

HVAE Student Intake Form (rev 7/24)

Intake/Enrollment – Date _____ Update – Date _____

Last Name	First Name	Middle	Social Security Number
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Street Address	City, State	Zip	County
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Primary Phone	Email	Preferred Contact _____ Email _____ Phone _____ Text
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Date of Birth	Gender ___ Female ___ Male ___ Other	Country of Birth	Primary Language	Nickname/Other Name
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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: _____
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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.
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NRS Tracking - mark as many as apply ___ Cultural barriers ___ Foster care ___ Low Income ___ Disabled ___ Homeless ___ Migrant Worker ___ Displaced homemaker ___ Learning disabled ___ Single Parent ___ Ex-offender ___ English Language Learner ___ Low literacy level	NRS Program - mark as many as apply ___ Corrections ___ Workplace Literacy ___ Family Literacy ___ Conditional Work Referral ___ Non-NRS ___ Other Institutional
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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

What is your 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:	Subject:	Form	Test Date	Score	GE
CASAS GOALS/STEPS	reading, math, listening, etc.				

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 the software developer. 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: _____