

**NH Adult Education  
Northumberland Adult Diploma Program  
Student Intake Form 2021-2022**

Intake Date

Last Name  First Name   
Middle Name  Nickname

Address   
City  State  Zip   
Phone  Text  Yes  No  
Email Address

Date of Birth   
Gender  Male  Female  
Country of Birth

Are you Hispanic/Latino  Yes  No

What is your race? Choose all that apply.  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Last grade level completed 

8	9	10	11	12										
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Last School Attended

Where did you complete your schooling?  In the US  Outside of the US

Do you have a high school diploma or equivalent?  Yes  No

Do you have a college degree or training certificate?  Yes  No

Name of University/College

Are you currently working?  Yes  No  
If yes  Full time  Part time

Name of Company or industry  Hours per week

If no  I am looking for work.  
 I am not looking for work.

Emergency Contact: Who can we call for you in case of emergency?

Name  Phone Number

Relationship to student:

**FOR OFFICE USE ONLY**

Funding Stream  Title II  Dual Enrolled

**FOR TITLE II STUDENTS ONLY**

**Are you currently in any of these categories?**

Under the Workforce Innovation and Opportunity Act, adult education programs are required to serve people who meet the definitions for the following categories. This program will provide services to individuals who do not meet these definitions, but we are required to track those who do. This information is confidential and will only be reported as the total number for the state.

<input type="checkbox"/>	Cultural Barriers
<input type="checkbox"/>	Individual with a disability
<input type="checkbox"/>	Displaced Homemaker
<input type="checkbox"/>	Low-Income Individual
<input type="checkbox"/>	English Language Learner
<input type="checkbox"/>	Ex-Offender
<input type="checkbox"/>	Exhausting TANF within 2 years

<input type="checkbox"/>	Youth in foster care
<input type="checkbox"/>	Homeless individual or runaway youth
<input type="checkbox"/>	Long-term unemployed
<input type="checkbox"/>	Low Literacy Level
<input type="checkbox"/>	Migrant Farmworker
<input type="checkbox"/>	Seasonal Farmworker
<input type="checkbox"/>	Single Parent or Guardian

**Which of the following do you have at home?**

<input type="checkbox"/>	Computer with Camera
<input type="checkbox"/>	Computer without Camera
<input type="checkbox"/>	Webcam

<input type="checkbox"/>	Headset with microphone
<input type="checkbox"/>	Home Phone
<input type="checkbox"/>	Internet Access

<input type="checkbox"/>	Printer
<input type="checkbox"/>	Scanner
<input type="checkbox"/>	

**Do any of the following categories apply to you?**

<input type="checkbox"/>	Receiving public assistance
<input type="checkbox"/>	Dislocated Worker
<input type="checkbox"/>	Immigrant

<input type="checkbox"/>	Community Corrections
<input type="checkbox"/>	County Corrections
<input type="checkbox"/>	State Corrections
<input type="checkbox"/>	Federal Corrections

<input type="checkbox"/>	Institutional
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**Are you currently working with any of the following programs? (Check all that apply.)**

<input type="checkbox"/>	Title I Adult
<input type="checkbox"/>	Title I Youth
<input type="checkbox"/>	Title I Dislocated Worker

<input type="checkbox"/>	Title III Wagner Peyser
<input type="checkbox"/>	Title IV Voc Rehab
<input type="checkbox"/>	

<input type="checkbox"/>	NH Employment Program (TANF)
<input type="checkbox"/>	Community College System of NH
<input type="checkbox"/>	

It is helpful for us to coordinate services with other programs, please sign the attached Release of Information so we can share information to help you accomplish your goals.

**Are you currently enrolled in another adult education program?**

No       Yes      Name of Center

**Is there anything else we should know about you?** (For example: medical issues, learning difficulties, classroom comfort need, etc.). This question is optional.

**For Office Use Only**

Assessments:

Assessment Type	Form	Subtest	Level	Scaled Score	Comments
Starting Carnegie Credits					

**Privacy Policy and Statement of Confidentiality**

I understand that my information will be treated as confidential and used only for educational purposes. It will be seen only by education staff members who are required to treat all student information as private.

