

Mississippi Community College Board, Office of Adult Education

Intake Assessment Form

Completion of this form is required for all adult learners in all programs. Required data is in bold with an asterisk (*). Please print legibly. All signatures should be in ink.

STUDENT CONTACT INFORMATION

***Intake Date:** _____ ***Site/Teacher:** _____

***Social Security Number:** _____ - _____ - _____ ***Date of Birth:** _____ / _____ / _____ **Age:** _____
Month Day Year

***Name:** _____
Last First Middle/Former Name Suffix

***Address:** _____
Street Address/ Apartment Number / PO Box *City *State *Zip

***County of residence:** _____ ***Email Address:** _____

***Cell:** (_____) _____ **Alternate Number:** (_____) _____

- *Program:** Adult Education Distance Learning Corrections Workplace Literacy
- *Secondary Program:** eDULT IELCE MIBEST
- *ESL Student:**
- *Registered for MS Works:** Yes

EMERGENCY CONTACT INFORMATION

***Name:** _____
Last First Middle/Former Name

***Cell:** (_____) _____ **Home:** (_____) _____ **Relationship:** _____

STUDENT DATA

***Hispanic/Latino:** No, not Hispanic/Latino Yes, Hispanic/Latino

***Gender:** Male Female

***Race:** (Select one or more) American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White

***Highest School Grade Completed:** (select one)

- No School Grade Completed 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade 9th grade 10th grade 11th grade 12th grade

***Highest Educational Certificate/Diploma/Degree Completed:** (select one)

- None High School Diploma High School Equivalency Certificate of Attendance/Completion One or more years of Postsecondary Education Postsecondary Technical or Vocational Certificate Associate's degree Bachelor's degree Master's degree Specialist's degree Doctorate or Professional degree

***Where was your highest level of education completed?** U.S.-Based Schooling Non-U.S.-Based Schooling

How did you hear about the program? Print Media Friend TV Radio Referral Internet Family Previous Enrollment Previous Enrollment in another program: If so, which one? _____

STUDENT STATUS and BARRIERS TO EMPLOYMENT

***Labor Force Status:** (select one)

- Employed** Name of Employer: _____ Part-time Full-time
 Number of Hours Worked Per Week: _____ Rate of Pay per Hour: _____
- Employed**, but I have received a notice of termination, facility closure, or I am a transitioning service member.
- Unemployed and looking for work**
 If unemployed, have you been unemployed for 27 weeks or longer? Yes No
- Not working and not looking for work** (e.g. homemaker, retired, incarcerated, etc.)

Individual with a Disability Notice (Optional disclosure)

In the Americans with Disabilities Act of 1990, a disability is defined as a physical or mental impairment that substantially limits one or more of a person's major life activities. ***Do you have difficulty seeing, hearing, talking, using your hands, getting around (mobility), interacting with others, learning or thinking that makes it difficult for you to get and/or keep a job?** Yes No Do not wish to disclose

***Services Received:**

ANSWER	SERVICE	Question (Description)	Updated Date	Updated Date	Updated Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF	Do you receive TANF Benefits? If yes, are you within 2 years of exhausting lifetime eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP	Do you or someone in your household receive Food Stamps?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Subsidized Childcare	Do you receive childcare assistance (voucher) for babysitting or daycare?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Benefits	Do you receive benefits for being a veteran of the military?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	Do you receive unemployment benefits because you have recently lost your job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing Assistance	Do you live in public housing or receive assistance for housing costs?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Adult	Do you receive services from the WIN Job Center for education or training needs related to a job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Dislocated Worker	Do you receive services from the WIN Job Center for education or training needs related to a job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	WIOA Youth	Do you receive services from WIOA Gateway Youth for assistance in training to help you find a job and job experience?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational Rehabilitation	Do you receive services from the Mississippi Department of Rehabilitation Services?			

***Barriers to Employment:**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ELL <input checked="" type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Cultural Barriers	The participant has either (a) limited ability in speaking, reading, writing, or understanding the English language; (b) an inability to compute and solve problems, or read, write, or speak English at a level necessary to function on the job in the participant's family or in society; or (c) a perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income	Do you, or your child(ren) meet any or all of the following low income guidelines: 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, rental assistance, or any public assistance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Did you provide unpaid services in the home and are dependent on the income of another, but you are no longer supported by that income, and are you experiencing difficulty in obtaining or upgrading employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman? If yes, how many? _____ Ages: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility, or enterprise where you are employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	Do you lack a fixed, regular, and adequate nighttime residence? Have you moved in the last 36 months due to a parent's employment in seasonal farm work? Are you under 18 and leave home without parent permission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction? (Do not select this category if you are currently incarcerated.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care	Are you currently in the foster care system or have you aged out of the foster care system?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?) <input type="checkbox"/> Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?) <input type="checkbox"/> Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)

Language spoken at home: _____ **Country of Birth:** _____