



## WIOA Title II Arizona Adult Education Eligibility for Services

A.R.S. §15-232(B) states that *“The Department of Education shall provide classes under this section only to adults who are citizens or legal residents of the United States or are otherwise lawfully present in the United States. This subsection shall be enforced without regard to race, religion, gender, ethnicity, or national origin.”*

Please **mark only one eligibility option**. If you are not sure about your eligibility for services, please consult program staff.

- ☐ I am a **citizen** of the United States of America.
- ☐ I am a **legal resident** of the United States of America.
- ☐ I am **lawfully present** in the United States of America.
- ☐ None of the above

I affirm under penalty of perjury that I am a citizen of the United States, a legal resident of the United States, or otherwise lawfully present in the United States. Should my status change, I understand that it is my responsibility to withdraw from classes until I am again lawfully present in the United States.

**All fields below are required.\***

Participant Full Legal Printed Name\*  
(Participant legal name as it appears on  
the presented identification)

Participant Signature\*

Date

\_\_\_\_\_  
MM DD YYYY

Staff/Witness Printed Name\*  
(First, Middle Initial, Last)

Staff/Witness Signature\*

Date

\_\_\_\_\_  
MM DD YYYY

# WIOA Title II Arizona Adult Education

## Participant Registration Form

**\*\*All fields marked with an asterisk (\*) are required\*\***

Student Profile

ID Number

\_\_\_\_\_

Program Type:\*

☐

ABE Non-High School Equivalency Seeking

☐

ABE High School Equivalency Seeking

☐

ESOL

Registration Date\*

\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YYYY

ARIZONA@WORK TABE Test Date\*

*\*Only applicable if workforce test date is prior to enrollment date and ARIZONA@WORK staff is currently TABE certified through ADE/AES*

\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YYYY

Social Security Number\*

(if none, leave blank)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Participant legal name as it appears on the presented identification.

First Name\*

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name\*

\_\_\_\_\_

Suffix\*(if applicable)

\_\_\_\_\_

Preferred Name/Nickname

\_\_\_\_\_

Date of Birth\*

\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YYYY

Gender/Sex\*

☐

Female

☐

Male

Are you 16-17 years old at the time of enrollment?\*

☐

Yes

☐

No

Mailing Address (street address, PO Box, FPO, APO) \*

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

County

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Residence Area (optional)

☐

Urban

☐

Rural (area with less than 2,500 residents)

Mail Preference (optional)

☐

No Mailings

☐

Any

☐

Newsletter Only

☐

Flyers Only

### Ethnicity/Race\*

Are you Hispanic/Latino?\*

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

☐

YES, Hispanic/Latino

☐

NO, not Hispanic/Latino

Please choose one or more races below.\*

☐

American Indian or Alaska Native

☐

Asian

☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

## Education and Employment\*

Check the highest grade or education level completed. If education was not based in the U.S., please estimate.\*

<input type="checkbox"/> No School Completed	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 12 – No Diploma	<input type="checkbox"/> Postsecondary or Professional Degree
<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Secondary School Diploma	<input type="checkbox"/> Unknown
<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Secondary School Recognized Equivalent	
<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Some Postsecondary Education, No Degree	

Location of highest grade or education level completed:\* ☐ U.S. Based Schooling ☐ Non-U.S. Based Schooling

Check current employment status.\*

<input type="checkbox"/> Employed – Full Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unavailable for Work	<input type="checkbox"/> Employed With Separation Notice
<input type="checkbox"/> Employed – Part Time	<input type="checkbox"/> Not Looking for Work	<input type="checkbox"/> Retired	

**Do any of the following situations apply? Mark YES or NO for each question.\***

### Individual with Disabilities, including a Learning Disability

*The participant indicates that he or she has any disability, defined as a physical or mental impairment that substantially limits one or more of the person's major life activities, as defined under the Americans with Disabilities Act of 1990.*

☐ YES ☐ NO

### Displaced Homemaker

*The participant has been providing unpaid services to family members in the home and (a) has been dependent on the income of another family member but is no longer supported by that income; (b) is the dependent spouse of a member of the armed forces on active duty whose family income is significantly reduced because of (i) a deployment or a call or order to active duty pursuant to a provision of law, (ii) a permanent change of station, or (iii) the service-connected death or disability of the member; and (c) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.*

☐ YES ☐ NO

### Low-income

*The participant (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving in the past 6 months assistance through the Supplemental Nutrition Assistance Program (SNAP), the TANF program, the Supplemental Security Income (SSI) program, or State or local income-based public assistance; (b) is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) is a youth who receives, or is eligible to receive, a free or reduced-price lunch; (d) is a foster child on behalf of whom State or local government payments are made; (e) is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) is a homeless participant or homeless child or youth or runaway youth; or (g) is a youth living in a high-poverty area.*

☐ YES ☐ NO

**Ex-offender**

The participant is 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.

