First Name*: M.I Last Name*:	
Birth Date*: Original Program S	itart Date*:
Address*: State*: Zip*:	
Home Phone:	
	Name/Relationship of Contact:
Social Security #: NOTE: Data matching for Employment-related outcomes will not be as	OR: Student was asked for SS# and cannot/will not provide. (Intake Staff print full name) vailable if SS# is not recorded. Manual follow-up will be required after exit.
Gender* (Required): Male Non-Binary/Gender Non-Conforming Female Did Not Answer Employment Status* (Required):	Race/Ethnic Identity* (Required): Choose ONE: Hispanic/Latino/a Native Hawaiian Alaskan Native Asian
 □ Employed Full Time □ Employed Part Time □ Employed but Received Notice of Termination □ Military Separation Pending □ Unemployed & Seeking Employment □ Not Available for Employment □ Inmate 	AND Choose all that apply (Must Choose AT LEAST ONE): African American African African Latino/a White (not Latino/a)
WIOA Co-Enrollment* (Required): (Definitions available in the ISRF Instruction Guide.) Student is currently receiving additional WIOA Services: ☐ Yes ☐ No > If Yes, which type(s)? ☐ Title 1 (e.g. DOL, Job Zone, UI) ☐ Title 3 (e.g. Youth Empl) ☐ Title 4 (e.g. ACCES-VR, TANF)	
Educational Background* (Required): Highest Grade completed in US Highest Grade completed in NY State? Last School Attended (If NYS)? Highest Credential Obtained: > Location Obtained: □ In US □ In Other Country (make one selection only, indicating highest credential obtained) > Credential Obtained: □ Sec School Diploma □ HSE Diploma □ Some Post-secondary □ Post-Sec or Prof Degree Years of Schooling in Other Countries	
School-aged Children: Is the student a parent or guardian of a child/children under 21? Yes No Is the Student a Single Parent? Yes No If yes to either question above, enter the <u>number</u> of children at each level: HS	
Transportation/Child Care/Dependent Care Assistance: 🗆 Yes 🗀 No 💮 If yes, which? 🗀 Transport 🖵 Child Care 🖵 Dependent Care	
Barriers to Learning/Employment*: (Please answer all items Yes or No) Self-reported by student. Definitions available in the ISRF Instruction Guide. N Homeless Already has HS Diploma or Equiv in US or US Territory (incl. Puerto Rico, Guam, etc.) Displaced Homemaker Disabled Cultural Barriers to Learning Low Income	☐ ☐ Ad on train☐ ☐ Ad on subway☐ ☐ Social Media (Facebook, Instagram, Twitter)
 ☐ Migrant/Seasonal Worker ☐ Exhausting TANF within 2 ye ☐ General Graph ☐ General Graph ☐ Disabled ☐ General Graph ☐ Disabled ☐ Disabled	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 New York state Department of Education (NYSED). Required information for learner participation is indicated with an
Form Completed By: (Please Print):	asterisk (*). This information may include follow-up with employment data and other educational records and will be used in aggregated or
Student Signature:	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.
Date:	Information provided will remain secure. Unless otherwise noted, only NYSED, its authorized contractors or the local program will have exclusive access to this information.