

**Directions: Please complete all fields below. Fields with asterisk (\*) must be completed.**

\*Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\*Program Year (ex: 2022-2023): \_\_\_\_\_

\*Program/Site: \_\_\_\_\_

\*SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

\*Last Name: \_\_\_\_\_

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\*Gender: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Last Grade Completed: \_\_\_\_\_ \*Previous School Location: \_\_\_\_ U.S. \_\_\_\_ Non-U.S. Based

**\*School Status at Entry:**

- \_\_\_ In School, secondary or less
- \_\_\_ In school, alternative
- \_\_\_ In school, post-secondary

- \_\_\_ Not attending school/secondary school dropout
- \_\_\_ Not attending school/secondary graduate or obtained recognized equivalent
- \_\_\_ Not attending school/within compulsory age to attend

**\*Educational Status:**

- \_\_\_ No Formal School
- \_\_\_ Grades 1 – 5
- \_\_\_ Grades 6 – 8
- \_\_\_ Grades 9 – 12

- \_\_\_ High School Diploma/Alternative Credential
- \_\_\_ Some college, no college degree
- \_\_\_ College or professional degree
- \_\_\_ Unknown

**\*Current Enrollment Status:**

- \_\_\_ Adult Basic Education
- \_\_\_ Adult Secondary Education
- \_\_\_ Community Corrections
- \_\_\_ Correctional Facility
- \_\_\_ English as a Second Language

- \_\_\_ Family Literacy
- \_\_\_ Homeless Program
- \_\_\_ Other Institutional Program
- \_\_\_ Work-Based Project
- \_\_\_ Workplace Literacy

\*Annual Family Income: \_\_\_\_\_

\*Household Size: \_\_\_\_\_

**\*Race (Check all that apply):**

- Native American/Alaskan Native  
 Asian  
 African American  
 Pacific Islander/Native Hawaiian  
 Caucasian

**\*Ethnicity (Check all that apply):**

- Hispanic (Cuban, Mexican, Puerto Rican,  
South/Central American or other  
Spanish culture/origin, regardless of race)  
 Other

**\*Native Country:** \_\_\_\_\_

**\*U.S. Citizen:**  Yes  No

**\*Native Language:** \_\_\_\_\_ **\* Additional Language(s) Spoken:** \_\_\_\_\_

**\*Employment Status:**  Employed  Seeking Employment  Not in Labor Force

**Employer:** \_\_\_\_\_

**Employer Phone:** \_\_\_\_\_

**\*Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Disabilities (physical, mental, or learning) | <input type="checkbox"/> Single Parent/Pregnant Female     |
| <input type="checkbox"/> Lives in urban area (city)                   | <input type="checkbox"/> Dislocated Worker                 |
| <input type="checkbox"/> Lives in rural area (outside city)           | <input type="checkbox"/> Is a Dependent/Have Dependent(s)  |
| <input type="checkbox"/> Receives Public Assistance                   | <input type="checkbox"/> Foster Care or Aged out of system |
| <input type="checkbox"/> Low Income                                   | <input type="checkbox"/> Homeless/Runaway Youth            |
| <input type="checkbox"/> Displaced Homemaker                          | <input type="checkbox"/> Non-English used at home          |

**\*Migrant/Seasonal Farm Worker:**

No  Migrant  Migrant & Seasonal  Dependent

**\*Military Status:**

Active  Veteran  Spouse  Dependent

**\*Vocational Rehabilitation:**

No  Yes  VR&E  Both VR and VR&E  Unknown

**\*Ex-Offender:**

No  Yes  Unknown

**\*Wagner-Peyser Employment:**

No  Yes  Unknown

**\*Cultural Barriers to Employment:**

No  Yes  Unknown

I, (print name) \_\_\_\_\_, am enrolled in an adult basic education (ABE) program. This ABE program works with the following programs and agencies to help students improve their skills and earn better jobs:

- Other state-funded adult education programs
- WorkOne offices and job training programs
- Public and private colleges
- State executive offices, departments, and agencies including the Indiana Department of Workforce Development (IDWD), Division of Adult Education and the Indiana Department of Education

By signing this form, I understand and agree to the following:

- DWD use of directory information (name, address, birth, and social security number) to match test score records, wage information, and college/training program enrollment records that assist the state to evaluate and improve its programs and to report results to the federal and state government
- The sharing of information between the agencies and programs listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential and will be used for program administration, research, and evaluation purposes.

***By typing your name, you consent that this is your electronic signature and consent to the above information***

\_\_\_\_\_  
Signature of Student / Parent or Guardian\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff / Witness to the Student's Signature

\_\_\_\_\_  
Date

***\*Students under the age of 18 must have this consent form signed by the student's parent or guardian.***