

EMPLID/SID \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Type of Schooling (check one)  U.S. based  Non-U.S. based

Highest Degree or Level of Schooling Completed (check one)

- |                                                           |                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> No Schooling                     | <input type="checkbox"/> High School Equivalent (e.g. GED®)    |
| <input type="checkbox"/> Grades 1 – 5                     | <input type="checkbox"/> Some College or technical , no degree |
| <input type="checkbox"/> Grades 6 – 8                     | <input type="checkbox"/> College or professional degree        |
| <input type="checkbox"/> Grades 9 – 12 (no diploma)       | <input type="checkbox"/> Unknown                               |
| <input type="checkbox"/> High School Diploma or alternate |                                                                |

Employment Status at Program Entry (check one)

- |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Employed</b> includes any work<br>(a) as a paid employee,<br>(b) in your own business, profession, or farm,<br>(c) as an unpaid worker in a family run business                                                                                                                                      | <input type="checkbox"/> <b>Not Employed</b> (not employed but seeking employment, making specific effort to find a job, and is available for work) |
| <input type="checkbox"/> <b>Temporarily Not Working</b><br>(d) have a job or business but you are temporarily absent because <u>illness</u> , <u>bad weather</u> , <u>vacation</u> , <u>labor-management dispute</u> , or <u>personal reasons</u> .<br>(Paid or not paid for time-off) (Looking or not looking for another job). | <input type="checkbox"/> <b>Not in the labor force</b> (not employed and is not actively looking for work)                                          |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Employed, but received notice of termination of employment or military separation is pending</b>                        |

**Employment Considerations** (check any that apply) Your answers to the following are voluntary and confidential. None of your responses or lack of responses will affect your ability to participate in our programs.

- Skills Development** — currently skill-building in order to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.
- Bias Considerations** — a person who believes they may be experiencing implicit or explicit bias from potential employers due to attitudes, beliefs, customs or practices that fall outside of dominant cultural norms .
- Displaced homemaker** — a person who previously provided unpaid services to the family (for example: a stay-at-home mom or dad), is no longer supported by the spouse, or is the dependent spouse of a member of the Armed Forces, is unemployed or underemployed, and is having trouble finding or upgrading employment
- English Language Learner** — a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.
- Ex-offender** — a person who either has been subject to any stage of the criminal justice process **or** requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.
- Exhausting TANF** — a person within 2 years of exhausting lifetime eligibility.
- Foster care youth** — a person who is currently in foster care or has aged out of the foster care system.
- Homeless individual** — a person without a fixed, regular and adequate nighttime residence or runaway youth.

## WABERS+ - Student Intake Form

- Individual with disability** — a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.
- Long-term unemployed** — a person who has been unemployed for 27 or more consecutive weeks.
- Low-income individual** — a person who within 6 months has received income-based assistance, such as housing supplement or food stamps, or whose total family income is below 70 percent of the lower living standard income level.

- Migrant and Seasonal Farmworker** (If applicable, enter 1, 2 or 3) — a person who is:
1. **Seasonal Farmworker:** A low-income individual who for the 12 consecutive months out of the 24 months prior to program entry has been primarily employed in agriculture or fish farming labor that is characterized by chronic or seasonal unemployment or underemployment **and** faces barriers to economic self-sufficiency
  2. **Migrant Farmworker:** A seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day
  3. **Dependent of Seasonal or Migrant Farmworker:** A dependent of the individual described as a seasonal or migrant seasonal farmworker above
- Single parent** — a person who is single, separated, divorced or a widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant.

### Student SSN Disclaimer

The Washington State Board for Community and Technical Colleges (SBCTC) pursuant to RCW 28B.50.090 authorizes this organization to ask you to provide your social security number. The number will be used for keeping records, research on students in general, and summary reporting. Your number also will be provided to the SBCTC. The SBCTC gathers information about students and programs to meet state and federal reporting requirements. It also helps to plan, research and develop programs. This information, which includes employment and wage information held by the Employment Security Department, helps to support the progress of students and their success in the workplace and other educational programs. When conducting research, your social security number will only be disclosed in a manner that does not permit personal identification. Your social security number will never be used to report personal information. By providing your social security number, you are consenting to these uses as identified. Provision of your social security number and consent to its use is not required and if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your social security number at any time.

**Consent to above disclaimer (check one) Yes  No**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Special Programs** *for staff use only*

<input type="checkbox"/> IELCE	<input type="checkbox"/> I-BEST	<input type="checkbox"/> On-Ramp to I-BEST
<input type="checkbox"/> High School Completion	<input type="checkbox"/> I-BEST at Work	<input type="checkbox"/> Skill Link
<input type="checkbox"/> HS 21+	<input type="checkbox"/> I-DEA	<input type="checkbox"/> Tailored I-DEA
<input type="checkbox"/> HS Credit Option	<input type="checkbox"/> IET	<input type="checkbox"/> Volunteer Literacy Program

eLearning    Correspondence    Hybrid    ITV    Online    Teleclass    Telecourse    Web-Enhanced