

HVAE Student Intake Form (rev 11/22)

Intake/Enrollment – Date _____ Update – Date _____

Last Name		First Name		Middle	Social Security Number		
Street Address			City, State		Zip	County	
Primary Phone			Email		Preferred Contact ____ Email ____ Phone ____ Text		
Date of Birth	Gender ____ Female ____ Male	Country of Birth	Primary Language		Nickname/Other Name		
Hispanic / Latino ____ No ____ Yes	Race ____ Amer Indian/ Alaskan Native ____ Native Hawaiian/ other Pacific Islander ____ Asian ____ Two or more races ____ Black or African American ____ White			Work Status ____ Employed ____ Employed, to be terminated/separated ____ Not in Labor Force ____ Unemployed; last work date: _____			
Public Assistance ____ None ____ Other ____ SSI ____ SNAP ____ MFIP _____ Expiration date		Highest Formal Education Level ____ No School ____ Grades 9-12, no diploma ____ Some college, no diploma ____ Grades 1-5 ____ GED ____ College / professional degree ____ Grades 6-8 ____ HS Diploma /alt. credential ____ Unknown				Education Location ____ Non-U.S. ____ U.S.	
NRS Tracking - mark as many as apply ____ Cultural barrier ____ Foster care ____ Low Income ____ Disabled ____ Homeless ____ Migrant Worker ____ Displaced homemaker ____ Learning disabled ____ Single Parent ____ Ex-offender				NRS Program - mark as many as apply ____ Corrections ____ Workplace Literacy ____ Family Literacy ____ Conditional Work Referral ____ Non-NRS ____ Other Institutional			

Have you ever been diagnosed with a condition that could impact learning? (i.e mental health, ADHD, developmental disability, learning disability, brain injury, vision or hearing loss, etc)? _____ No _____ Yes

Career goal: _____

Goals – Check the SET column to indicate student goal.

Set	Goal	Set	Goal	Set	Goal
	Obtain a GED		Raise Accuplacer Score		Increase Life Skills
	Local Credit Based Diploma		Enter Postsecondary Education		Get More Involved in Children's Education
	State Competency Based Diploma		Enter Postsecondary Training		Get more involved in Community
	Enter Employment		Improve Basic Literacy Skills		Write Resume/Increase Job Search Skills
	Retain Employment		Improve English Language Skills		Gain Computer Related Skills
	Get a Better Job/Promoted		Become a Citizen/Gain Citizenship Skills		Gain Budgeting Skills

Teacher Section

Test Name: TABE/CASAS	Subject: reading, math, listening, etc.	Form	Test Date	Score	GE

Class Name	Instructor	Entry Date	Exit Date

Tennessen Warning / Privacy Notice

This form tells you how we may use the information from your application and participation in this program. It also tells with whom we may share this information, and what will happen if you choose not to provide it.

Why do we ask you for program information?

We may ask you for information so we can:

- tell you from other persons with a similar name
- decide if you can receive our services
- decide which services you can receive
- receive state and federal funds to help you
- let program funders know if Adult Basic Education has helped you

You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you. Providing false information can lead to removal from the program.

How will we use the data?

We may use it to prepare required reports, conduct audits, review eligibility and to find out how the program is helping you.

Who will we share the information with?

We will share the information with staff, allowed by law, who need it to do their jobs in: The MN Dept. of Jobs & Training; U.S. Depts. of Health & Human Services, Labor, Housing & Urban Development, and Agriculture; and software developer UrbanPlanet Software. We may share it with community-based agencies, local and state human service agencies, educational programs, and other agencies that help you. If you enroll in another MN Adult Basic Education program, your data will be shared with them.

Social Security Numbers

You do not have to provide your Social Security number. Federal Privacy Act and Freedom of Information Act dictate the use of this number. We may use it for computer matches, program reviews, improvements and audits.

How long will we keep the information?

After you leave the program, we will keep your file until state and federal laws let us destroy it.

If you do not understand this form, ask a staff person to explain it to you.

**CLIENT SIGNATURE

Each student must sign below to indicate that s/he has read and understands these Privacy Rights.

Signed: _____ Date: _____

Photo Release

By signing below, I give permission to Hiawatha Valley Adult Education to use my image in their communications/promotions.

Signed: _____ Date: _____