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 must be trained to obtain, maintain, and protect personally identifiable information (PII). Students can request a copy of local privacy policies at any time. This document contains PII. All entities with access to this document are expected to protect PII as instructed in TWC guidance: WD Letter 02-18, Change 1 at all times. V8-07.01.2026

Personal Identifying Information

Unique TEAMS ID (Office Use): _____ Enrollment Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____ Collection Date: _____ ☐ SSN (Did not disclose)

Recorded by: _____

Real ID Number:_____ State:_____ Expiration Date: _____

☐ No REAL ID Collection Date:_____

Recorded by: _____

PRWORA Eligibility Verification

Eligibility Verification Doc:_____ Document Name:_____

Document Number:_____ Expiration Date:_____

Eligibility Verified by:_____ Verification Date:_____

Work Authorization Eligibility Verification (May enter either List A or List B & C Category)

Document Name List A: _____

Document Number: _____ Expiration Date:_____

Document Name List B: _____

Document Number:_____ Expiration Date:_____

Document Name List C:_____

Document Number:_____ Expiration Date:_____

Eligibility Verified by:_____ Verification Date:_____

Has Eligibility Document Been Uploaded: ☐ Yes ☐ No

Date of Birth (MMDDYYYY): _____ Age:_____ Sex:☐ Male ☐ Female

Ethnicity:☐ Yes (Hispanic/Latino) ☐ No (Hispanic/Latino)

Race: Check all that apply.

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ White

☐ Black/African American

Contact Information

Street Address: _____

Zip Code:_____ Zip 4:_____

City:_____ State: TX

Mobile Phone:_____ Work Phone:_____

Home Phone:_____ Email:_____

Additional Comments:

Equal Opportunity Information

Disabled (Reference Instructions for definitions): ☐ Yes ☐ No ☐ Participant did not self-identify

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

☐ The impairment is primarily physical due to a chronic health condition.

☐ The 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.

☐ The participant is blind or has serious difficulty seeing.

☐ The participant is deaf or has serious difficulty hearing.

☐ The participant has a learning disability.

☐ The participant has a cognitive or intellectual disability.

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

Veteran Characteristics

Veteran Status: ☐ Yes ☐ No ☐ Status not known

Eligible Veteran Status: ☐ Yes, <=180 days ☐ Yes, Eligible Veteran

☐ Yes, Other Eligible Person ☐ No

Disabled Veteran: ☐ Yes ☐ Yes, special disabled ☐ No

Veteran Spouse: ☐ Yes ☐ No

Date of Actual Military Separation (YYYYMMDD): _____

Employment and Education Information

Employment Status at Program Entry:

☐ Employed

☐ Employed, but Received Notice of Termination of Employment / Military Separation is pending

☐ Not in Labor Force (fill out Reason for not looking for work below)

☐ Unemployed

Long-Term Unemployed at Program Entry

☐ Yes, Unemployed ≥ 27 consecutive weeks

☐ No

Hours Employed per Week:_____

Reason for not looking for work:

☐ Full-time caregiver/parent

☐ Disabled

☐ Incarcerated

☐ Ineligible to work

☐ Dependent

☐ Institutionalized

☐ Other (write in reason):_____

Type of Community:

☐ Rural

☐ Urban

School Status at Program Entry:

☐ In-school, Postsecondary Entry

☐ Not attending school or Secondary School Dropout

☐ Not attending school; secondary school graduate or has a recognized equivalent

☐ Not attending school; within age of compulsory school attendance

Highest School Grade Completed (1-12 or 0 if no grades completed):_____

Highest Education Level Completed:

☐ Attained a secondary school diploma

☐ Attained a secondary school equivalency

☐ The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)

☐ Completed one or more years of postsecondary education

☐ Attained a postsecondary technical or vocational certificate (non-degree)

☐ Attained an Associate's degree

☐ Attained a Bachelor's degree

☐ No educational level was completed

Location of Highest Education Level Completed: ☐ In the US ☐ Outside the US

Migrant and Seasonal Farmworker Characteristics

Migrant and Seasonal Farmworker Status:

☐ Seasonal Farmworker Adult

☐ Migrant Farmworker Adult

☐ MSFW Youth (NEW)

☐ Dependent Adult

☐ Dependent Youth

☐ No

Public Assistance Information

On Public Assistance: ☐ Yes ☐ No ☐ Did not disclose

Expanded Eligibility for TANF: ☐ Yes ☐ No ☐ Not Applicable

Exhausting TANF within 2 years: ☐ Yes ☐ No ☐ Not Applicable

Additional Youth Characteristics

Foster Care Youth: ☐ Yes ☐ No

Additional Reportable Characteristics (Status of Program Entry)

Homeless Status: ☐ Yes ☐ No

Low-Income Status: ☐ Yes ☐ No

English Language Learner: ☐ Yes ☐ No

Cultural Barriers: ☐ Yes ☐ No ☐ Participant did not self-identify

Immigrant: ☐ Yes ☐ No ☐ Did not disclose

Displaced Homemaker: ☐ Yes ☐ No

Single Parent: ☐ Yes ☐ No ☐ Participant did not self-identify

Parent of Child(ren) ages 0-5: ☐ Yes ☐ No ☐ Did not disclose

Parent of Child(ren) ages 6-10: ☐ Yes ☐ No ☐ Did not disclose

Parent of Child(ren) ages 11-13: ☐ Yes ☐ No ☐ Did not disclose

Parent of Child(ren) ages 14-18: ☐ Yes ☐ No ☐ Did not disclose

Ex-Offender Status: ☐ Yes ☐ No ☐ Not Applicable

Date Released from Incarceration (YYYYMMDD):_____

One-Stop Program Participation (Participant received services under Title 1, Chapter 4, Subtitle C of WIOA)

WIOA Adult: ☐ Yes, Local Formula ☐ Yes, Statewide

☐ Yes, Both Local Formula and Statewide ☐ Reportable Individual ☐ No

WIOA Dislocated Worker: ☐ Yes, Local Formula ☐ Yes, Statewide
☐ Yes, Both Local Formula and Statewide
☐ Reportable Individual ☐ No

WIOA Youth: ☐ Yes, Local Formula ☐ Yes, Statewide
☐ Yes, Both Local Formula and Statewide ☐ Reportable Individual ☐ No

Adult Education: Yes

WIOA Job Corps: ☐ Yes ☐ Reportable Individual ☐ No ☐ Unknown

WIOA Vocational Rehabilitation: ☐ Yes ☐ VR&E ☐ Both VR and VR&E ☐ No ☐ Unknown

WIOA Wagner-Peyser Employment Service: ☐ Yes, Local Formula ☐ Reportable Individual
☐ No

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

Special Program Type

Family Literacy Participant: ☐ Yes ☐ No

In Workplace Literacy Program(s): ☐ Yes ☐ No

Participant in Job & Training Program: ☐ Yes ☐ No

Referral Types

One-Stop Center Referral: ☐ Yes ☐ No

TANF Referral: ☐ Yes ☐ No ☐ Did not disclose

Referral from College: ☐ Yes ☐ No

Participant Acknowledgement and Release of Information

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.

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.

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: TWC Website Privacy & Security Information

Learner's Signature:_____ Date:_____

Parent's/Guardian's Signature:_____ Date:_____