☐ YES ☐ NO

**Exhausting Temporary Assistance for Needy Families (TANF) within Two Years**

The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.

☐ YES ☐ NO

**Youth in Foster Care or Who is No Longer in the System**

The participant is a person currently in foster care or out of the foster care system.

☐ YES ☐ NO

**Homeless or Runaway Youth**

The participant lacks a fixed, regular, and adequate nighttime residence; 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; 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; or 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). However, a participant sleeping in temporary accommodation while away from home should not be recorded as homeless.

☐ YES ☐ NO

**Long-term Unemployed**

The participant has been unemployed for 27 or more consecutive weeks.

☐ YES ☐ NO

**Migrant or Seasonal Farmworker**

The participant is a low-income individual who for 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 and faces multiple barriers to economic self-sufficiency.

☐ YES ☐ NO

**Single Parent or Guardian**

The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

☐ YES ☐ NO

Are you currently receiving Public Assistance?\* ☐ YES ☐ NO

**If YES, check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Housing and/or Utility Assistance | <input type="checkbox"/> Food and Nutrition Assistance (SNAP)          |
| <input type="checkbox"/> Financial Assistance (TANF)       | <input type="checkbox"/> Women, Infants, and Children Assistance (WIC) |
| <input type="checkbox"/> Childcare Assistance              | <input type="checkbox"/> AHCCCS  |
| <input type="checkbox"/> Transportation Assistance         | <input type="checkbox"/> Other Public Assistance                       |

Are you a Dislocated Worker?\* (An individual who lost their job through no fault of their own and is unlikely to return to the previous industry or occupation usually due to outdated skills, job loss, mass layoff, military move, or other economic conditions.)

☐ YES ☐ NO

Are you currently in the military? \* ☐ YES ☐ NO

Have you ever served in active duty, reserves, or National Guard of the U.S. Armed Forces?\* ☐ YES ☐ NO

How did you Hear about Our Program?\*

<input type="checkbox"/> ARIZONA@WORK	<input type="checkbox"/> Friend	<input type="checkbox"/> Pamphlet/ Brochure/Poster	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Court/Court Order	<input type="checkbox"/> I Attended Before	<input type="checkbox"/> Program Website	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Education Agency	<input type="checkbox"/> Jail/Probation/ Parole Officer	<input type="checkbox"/> Social Media – Facebook/Instagram/ Snapchat/TikTok/X	
<input type="checkbox"/> Employer	<input type="checkbox"/> Military Recruiter	<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Family Member	<input type="checkbox"/> Online Advertiser	<input type="checkbox"/> TV/Radio	

Referred By (name, optional): \_\_\_\_\_

Which of the following do you have at home so we can contact you and/or connect you to services?

(check all that apply, optional)

<input type="checkbox"/> Computer/Laptop with Camera	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Printer	<input type="checkbox"/> Scanner	<input type="checkbox"/> Smart Phone
<input type="checkbox"/> Computer/Laptop without Camera	<input type="checkbox"/> Internet/Wi-Fi Access	<input type="checkbox"/> Tablet		

### Contact Information\*

Please include at least one phone number.\*

☐ Check here if you DO NOT have a phone

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

Contact Preference (optional): ☐ Text Only ☐ Email Only ☐ Both ☐ Do Not Email or Text

Emergency Contact Name\* \_\_\_\_\_ Emergency Contact Phone\* \_\_\_\_\_

☐ Check here if you DO NOT have an emergency contact

## Validity of Information\*

By signing below, I confirm that the information I have provided in this declaration and document is true and correct and that any document(s) I present are genuine. I understand that false information or documents related to this declaration may subject me to expulsion from the program and/or other legal actions.

Participant Signature\* \_\_\_\_\_ Date       MM      DD      YYYY      

## Family Educational Rights and Privacy Act Release\*

To attend adult education programs funded through the Arizona Department of Education (ADE), the participant must allow his or her information to be entered into and shared with designated adult education data systems, including the state-mandated testing platform, and all Workforce Innovation and Opportunity Act (WIOA) Core Partners' data systems. Your information will be shared with your Title II adult education program, instructors, and the Arizona Department of Education. This information is used for program operations, student instruction, employment opportunities, and to compile federal and state reports of non-identifying aggregate student data.

Participant Full Legal  
Printed Name\* \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date       MM      DD      YYYY      

*The adult education program must collect and report the post-exit outcome data in employment, entry into postsecondary education or training, and attainment of secondary diplomas for participants. This is typically done through data matching with State agencies and educational institutions. The alternative to gathering this information through data match is contacting former participants directly, such as by phone or email. If you wish to opt out of data match and instead be contacted after exiting the adult education program, check this box: ☐*