

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 | 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)
Community Institution	In a correctional facility In a community correctional program In other institutional setting

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

<input type="checkbox"/> 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.)	<input type="checkbox"/> Not Employed (not employed but seeking employment, making specific effort to find a job, and is available for work) <input type="checkbox"/> Not in the labor force (not employed and is not actively looking for work, including those who are incarcerated) <input type="checkbox"/> 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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*Barriers to Employment - Do the following items prevent you from getting or keeping a job?		
<input type="checkbox"/>	Basic skills deficient/low level of literacy, cultural barriers, and/or English language learner – all students	
Yes	No	(Check one)
		Displaced homemaker — 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 or is the dependent spouse of a member of the Armed Forces on active duty AND is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
		Individual with prior justice system involvement — a person who either has been subject to any stage of the criminal justice process or requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
		Exhausting TANF — a person within 2 years of exhausting lifetime eligibility.
		Foster care youth — a person who is currently in foster care or has aged out of the foster care system.
		Homeless individual — a person without a fixed, regular and adequate nighttime residence or runaway youth.
		Individual with disability — a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.
		Long-term unemployed — a person who has been unemployed for 27 or more consecutive weeks.
		Low-income individual — 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.
		Single parent — 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:**

	Seasonal Farmworker - 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 and faces multiple barriers to economic self-sufficiency
	Migrant and Seasonal Farmworker - 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
	Dependent of a Seasonal or Migrant and Seasonal Farmworker - A dependent of the individual described as a seasonal or migrant seasonal farmworker above
	Not Applicable

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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	PA CareerLink® Referral
<input type="checkbox"/> OVR Specify _____	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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Goals	Set Date	Met Date	Not Applicable
<i>High School Equivalency Diploma</i>			
<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	Set Date	Met Date