> Group <input type="checkbox"/> Pair
Distance Learner	<input type="checkbox"/> Provided by DLP <input type="checkbox"/> Provided by Local Agency <input type="checkbox"/>
Incarceration Released Date	____/____/____    SID # _____
Leave of absence	<input type="checkbox"/> Scheduled Return Date ____/____/____
Reason for Leave of absence (select one)	- <input type="checkbox"/> Medical <input type="checkbox"/> Work-related <input type="checkbox"/> Extended visit to home country <input type="checkbox"/> 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) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Attended/Did not complete grade 12                     | <input type="checkbox"/> Some postsecondary education, no degree |
| <input type="checkbox"/> High School Diploma (including Alternative HS Program) | <input type="checkbox"/> Postsecondary Education degree          |
| <input type="checkbox"/> Special Education/IEP Diploma                          | <input type="checkbox"/> No Schooling                            |
| <input type="checkbox"/> High school equivalency diploma                        |  |

Enrolled in Postsecondary School at entry  Yes  No

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

<b>*Residence (select one)</b>	
<input type="checkbox"/> <b>Community</b>	<input type="checkbox"/> <b>Institution</b> (if selected, choose one below)
	<input type="checkbox"/> Corrections <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Community
	<input type="checkbox"/> MH
	<input type="checkbox"/> MR
	<input type="checkbox"/> Other

**\*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 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job provided Health Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____	

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<b>*Barriers to Employment</b>		
<input type="checkbox"/>		<b>Basic skills deficient/low level of literacy, cultural barriers, and/or English language learner – all students</b>
Yes	No	(Check one)
<input type="checkbox"/>	<input type="checkbox"/>	<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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ex-offender</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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Exhausting TANF</b> — a person within 2 years of exhausting lifetime eligibility.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Foster care youth</b> — a person who is currently in foster care or has aged out of the foster care system.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Homeless individual</b> — a person without a fixed, regular and adequate nighttime residence or runaway youth.
<input type="checkbox"/>	<input type="checkbox"/>	<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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Long-term unemployed</b> — a person who has been unemployed for 27 or more consecutive weeks.
<input type="checkbox"/>	<input type="checkbox"/>	<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.
<input type="checkbox"/>	<input type="checkbox"/>	<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:

<input type="checkbox"/>	<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="checkbox"/>	<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
<input type="checkbox"/>	<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="checkbox"/>	<b>Not Applicable</b>

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<p><b>*Reason for Participating</b></p> <input type="checkbox"/> Meet employment goal <input type="checkbox"/> Meet family goal <input type="checkbox"/> Become US Citizen <input type="checkbox"/> Meet educational goal <input type="checkbox"/> Self-improvement <input type="checkbox"/> Mandated <input type="checkbox"/> Be with other adults <input type="checkbox"/> Meet other personal goal <input type="checkbox"/> Other, Specify _____ _____	<p><b>How did you learn about the program?</b></p> <input type="checkbox"/> Relative, friend, acquaintance <input type="checkbox"/> Community organization <input type="checkbox"/> Educational institution <input type="checkbox"/> Local PA CareerLink® <input type="checkbox"/> Internet <input type="checkbox"/> Institution staff <input type="checkbox"/> Advertisement <input type="checkbox"/> Court mandated or welfare required <input type="checkbox"/> Worksite <input type="checkbox"/> Military recruiter <input type="checkbox"/> Previously attended <input type="checkbox"/> Other, Specify _____
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<p><b>*Reason for leaving (exit information)</b></p>	
<input type="checkbox"/> Met goal(s) <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Moved <input type="checkbox"/> Childcare issues <input type="checkbox"/> Personal/Family issues/Death in Family <input type="checkbox"/> Work schedule conflict <input type="checkbox"/> Incarcerated <input type="checkbox"/> Release from Incarceration/Not attending community-based program	<input type="checkbox"/> Attendance issues <input type="checkbox"/> Program didn't meet expectations <input type="checkbox"/> Health/Medical <input type="checkbox"/> Deceased <input type="checkbox"/> Referred to other services <input type="checkbox"/> Not indicated <input type="checkbox"/> OtherSpecify _____

<p><b>Non-Educational Services (select all that apply)</b></p> <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 _____	<p><b>Special Needs (Official Diagnosis Needed)</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <p><b>PA CareerLink® Referral</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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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** \_\_\_\_/\_\_\_\_/\_\_\_\_

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<b>Core or Secondary Outcome</b>	<b>Set Date</b>	<b>Met Date</b>	<b>Not Applicable</b>
High School Equivalency Diploma			
<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>			

**Agency Specific/Adult Specific Outcomes**

<b>Outcome</b>	<b>Set Date</b>	<b>Met Date</b>