



Arizona Adult Education Participant Registration

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, 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 for another reason.

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 such a time that I am again lawfully present in the United States.

Printed Name as it appears on Identification presented* _____

Participant Signature* _____ Date _____
MM DD YYYY

Printed Name of Staff member witnessing Signature* _____

Witness Signature* _____ Date _____
MM DD YYYY

Arizona Adult Education Participant Registration

Today's Date (Enrollment Date)* _____
MM DD YYYY

Program Type*: **Adult Basic Education** **English Language Instruction**

ARIZONA@WORK Test Date _____
MM DD YYYY

(Only applicable if workforce test date is prior to today's date and will replace enrollment date from above)

NOTE: ARIZONA@WORK staff **must** have current TABE certification awarded by ADE/AES for tests to be considered valid for adult education purposes.)

Have you, or are you currently, enrolled in another adult education program?

Yes No

Name of program: _____

PARTICIPANT NAME*

Enter the participant's **LEGAL NAME** as it appears on the presented identification.

FIRST NAME* _____ MIDDLE NAME _____

LAST NAME* _____ PREFERRED NAME/NICKNAME _____

DATE OF BIRTH* _____
MM DD YYYY

GENDER/SEX* (Required for Federal Reporting)

- Female Male Non-binary gender/non-conforming Prefer not to answer

PREFERRED PRONOUNS:

With which of the following gender pronouns do you most identify?

- she, her, hers he, him, his they, them, theirs other _____

MAILING ADDRESS*

Participant's full street address, including apartment number or "care of" (c/o) information. Please use abbreviations to make sure the information fits.

STREET ADDRESS, PO BOX, FPO, APO* _____

CITY* _____ STATE* _____ COUNTY* _____ ZIP CODE* _____

PHONE NUMBERS* **Primary Contact*** _____ Emergency Contact _____

EMAIL* _____

Do you have internet access? Yes No Which devices do you own? smartphone tablet laptop other

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PARTICIPANT SOCIAL SECURITY NUMBER

The US Department of Education requires that we report on the following demographic information:

ETHNICITY* Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only **ONE**: **YES**, Hispanic/Latino **NO**, not Hispanic/Latino

RACE* Please choose the best answer(s) from the choices below. If left unmarked, the program will choose for participant.

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

NATIVE LANGUAGE*

English	Spanish	French
Cambodian	German	Somali
Chinese	Korean	Other

Do any of the following situations apply?* (Mark **Yes** or **No** for each question.)

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 under-employed and is experiencing difficulty in obtaining or upgrading employment.)	Yes	No
Long-term Unemployed (The participant has been unemployed for 27 or more consecutive weeks)	Yes	No
Cultural Barrier (A perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to 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

*denotes required field (PY 24-25 Rev 5/23/2024)

FOR PROGRAM USE ONLY to be completed AFTER INITIAL INTAKE

Completion of this section is REQUIRED.

Form verified - Verified by: _____ Date: _____

Entered into AAEDMS - Entered by: _____ Date: _____

Returned for Revision - Returned to: _____ Date: _____

Approved in AAEDMS - Approved by: _____ Date: _____

HSE PATHWAY INFORMATION

Date program staff discussed pathways with student: Which HSE pathway has this student chosen?

Testing (GED*)

HSE Plus Career Readiness Pathway

College Credit Pathway

GEDTS Candidate ID: _____

IET INFORMATION

Is this student in IET classes? Yes No

If the student is in IET classes, add an IET registration into AAEDMS.

Date IET registration added: _____

Staff member that added IET registration in AAEDMS: _____

WIOA CORE PARTNER INFORMATION

Is student receiving services from any WIOA Core Partners? Yes No

If yes, mark the appropriate partners.

Title IB (Workforce Development)

Title III Unemployment Services

Title IV Voc Rehab

Comments/Notes: