



WIOA Title II Arizona Adult Education Participant 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*
(Full first and last name)

Staff/Witness Signature*

Date

____/____/____
MM DD YYYY

WIOA Title II Arizona Adult Education Participant Registration Form

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

This section is to be completed by Adult Education program staff only.

Program Type*

<input type="checkbox"/> ABE Non-High School Equivalency Seeking	AAEDMS/LACES Student ID Number _____
<input type="checkbox"/> ABE High School Equivalency Seeking	ARIZONA@WORK TABE Test Date** MM DD YYYY
<input type="checkbox"/> ESOL	**Only applicable if workforce test date is prior to registration date and ARIZONA@WORK staff is currently TABE certified through ADE/AES. This test date will be the Registration Date entered into AAEDMS/LACES.

Registration Date* _____
MM DD YYYY

Social Security Number* _____
(if none, leave blank) XXX XX XXXX

Participant legal name as it appears on the presented identification.

First Name* _____ Middle Name _____

Last Name* _____ Suffix*(if applicable) _____

Preferred Name/Nickname _____

Are you currently under the age of 18
(16 or 17 years old)? * Yes No

Date of Birth* _____ Gender/Sex* Female Male Non-Binary Prefer Not to Disclose
MM DD YYYY

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

Tribal Affiliation*

Are you affiliated with a federally recognized American Indian Tribe, Alaska Native Village, or a Canadian First Nation?*

Yes No

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	

Income Range*

Amount* \$ _____ per hour week year

Total Number of Hours per Week* _____

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

Individual with Disabilities, including 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 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:*