Signature  Date

**Data Collection Requirements**

This adult education center receives funding from the State, Federal and local resources. These resources make this Adult Education & Literacy program free for you to attend. In order for us to continue to receive funding, we need to show that the services we provide are helping our students to build their academic skills, to move into postsecondary education and training to improve their lives, and to get and keep employment that supports their families.

So after you leave this program, we need to find out how you are doing. If you provide a social security number, we can use it to match records of people who are working or use your name and date of birth to match records of people who are in college.

We can also get this information by calling you or sending you an email or text after you leave, so it is important that we have your up-to-date contact information including an email address, mailing address and phone number.

Please check off which method of communication is your 1<sup>st</sup> choice and which is your 2<sup>nd</sup> choice for us contacting you after you leave the program.

Phone       Email       Postal Letter

I understand that as a Federal and State requirement of attending this class, I will be contacted twice as a follow-up at 6 months and 12 months after leaving this program.

Signature  Date

**Attachments (check of applicable)**

<input type="checkbox"/>	Voluntary Authorization to Share Social Security Number
<input type="checkbox"/>	Revocation for Release of Information (provide for future use as needed)
<input type="checkbox"/>	NH Works Release of Information (for co-enrolled students)
<input type="checkbox"/>	General Release of Information
<input type="checkbox"/>	
<input type="checkbox"/>	

## VOLUNTARY AUTHORIZATION TO SHARE SOCIAL SECURITY NUMBER

Name of Agency:

This form allows the agency listed above to collect your Social Security Number and share it with the NH Department of Education. The NH Department of Education will only use this information for data matching for federal WIOA reporting and for educational research.

Completing and signing the form below allows the NH Department of Education to collect and release student information as described below, for the purpose described below.

Specific Information to be released:

- Personal Identifiable Information (PII)
  - Name
  - Address
  - Birth date
  - Social Security Number
- Education Information
  - Educational records
  - Test results
  - Attendance

If you sign this form indicating authorization to release your information, your information will be shared with WIOA partners including, but not limited to,

- NH Unemployment Insurance System (SSN only, not your name)
- State Wage Information System (SSN only, not your name)
- National Student Clearinghouse (Name and DOB only)

PLEASE READ THE FOLLOWING CAREFULLY

I understand that I do NOT need to provide a Social Security Number to take classes at this agency.

Student Name (Print): \_\_\_\_\_

YES. I voluntarily provide my Social Security Number.

NO. I choose not to provide a Social Security Number.

\_\_\_\_\_  
Student Signature


\_\_\_\_\_  
Date



### NOTE TO STAFF

Cut and shred SSN after it has been entered into the LACES Data System.

My Social Security Number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<p><b>NH Employment Security</b> Employment Services Unemployment Insurance Benefits Trade Act Program WorkNowNH Reentry Program Migrant &amp; Seasonal Farmworker Program New England Farm Workers Council</p> <p><b>NH Department of Education</b> Adult Education Vocational Rehabilitation</p> <p><b>NH Department of Health and Human Services</b> TANF SNAP NHEP</p> <p><b>Office of Workforce Opportunity/Community Action Agencies</b> WIOA Youth WIOA Adult SCSEP</p> <p><b>Community College System of New Hampshire</b> WorkReady NH Apprenticeship NH Community College</p> <p><b>NH Job Corps Operation Able</b></p> <p><b>Veterans' Services</b> Harbor Homes Northeast Veterans Outreach Center Veterans Inc. U.S. Department of Veterans Affairs Vocational Rehabilitation and Employment</p> <p><b>Please see back of form for additional information about the programs listed above.</b></p>	<p><b>NH WORKS System Partners Release of Information</b></p> <p><b>This form is valid for two years from participant's signature date</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">I,</td> <td style="width: 40%; border: none;"></td> <td style="width: 30%; border: none;">, authorize</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">to exchange</td> </tr> </table> <p>(individual or agency) information relating to prior assessment(s) for training and employment including but not limited to: work history, vocational assessments, career planning, documentation related to eligibility, skills, training, quarterly wage data, and Unemployment Compensation benefits with the agency (ies) listed on the left side of this form.</p> <p>This Release of Information does not authorize the disclosure of any medical information or any other restricted third party information.</p> <p>I understand that this information may be used to determine eligibility for employment and training services, assist in the development of my individual training plan for education and employment, career planning, and/or may be used for statistical purposes.</p> <p>I allow the NH Works System Partners listed on the left to release to each other the requested information when I am referred to partner services. I understand the information will be used only on an as needed basis and will remain confidential, to the extent required and/or permitted by law. This information cannot be shared with any other entity without my written permission.</p> <p>A copy of this Release of Information is as valid as the original. This Release is valid for both program and follow-up services.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Participant's Signature</td> <td style="border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td colspan="2" style="border: none;">Guardian's Signature if applicable</td> </tr> <tr> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td style="width: 60%; border: none;">Staff Signature</td> <td style="width: 40%; border: none;">Email Address</td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> <p>A proud partner of the</p>  </div>	I,		, authorize			to exchange	_____	_____	Participant's Signature	Date	_____		Guardian's Signature if applicable		_____		Staff Signature	Email Address
I,		, authorize																	
		to exchange																	
_____	_____																		
Participant's Signature	Date																		
_____																			
Guardian's Signature if applicable																			
_____																			
Staff Signature	Email Address																		

