

Learner Registration – Region 1

Directions: Please complete all fields below.

Application Date / / Term Year
Month Day Year

Class Name or Location :

SSN Check if SSN is not available:

Last Name First MI

Address:

City State Zip

Date of Birth / / Age Gender
Month Day Year

Phone Number Text Yes No Cell Phone number

Emergency Phone Number E-Mail Address

Parent/Grandparent/Relative Name Phone

Secondary Contact Persons Name Phone

Alternate Contact Person Name Phone

Adult Learning Information

Have you previously attended an Adult Learning Center or WorkOne? Yes No

Location or name of center

Are you currently employed? Yes No Employer Name

Work Schedule

Student Name _____

Learning Center _____

Ethnicity (Choose only one)

- Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Other

Race (Choose one or more)

- African American American Indian
- Asian Pacific Islander White

Native Country _____

(Leave blank if USA)

U.S. Citizen: Yes No

Employment Status

- Employed
- Employed Terminated / Military Separation Pending
- Employers Name _____ Wages _____
- Not Employed - Over 26 wks: Yes ___ No ___
- Not in the Labor Force
- Veteran

Educational Status

- Attending School: K-12 ___ Alternative ___
- Attending Post Secondary Education
- Not attending school
- No Schooling Grades 1-5
- Grades 6-8 Grades 9-12 (no diploma)
- High School Diploma/Alternate Credential
- GED / HSE Some college, no degree
- College or professional degree
- Unknown
- High School Exit for 16 & 17 students
- Certificate - Disability/IEP

Last Grade Completed _____

Last School Attended _____

High School Exit on file: Yes ___ No ___

School Location: US based ___ Non US based ___

Family Status and Income

- Are you a dependent? Do you have dependents?
- _____ Household size
- _____ Annual family gross income

Check all that Apply

- Impairments (physical, mental, or learning)
- Lives in urban area (city)
- Lives in rural area (outside city)
- Receives Public Assistance
- Low Income
- Displaced Homemaker
- Single Parent
- Dislocated Worker
- Foster Care Youth
- Homeless or Run Away
- Non-English Speaking at Home

Check all that Apply

- Migrant & Seasonal Farm Worker: No ___ Yes ___
- Migrant ___ Migrant & Seasonal ___ Dependent ___
- Active Military: No ___ Yes ___ Spouse ___
- Vocational Rehabilitation: No ___ Yes ___ and if YES
VE ___ or Both VE and VR & E ___ Unknown ___
- Wagner Peyser Services: No ___ Yes ___ Unknown ___
- Ex Offender: No ___ Yes ___ Unknown ___
- Cultural Barriers to Employment: Yes ___ No ___

Current Enrollment Type

- Adult Basic Education
- Adult Secondary Education
- Community Corrections
- Correctional Facilities
- English as a Second Language
- Family Literacy
- Homeless Program
- Other Institutional Program
- Work-Based Project
- Workplace Literacy

How did you learn about adult education? _____

Learner Registration – Region 1



Student Name _____ Learning Center _____

Yes ___ No ___ Foster Care Youth A person age 16 through 24 who is currently in foster care or has aged out of the foster care system.

Yes ___ No ___ Homeless or Runaway Presently meets one of these conditions:

1. Lacks a fixed, regular, and adequate nighttime residence; this includes:
 - a) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
 - b) is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations
 - c) is living in an emergency or transitional shelter
 - d) is abandoned in a hospital
 - e) is awaiting foster care placement
2. Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground
3. Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work
4. Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth)

Yes ___ No ___ Non English Speaking at Home

He or she lives in a family or community environment where a language other than English is the dominant language.

Migrant Seasonal Farm Worker – check appropriate description

No ___ Does not fit any of below descriptions

Yes ___ Migrant is a low-income individual

a) Who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment

b) And faces multiple barriers to economic self-sufficiency.

Yes ___ Migrant and Seasonal Farm worker Is a seasonal farm worker and whose agricultural labor requires travel to a job site such that the farm worker is unable to return to a permanent place of residence within the same day.

Yes ___ Dependent A dependent if the participant, at program entry, is a dependent (as defined in 20 CFR 685.110) of the individual described as a seasonal or migrant seasonal farm worker above.)

Active Military – Check appropriate description

No ___ Does not meet the description

Yes ___ Active Military If full time employment is with any branch of the military or

Yes ___ Spouse/ Dependent Is a spouse or child of an Active Duty Service member

Vocational Rehabilitation Services – Check appropriate description

No ___ Did not receive any of the below services.

Yes ___ Received services under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIOA title IV, and Sec. 411(B)(15) defined as transition services for students with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or pre-employment transition services.

Yes ___ VR&E Received services from the Vocational Rehabilitation and Employment (VR&E) Program authorized by 38 USC Chapter 31.

Yes ___ Both VE and VR&E: Received services from both vocational rehabilitation programs described above.

