

## 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/them/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

## OFFICE USE ONLY

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

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

\*Primary Enrollment ☐ Class ☐ Group ☐ PairDistance Learner ☐ Provided by DLP ☐ 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)

Special Education/IEP Diploma

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 \_\_\_\_\_

## \*Residence (select one)

## Community

## Institution (if selected, choose one below)

Corrections State County Community

MH

MR

Other

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

☐ **Employed** ((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.)

☐ **Not Employed** (not employed but seeking employment, making specific effort to find a job, and is available for work)

☐ **Not in the labor force** (not employed and is not actively looking for work, including those who are incarcerated)

☐ **Employed, but received notice of termination of employment or military separation is pending**

If Employed Full Time Part Time

Employer \_\_\_\_\_

Job provided Health Benefits Yes No

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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</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

<b>*Reason for Participating</b>	<b>How did you learn about the program?</b>	
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 _____		

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

<b>Non-Educational Services (select all that apply)</b>	<b>Special Needs (Official Diagnosis Needed)</b>
<input type="checkbox"/> Counseling <input type="checkbox"/> PA CareerLink®	Yes      No
<input type="checkbox"/> Financial counseling <input type="checkbox"/> Veteran's Assistance	<b>PA CareerLink® Referral</b> Yes      No
<input type="checkbox"/> Legal aid <input type="checkbox"/> Other	
<input type="checkbox"/> OVR         Specify _____	

### 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>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>