First Name*:	M.I La :	st Name*:		
Birth Date*:	Original Program S	Start Date*:		
Address: City: State: Zip:				
Home Phone:	- Mo			
e-mail: Emergency Contact: Name/Relationship of Contact:				
Social Security #: OR: Student was asked for SS# and cannot/will not provide. Intake Staff print full name) NOTE: Data matching for Employment-related outcomes will not be available if SS# is not recorded. Manual follow-up will be required after exit.				
Gender* (Required): ☐ Male ☐ Female ☐ Non-Binary/Gender Non-Conforming		Choose ONE: Hispanic/Latino/a Non-Hispanic/Latino/a AND Choose all that apply (Must Choose AT LEAST ONE): Native America Alaskan Native Asian Pacific Islander African America African Latino/a		☐ Native Hawaiian☐ Native American
Employment Status* (Required): Employed Full Time Employed Part Time Employed but Received Notice of Termination Military Separation Pending Unemployed & Seeking Employment Not Available for Employment Inmate				☐ Asian☐ Pacific Islander☐ African American☐ Afro-Caribbean☐ African
Educational Background* (Required): Highest Grade completed in US Highest Grade completed in NY State? Last School Attended (If NYS)? Highest Credential Obtained: Location Obtained: Location Obtained: Credential Obtained: Sec School Diploma or Alternate HSE Some Post-Secondary Post-Secondary or Professional Degree				
Years of Schooling in Other Countries				
School-aged Children: Is the student a parent or guardian of a child/children under 21? Yes No Is the Student a Single Parent? No If yes to either question above, enter the <u>number</u> of children at each level: HS				
Barriers to Learning/Employment*: (Minimum of 1 Answer Required) Self-reported by student. Definitions available in the ISRF Instruction Guide.				
 □ Homeless □ U.S. HS Grad or Equivalent □ Displaced Homemaker □ Disabled □ Low Income 	Y N Learning Disabled Runaway Youth Walk-In from TASC Tes Non Native English Spe Ex-Offender Youth in Foster Care/ A	eaker	☐ ☐ Long-Term	TANF within 2 years
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 New York state Department of Education (NYSED). 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 NYSED, its authorized contractors or the local program will have exclusive access to this information.				