

HVABE Student Intake Form (rev 10/18) Intake/Enrollment – Date _____ Update – Date _____

Last Name			First Name			Middle		Social Security Number**			
Street Address**					City, State**			Zip**		County*	ISD*
Primary Phone*				Secondary Phone*				Email*			
Date of Birth		Gender ___ Female ___ Male		Country of Birth*				Primary Language*			
Hispanic /Latino ___ No ___ Yes		Race ___ Amer Indian/ Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian/ other Pacific Islander ___ Two or more races ___ White				Work Status ___ Employed ___ Employed, to be terminated/separated ___ Not in Labor Force ___ Unemployed; last work date: _____					
Public Assistance ___ None ___ MFIP Expiration date: _____ ___ Other ___ SNAP ___ SSI				Highest Formal Education Level ___ No School ___ Grades 1-5 ___ Grades 6-8 ___ Grades 9-12, no diploma ___ GED ___ HS Diploma / alt. credential ___ Some college, no diploma ___ College / professional degree ___ Unknown					Educ Location ___ Non-U.S. ___ U.S.		
NRS Tracking - mark as many as apply ___ Cultural barrier ___ Disabled ___ Displaced homemaker ___ Learning disabled * If yes, what specific disability _____ ___ Ex-offender ___ Homeless ___ Foster care						NRS Program - mark as many as apply ___ Low Income ___ Migrant Worker ___ Single Parent ___ Community Corrections ___ Corrections ___ Family Literacy ___ Non-NRS ___ Other Institutional ___ Workplace Literacy ___ Cond Work Referral					
Nickname/Other Name*											
Emergency Contact Name*								Phone			
MFIP Job Counselor Name*			Agency			Phone		Email			
						Fax					
Goals – Check the SET column to indicate student goal. Check the MET column when the goal has been achieved.											
Set	Met	Goal	Set	Met	Goal	Set	Met	Goal			
		Enter Employment			Raise Accuplacer Score			Get More Involved in Children's Education			
		Retain Employment			Enter Postsecondary Education			Read More to Children			
		Get a Better Job			Enter Postsecondary Training			Get more involved in Community			
		Get Promoted in my Job			Improve Basic Literacy Skills			Write Resume/Incr Job Search Skills			
		Obtain a GED			Improve English Language Skills			Gain Computer Related Skills			
		Local Credit Based Diploma			Achieve Citizenship Skills			Gain Budgeting Skills			
		State Competency Based Diploma			Become a Citizen			Increase Life Skills			
Test Name: CASAS LS, L&W; TABE full/survey; GED			Subject: reading, math, listening, etc.			Form		Test Date		Score	GE
Class Name			Instructor				Entry Date		Exit Date		

* Not NRS required. **Not NRS required, but strongly preferred. †When marking this box, select Disabled also.

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: _____