# PLEASE KEEP THIS PAGE FOR YOUR RECORDS!

## SYSTEM PARTNERS/PROGRAM SERVICES

**NH EMPLOYMENT SECURITY** –A free public Employment Service, which benefits the job seeker, the employer, and the economy by helping people find work through work search programs, employment information, and economic and labor market information. <https://www.nhes.nh.gov/>

- Employment Services
- Unemployment Insurance Benefits
- Trade Act Program
- Migrant and Seasonal Farmworker Program
- WorkNowNH

**DEPARTMENT OF HEALTH AND HUMAN SERVICES** - <https://www.dhhs.nh.gov/>

- **TANF**– Cash Assistance provides assistance to needy families with dependent children
- **FOODSTAMPS** – Supplemental Nutrition Assistance Program
- **NHEP** –Employment support program that provides cash assistance to eligible able-bodied parents and assists them in becoming self-sufficient.

**NH DEPARTMENT OF EDUCATION**- <https://www.education.nh.gov/>

- **ADULT EDUCATION** - Provides a variety of educational opportunities to empower adults to become lifelong learners, to support individuals in identifying and achieving academic and/or career goals.
- **VOCATIONAL REHABILITATION** – Assists eligible NH citizens with disabilities to secure competitive integrated employment and financial and personal independence by providing rehabilitation services.

**OFFICE OF WORKFORCE OPPORTUNITY**- Serves as the state administered entity for the Workforce Innovation and Opportunity Act. <https://www.nhworks.org/>

- **WIOA Youth Program** – Provides academic and work based learning services to youth with the goal of self-sufficiency.
- **WIOA Adult Program** – Provides economically disadvantaged adults access to employment, education, training and support services to succeed in the labor market and obtain self-sufficiency.
- **WIOA Dislocated Worker Program**- Provides laid off workers access to employment, training and support services to succeed in the labor market and obtain self-sufficiency.
- **SCSEP** –Community Service and Work-based training program for older workers. Provides job training and placement to those 55 or older.

**COMMUNITY COLLEGE SYSTEM OF NH** – The seven NH community colleges offer associate's degree, certificate and skill based programs that provide opportunities for college education and career training.

<https://www.ccsnh.edu/>

- **Work Ready NH**-Tuition free workforce development program tailored to meet the needs of job seekers and career builders as well as provide training in the specific skills employers are seeking in their current and future employees.
- **ApprenticeshipNH**- Program supports the development of new registered apprenticeship programs and in healthcare, advanced manufacturing, hospitality and construction and infrastructure sectors. Registered apprenticeship is an employer driven model which combines on the job training and related classroom instruction to increase an apprentice's skill level and wages. <http://www.EarnLearnNH.org>

**NH JOB CORPS**- A tuition free training and education program that connects young adults to the skills and educational opportunities needed to establish a career. <https://newhampshire.jobcorps.gov/>

**OPERATION ABLE**- Older Worker program that empowers older workers with job skills supports and training services to re-enter the workforce. <https://operationable.net/staff>