

# Texas Educating Adults Management System (TEAMS) Enrollment Intake Form

(See [AEL Enrollment Form Instructions](#) for answer descriptions/definitions)

Adult Education and Literacy (AEL) providers must collect certain demographic and personal information from individuals seeking AEL services to comply with federal and state requirements.

AEL providers staff collecting this information are trained to obtain, maintain and protect personally identifiable information. Students can request a copy of local privacy policies at any time.

| Personal Identifying Information     |                      |                                      |                      |                        |              |
|--------------------------------------|----------------------|--------------------------------------|----------------------|------------------------|--------------|
| Unique TEAMS ID (Office Use):        |                      |                                      | Enrollment Date:     |                        |              |
| Last Name:                           |                      | First Name:                          |                      | Middle Initial:        |              |
| SSN:                                 | SSN Collection Date: |                                      | SSN Did Not Disclose |                        |              |
| Recorded by:                         |                      |                                      |                      |                        |              |
| DL/ID:                               |                      | DL/ID State:                         |                      | DL/ID Number:          |              |
| Recorded by:                         |                      |                                      |                      | DL Collection Date:    |              |
| Identity Document Used:              |                      |                                      |                      |                        |              |
| Has Identity Document been Uploaded: |                      |                                      | Yes                  | No                     | Doc. Number: |
| Date of Birth:                       |                      | Age:                                 | Gender:              |                        | Ethnicity:   |
| Race: (Check all that apply)         |                      |                                      |                      |                        |              |
| American Indian/Alaskan Native       |                      | Native Hawaiian/other Pacific Island |                      |                        |              |
| Asian                                |                      | White                                |                      | Black/African American |              |
| Contact Information                  |                      |                                      |                      |                        |              |
| Street Address:                      |                      |                                      |                      |                        |              |
| City:                                |                      | State:                               |                      | Zip Code:              | Zip4:        |
| Mobile Phone:                        |                      |                                      | Work Phone:          |                        |              |
| Home Phone:                          |                      | Email:                               |                      |                        |              |
| Additional Comments:                 |                      |                                      |                      |                        |              |

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## Equal Opportunity Information

Disabled (Reference Instructions for definitions):

Category of Disability: **Check all that apply**

Impairment is primarily physical, due to a chronic health condition

Impairment is primarily physical, including mobility

Because of mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions

Participant is blind or has serious difficulty seeing

Participant is deaf or has serious difficulty hearing

Participant has a learning disability

Participant has a cognitive or intellectual disability

Participant does not wish to disclose his/her category of disability

No disability

## Veteran Characteristics

Veteran Status:

Eligible Veteran Status:

Disabled Veteran:

Date of Actual Military Separation:

## Employment and Education Information

Employment Status at Program Entry:

Long-Term Unemployed at Program Entry:

Hours Employed per Week:

Reason for not looking for work:

Other reason not looking for work:

Type of Community:

School Status at Program Entry:

Highest School Grade Completed:

Location of Highest Level Completed:

Highest Education Level Completed:

## Migrant and Seasonal Farmworker Characteristics

Migrant and Seasonal Farmworker Status:

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| Public Assistance Information  |                                |                                   |                                   |     |    |
|--|--------------------------------|-----------------------------------|-----------------------------------|-----|----|
| On Public Assistance:  | Expanded Eligibility for TANF: | Exhausting TANF within two years: |                                   |     |    |
| Additional Youth Characteristics   |                                |                                   |                                   |     |    |
| Foster Care Youth:   | Yes                            | No                                |                                   |     |    |
| Additional Reportable Characteristics (Status at Program Entry)  |                                |                                   |                                   |     |    |
| Homeless Status:   | Yes                            | No                                | Low-Income Status:                | Yes | No |
| English Language Learner:  | Yes                            | No                                | Cultural Barriers:                |     |    |
| Displaced Homemaker:   | Yes                            | No                                | Immigrant:                        |     |    |
| Single Parent:   |                                |                                   |                                   |     |    |
| Parent of Child(ren) ages 0-5:   |                                |                                   |                                   |     |    |
| Parent of Child(ren) ages 6-10:  |                                |                                   |                                   |     |    |
| Parent of Child(ren) ages 11-13:   |                                |                                   |                                   |     |    |
| Parent of Child(ren) ages 14-18:   |                                |                                   |                                   |     |    |
| Ex-Offender Status:  |                                |                                   | Date released from Incarceration: |     |    |
| One-Stop Program Participation<br>(Participant received services under Title 1, Chapter 4, Subtitle C of WIOA) |                                |                                   |                                   |     |    |
| WIOA Adult:  |                                |                                   |                                   |     |    |
| WIOA Dislocated Worker:  |                                |                                   |                                   |     |    |
| WIOA Youth:  |                                |                                   |                                   |     |    |
| Adult Education:   |                                |                                   |                                   |     |    |
| WIOA Job Corps:  |                                |                                   |                                   |     |    |
| WIOA Vocational Rehabilitation:  |                                |                                   |                                   |     |    |
| WIOA Wagner-Peyser Employment Service:   |                                |                                   |                                   |     |    |
| WIOA YouthBuild Grant Number:  |                                |                                   |                                   |     |    |
| For Corrections and Institutional Funded Program Participants Only   |                                |                                   |                                   |     |    |
| In Correctional Facility:  | Yes                            | No                                | In Community Corrections          | Yes | No |
| On Parole:   | Yes                            | No                                | Other Institutionalized setting:  | Yes | No |
| On Probation (Community Supervision):  |                                |                                   | Yes                               | No  |    |

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| Special Program Type  |     |    |                                   |     |    |
|---|-----|----|-----------------------------------|-----|----|
| Family Literacy Participant:  | Yes | No | In Workplace Literacy Program(s): | Yes | No |
| Participant in Job & Training Program:  | Yes | No |                                   |     |    |
| Referral Type   |     |    |                                   |     |    |
| One-Stop Center Referral:   |     |    | TANF Referral:                    |     |    |
| Referral from College:  | Yes | No |                                   |     |    |
| Participant Acknowledgement and Release of Information  |     |    |                                   |     |    |
| <p>The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, credential obtainment, and transition to postsecondary enrollment or employment. My signature below also authorizes use of my personally identifiable information, including my employment and wage information pre, during and post- enrollment for audit, study and evaluation of the Adult Education and Literacy program performance and other state and federally-funded programs.</p> <p>Such programs may include but are not limited to those under the laws administered by the Texas Education Agency and the Texas Higher Education Coordinating Board.</p> <p>I acknowledge that the Adult Education and Literacy program and that TWC may release personal identifiable information to other local, state, federal, partners and/or stakeholders for verification of state and federal program requirements, performance reporting, audit, evaluation, study and to monitor the programs performance. Participants who are 17 and 18 years of age must have written parental permission or qualify for another exemption from compulsory attendance law. Additional information may be found at:<br/> <a href="http://www.twc.state.tx.us/twc-website-privacy-security-information#confidentiality">http://www.twc.state.tx.us/twc-website-privacy-security-information#confidentiality</a></p> |     |    |                                   |     |    |
| Do not release directory information.   |     |    |                                   |     |    |
| Share Data with THECB   | Yes | No | Share Data with TEA               | Yes | No |
|   |     |    |                                   |     |    |
| Participant Signature   |     |    | Date                              |     |    |
|   |     |    |                                   |     |    |
| Parent/Guardian Signature   |     |    | Date                              |     |    |