WABERS+ Student Intake Form

First Name:	SSN:
Last Name:	QTR:
EMPLID/SID:	This section completed by college staff PoP 1: PoP 2:
Highest Level of Schooling Completed (check	c one)
\square No Schooling \square Grades 9 – 12 (no d	liploma) \Box Some college or technical, no degree
\Box Grades I – 5 \Box High School Diplom	a or alternate \Box College or professional degree
\Box Grades 6 – 8 \Box High School Equivalent	ent (e.g. $GED^{ ext{@}}$) \square Unknown
Where did you complete your highest level	of school? (check one) ☐ In the U.S.
	\square Not in the U.S.
Current Employment Status (check one)	
☐ Employed or Temporarily Not Wor	king (going back to the same employer)
☐ Not in the labor force (not employed and	d NOT actively looking for work)
☐ Employed, but received notice (terminate)	nation of employment or military separation pending)
☐ Not Employed (not employed but actively le	ooking and available for work)
WIOA Employment Considerations – None ability to participate in our programs. (check any the	of your responses or lack of responses will affect your nat apply)
a stay-at-home parent), is no longer supported	reviously provided unpaid services to the family (for example) d by the spouse, or is the dependent spouse of a member of aployed, and is having trouble finding or upgrading
☐ Exhausting TANF — a person within 2 year	rs of using up lifetime eligibility.
☐ Foster care youth — a person who is curre	ently in foster care or has aged out of the foster care system.

Rev. 5-14-2020 Page I of 2

WABERS+ Student Intake Form

Stu	dent Signature Date
l c	ertify that the information provided on this form is correct and true to the best of my knowledge.
one	e are required to ask you for your Social Security Number (SSN). If you do not have one or do not submit e, you will still be able to enroll in this program. In keeping with state and federal law, this organization will otect your SSN from unauthorized use and disclosure. Your SSN will be used to verify academic records, induct educational and employment outcomes research.
	☐ Dependent of Seasonal or Migrant Farmworker : A dependent of the individual described as a seasonal or migrant seasonal farmworker above.
	☐ Migrant Farmworker: A seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.
Mi	 grant and Seasonal Farmworker (If applicable, check one below) — a person who is: Seasonal Farmworker: A low-income individual who for the past 12 consecutive months has been primarily employed in agriculture or fish farming labor that is characterized by chronic or seasonal unemployment or underemployment and faces barriers to economic self-sufficiency.
	Single parent — a person who is single, separated, divorced or a widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant.
	Low-income individual — a person who within 6 months has received income-based assistance, such as housing supplement or food stamps, or whose total family income is below 70 percent of the lower living standard income level.
	Long-term unemployed — a person who has been unemployed for 27 or more consecutive weeks.
	Justice Involved — a person who has been subject to any stage of the criminal justice process.
	Individual with disability — a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.
	Homeless individual — a person without a fixed, regular and adequate nighttime residence or runaway youth.

Rev. 5-14-2020 Page 2 of 2