

* = Required Field

Section 1: Provider Information:									
*Provider Name:					*Registration Date:				
*Local Student Number:				UIC Number:					
Section 2: Participant Information:									
*First Name:				*Last Name:					
*Middle Initial:		Maiden Name:		*Date of Birth:		*Place of Birth:		CITY	STATE OR COUNTRY
Street Address:					Street Address 2:				
City:			State:		Zip Code:		Social Security Number:		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Phone Number:		Alternate Phone Number:		Email Address:					
Alternate Contact Information:									
First Name:				Last Name:					
Street Address:					Street Address 2:				
City:			State:		Zip Code:		Relationship to the Participant:		
Phone Number:				Email Address:					
Section 3: Personal and Family Information:									
In adult education, we believe that the education we provide to adults has a direct effect on the education of our participant's children. To help us track this information, please indicate the number of children you have.									
*Number of children not yet in school (0-Preschool):					*Number of school-age children (K-12):				
*Select your highest level of education completed: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency (HSE) Certificate <input type="checkbox"/> Some Postsecondary/No Degree <input type="checkbox"/> Postsecondary or Professional Degree <input type="checkbox"/> Unknown					*Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO				
					*Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO				
					*Racial Group:				
					Select one or more races with which you identify: <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				
*Where was your education completed? <input type="checkbox"/> US Based Schooling <input type="checkbox"/> Non-US Based Schooling									
Section 4: Labor Status:									
*What is your current labor status? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed - Seeking Employment		If employed: Employer Name:			Hourly Wage:		Hours Usually work in a Week:		
<input type="checkbox"/> Employed/received termination notice or military					<input type="checkbox"/> Not Working - Not Seeking Employment (Not in the Labor Force)				

Section 5: Barriers:		
*CHILDCARE	Do you have difficulty finding affordable and/or reliable childcare?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*CULTURAL BARRIERS	Do your beliefs, customs, or practices make it difficult for you to function in a school or work environment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Identify the Cultural Barrier:	
*CURRENT/PRIOR FOSTER CARE	Are you currently in or have you aged out of the foster care system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*DIGITAL LITERACY	Do you have difficulty using computers, the internet, and/or other technology?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*DISABLED	Do you have physical/mental disabilities or impairments that limit major life activities? (You do not have to be receiving disability benefits)	<input type="checkbox"/> YES <input type="checkbox"/> NO
*DISPLACED HOMEMAKER	Displaced homemaker can be defined as any of the following: If you have been providing unpaid services to family members in your home but now need to look for employment. If you have been dependent on another person's income and no longer receive that financial support. If your spouse have been deployed to active military duty and your family income has significantly reduced. Are you a displaced homemaker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*EXHAUSTING TANF	Are you within 2 years of exhausting your lifetime eligibility for Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*EX-OFFENDER	Ex-Offender can be defined as any of the following: You have an arrest or conviction on your record that has created a barrier to employment. You are currently on probation or parole. You have a criminal record beyond infractions, including misdemeanors or felonies. Are you an ex-offender? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*HOMELESSNESS	Are you currently experiencing homelessness or lack a permanent, adequate, nighttime residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*LEARNING DISABILITY	Have you been diagnosed or you believe you have a learning disability, or you have/had an Individualized Education Plan (IEP) in school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*LOW INCOME GUIDELINES	Defined as meeting any or all of the following low income guidelines applying to you, or your child(ren): Your total family income falls below the poverty line. (This is approximately \$12,000 for one person and \$25,000 for a family of four) You or your child(ren) receives SNAP, TANF, SSI, Medicaid insurance, WIC, food assistance, public housing or rental assistance, or any other public assistance. Does your family meet the low income guidelines? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*LONG-TERM UNEMPLOYED	Have you been unemployed for more than six months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*MIGRANT/SEASONAL FARM WORKER	Are you a Migrant/Seasonal Farm Worker defined here as someone who is primarily employed in agriculture, fish farming labor, or your family travels to where farming jobs are available?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*SINGLE PARENT	Are you a single parent defined here as someone who is pregnant, separated, divorced, or widowed and have primary responsibility for one or more dependent children under age 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*SUBSTANCE ABUSE	Do you struggle with an addiction to alcohol or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*TRANSPORTATION	Do you lack transportation, have unreliable transportation, do not have the means to pay for public transportation and/or do you get rides from friends or lack consistent transportation to get to school or work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*Do you have any other barriers not listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO Specify any additional barriers:	
*Section 6: Goals: (select one or more that may apply)		
<input type="checkbox"/> Improve basic literacy skills <input type="checkbox"/> Obtain a HSE certificate <input type="checkbox"/> Achieve citizenship skills <input type="checkbox"/> Vote or register to vote <input type="checkbox"/> Improve English language skills <input type="checkbox"/> Obtain a high school diploma <input type="checkbox"/> Involvement in community activities <input type="checkbox"/> Function At or Above 9th Grade Level - ABE Only <input type="checkbox"/> Enroll in postsecondary education <input type="checkbox"/> Involvement in children's education <input type="checkbox"/> Achieve English Language Proficiency - ESL Only <input type="checkbox"/> Attain postsecondary credential <input type="checkbox"/> Involvement in children's literacy-related activities <input type="checkbox"/> Pass one or more HSE test <input type="checkbox"/> Obtain employment <input type="checkbox"/> Leave public assistance <input type="checkbox"/> Obtain high school diploma credit <input type="checkbox"/> Retain employment <input type="checkbox"/> Other -Specify		
Section 7: Notice of Data Sharing:		
Participant registration information will be used to research and evaluate the effectiveness of adult education programs in Michigan through data sharing with other data systems, such as employment and wage records, high school equivalency testing, and college records. The State of Michigan does not report or publish an individual's performance results, only statewide and program totals. The Workforce Development Agency will not disclose an individual's Social Security number and will comply with all laws and regulations governing Social Security number use and client privacy.		
This form may be signed electronically. The signature whether handwritten or electronic confirms that information provided is accurate and correct.		
*Signature:		