Unknown ___ Not certain if any services were received

Wagner Peyser Services

No ___ Yes ___ Unknown ___ Received services under the Wagner-Peyser Act (29 USC 49 et seq.) Such as unemployment insurance, signing up with Indiana Career Connect job search, job matching and services within WorkOne.

Ex Offender

No ___ Yes ___ Unknown ___ A person who either:

- a) Has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or
- b) Requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.

Cultural Barriers to Employment

No ___ Yes ___ Unknown ___ A person who at program entry, perceives 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.

Adult Learning Centers

A Center of Workforce Innovations
Community Education Connection

Are you employed Yes No

If you are employed please fill out the information below

Company or Business Name:

Address:

Phone Number: _____

Start date of employment: _____

Release of Information – Region 1

I, (print name) _____, am enrolled in an adult education program. This adult education program works with the following programs and agencies to help students improve their skills and earn better jobs:

- Other state-funded adult education programs
- WorkOne offices and job training programs
- Public and private colleges
- State executive offices, departments, and agencies including the Indiana Department of Workforce Development (IWD), Division of Adult Education and the Indiana Department of Education, Public Assistance such as TANF and SNAP, and Vocational Rehabilitation

By signing this form, I understand and agree to the following:

- DWD use of directory information (name, address, birth, and social security number) to match test score records, wage information, and college/training program enrollment records that assist the state to evaluate and improve its programs and to report results to the federal and state government
- The sharing of information between the agencies and programs listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential and will be used for program administration, research, and evaluation purposes.

Release to other agencies or individuals as designated: _____

I give permission for Adult Education to use my photo and name for media and marketing purposes.

Yes ___ No ___

Signature of Student

Date

Signature of Parent or Guardian*

Date

Signature of Staff / Witness to the Student's Signature

Date

**Students under the age of 18 must have this consent form signed by the student's parent or guardian.*

Northwest Indiana Workforce Board WIOA Partnership Referral Release Form

AUTHORIZATION FOR THE RELEASE AND SHARING OF CONFIDENTIAL INFORMATION AND RECORDS

PLEASE READ THE FOLLOWING CAREFULLY

Release of Information Authorization

I, the undersigned, do hereby authorize any and all persons, firms, and entities of any kind or character to release to the agency of referral upon presentation of this authorization, any and all information that such persons, firm or entity may have with regards to me, including but not limited to, copies of personal files, past history, or present status. This information may be divulged to the agency of referral upon written request that accompanies a signed copy of this authorization. Any person, firm, or entity, governmental or otherwise, releasing information hereunder is hereby released from any and all liability of any kind or character because of such release to the agency that customer is being referred to. The agency will keep any such record in the strictest of confidence and only for purposes for which they have been formed.

Consent for Release of Information

I, the undersigned, do hereby authorize the receiving agency to release my information from my personal files to any agency or individual for the purpose of expediting the service that they will procure for me. I understand that I have the right to review any and all such personal information or other information pertaining to me upon written request. I further understand that this information is to be used to determine eligibility verification, statistical analysis, reporting data as required by federal law, and to aid in procurement of service for me. I hereby release and discharge the agency of any liability of any kind or character with respect to the release of information herein authorized. The records so released will be in the strictest confidence and be used only for the purposes for which the agency was formed.

I understand that the partner agencies of NWIWB One Stop System are requesting my permission to share my confidential information and records in order to facilitate access to programs under the Workforce Innovation and Opportunity Act (WIOA) and other programs. **The information to be shared is name, address, telephone number, email address, employer name, position held, hourly/annual salary, case management plans, assessments (including personality, aptitude, career readiness and inventory assessments), services provided by partner agencies and referrals to partner agencies. SOCIAL SECURITY NUMBERS AND MEDICAL RECORDS WILL NOT BE SHARED PURSUANT TO THIS AUTHORIZATION.**

I understand that if I agree to share my confidential information and records, that information will be shared solely among the partner agencies of NWIWB One Stop System and for the sole purpose of enabling the partner agencies to provide me with employment and training services.

I understand that if I do not agree to share my confidential information and records among the partner agencies of NWIWB One Stop System, my information will only be shared to the extent permitted by law.

I understand that this release may also be used to share my employer name, position held and hourly/annual salary, for the purpose of reporting program outcomes to federal, state or non-governmental funding sources, as required.

I understand that my eligibility to participate in programs of the partner agencies of NWIWB One Stop System does not depend on my agreement to share my confidential information and records.

I understand that I may be contacted directly in order to provide information and feedback about the services that I have received.

By my signature below, I authorize _____ (Partner Agency) to release the following information to _____ (Partner Agency): **name, address, telephone number, email address, employer name, position held, hourly/annual salary, case management plans, assessments, services provided by partner agencies and referrals to partner agencies.**

(Print Full Name)

(Signature)

(Date)

(Signature of Parent or Guardian if Minor)

(Date)

(Career Counselor's Signature)

(Date)