# **Texas Educating Adults Management System (TEAMS)**

# **Enrollment Intake Form**

(See [AEL Enrollment Form Instructions](https://www.twc.texas.gov/sites/default/files/wf/docs/instructions-for-ael-enrollment-form-twc.pdf) 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. This document contains Personally Identifiable Information (PII). All entities with access to this document are expected to protect PII as instructed in TWC guidance: WD Letter 02-18 and WD Letter 13-08 at all times.

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| Personal Identifying Information |
| Unique TEAMS ID (Office Use): Click or tap here to enter text. | Enrollment Date: Click or tap to enter a date. |
| Last Name: Click or tap here to enter text. | First Name: Click or tap here to enter text. | Middle Initial:Click or tap here to enter text. |
| SSN: Click or tap here to enter text. | SSN Collection Date: Click or tap to enter a date. | [ ]  SSN Did not disclose |
| Recorded by: Click or tap here to enter text. |
| DL/ID: Choose an item. | DL/ID State: Choose an item. | DL/ID Number: Click or tap here to enter text. |
| Recorded by: Click or tap here to enter text. |
| DL Collection Date: Click or tap to enter a date. |  [ ]  DL/ID not disclosed |
| Identity Document Used: Choose an item. |
| Doc. Number: Click or tap here to enter text. | Has Identity Document been Uploaded: Choose an item. |
| Date of Birth: Click or tap to enter a date. | Age: Click or tap here to enter text. | Gender: Choose an item. |
| Ethnicity: Choose an item. |
| Race: **Check all that apply.**[ ]  American Indian or Alaskan Native[ ]  Asian[ ]  Black/African American[ ]  Native Hawaiian or Other Pacific Islander[ ]  White |
| Contact Information |
| Street Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: TX | Zip Code: Click or tap here to enter text. | Zip4: Click or tap here to enter text. |
| Mobile Phone: Click or tap here to enter text. | Work Phone: Click or tap here to enter text. |
| Home Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Additional Comments: Click or tap here to enter text. |
| Equal Opportunity Information |
| Disabled (Reference Instructions for definitions):Choose an item.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 of 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. |

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| Veteran Characteristics |
| Veteran Status: Choose an item. | Eligible Veteran Status: Choose an item. |
| Disabled Veteran: Choose an item. | Veteran Spouse: Choose an item. |
| Date of Actual Military Separation: Click or tap to enter a date. |

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| Employment and Education Information |
| Employment Status at Program Entry: Choose an item. |
| Long-Term Unemployed at Program Entry: Choose an item. |
| Hours Employed per Week: Click or tap here to enter text. | Reason for not looking for work: Choose an item. |
| Other reason not looking for work: Click or tap here to enter text. |
| Type of Community: Choose an item. |
| School Status at Program Entry: Choose an item. |
| Highest School Grade Completed: Choose an item.  |
| Highest Education Level Completed: Choose an item. |
| Location of Highest Level Completed: Choose an item. |

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| Migrant and Seasonal Farmworker Characteristics |
| Migrant and Seasonal Farmworker Status: Choose an item. |

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| Public Assistance Information |
| On Public Assistance: Choose an item. |
| Expanded Eligibility for TANF: Choose an item. | Exhausting TANF within 2 years: Choose an item. |

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| Additional Youth Characteristics |
| Foster Care Youth: Choose an item. |  |  |  |

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| Additional Reportable Characteristics (Status at Program Entry) |
| Homeless Status: Choose an item. | Low-Income Status: Choose an item. |
| English Language Learner: Choose an item. | Cultural Barriers: Choose an item. | Immigrant: Choose an item. |
| Displaced Homemaker: Choose an item. |
| Single Parent: Choose an item. |
| Parent of Child(ren) ages 0-5: Choose an item. | Parent of Child(ren) ages 6-10: Choose an item. |
| Parent of Child(ren) ages 11-13: Choose an item. | Parent of Child(ren) ages 14-18: Choose an item. |
| Ex-Offender Status: Choose an item. | Date released from Incarceration: Click or tap to enter a date. |

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| One-Stop Program Participation(Participant received services under Title 1, Chapter 4, Subtitle C of WIOA) |
| WIOA Adult: Choose an item. | WIOA Dislocated Worker: Choose an item. |
| WIOA Youth: Choose an item. | Adult Education: Yes |
| WIOA Job Corps: Choose an item. | WIOA Vocational Rehabilitation: Choose an item. |
| WIOA Wagner-Peyser Employment Service: Choose an item. |
| WIOA YouthBuild Grant Number: Click or tap here to enter text. |

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| For Corrections and Institutional Funded Program Participants Only |
| In Correctional Facility: Choose an item. | In Community Corrections: Choose an item. | On Parole: Choose an item. |
| Other Institutionalized setting: Choose an item. | On Probation (Community Supervision): Choose an item. |

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| Special Program Type |
| Family Literacy Participant: Choose an item. | In Workplace Literacy Program(s): Choose an item. |
| Participant in Job & Training Program: Choose an item. |
| Referral Type |
| One-Stop Center referral: Choose an item. | TANF referral: Choose an item. | Referral from College: Choose an item. |

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| 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](https://www.twc.texas.gov/agency/laws-rules-policy/website-privacy-security-information) |

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|  | Click or tap to enter a date. |
| Participant Signature  | Date  |
|  | Click or tap to enter a date. |
| Parent/Guardian Signature | Date |