

**Directions: Please fill in all blanks.**

**Term 2020-2021**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

County of Residence: \_\_\_\_\_

Site Location: \_\_\_\_\_

SSN: \_\_\_\_\_

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landline Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Do you have an Indiana ID? ☐ Yes ☐ No

*Adult Education is federally and state funded. Please answer all the demographic questions listed. This information is reported to the Indiana Department of Workforce Development and is instrumental in reporting who we serve and how they benefit from our services, among other funding considerations.*

**Ethnicity** (choose only one):

☐ Hispanic (Cuban, Mexican, Puerto Rican, Central America or Spanish culture or origin)

☐ Other

**Race** (choose one or more)

☐ American Indian

☐ Pacific Islander

☐ White

☐ Asian

☐ African American

\* **U.S. Citizen:** ☐ Yes ☐ No

\* **Native Country:** \_\_\_\_\_

(Leave blank if USA)

**Educational Status:**

**Last grade completed:** \_\_\_\_\_ **Last high school attended:** \_\_\_\_\_

☐ Did not graduate

☐ High School Diploma

☐ Spec. Ed. Diploma

☐ GED/HSED

**School Status at entry into AE Class:**

☐ In-school; high school or less

☐ In-School; Alternative School

☐ In-School; beyond high school

☐ Not attending school; high school drop-out

☐ Not attending school; high school graduate or equivalent

☐ Not attending school, within the age of required HS attendance

☐ Certificate of completion (disability/IEP)

**Employment Status at Time of Entry into AE:**

☐ Employed

☐ Not Employed

☐ Not in Labor Force

Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

# of Family Members in Household: \_\_\_\_\_

**Are you under the age of 18?**

☐ Yes

☐ No

**If you are underage, did you bring your exit form from the last school you attended?**

☐ Yes

☐ No

**Does form have Superintendent's Signature?**

☐ Yes

☐ No

**Demographics: Please circle your answer.**

<b>Are you a Veteran?</b> .....	Yes	No
<b>Do you have impairments (physical, mental or learning)?</b> .....	Yes	No
<b>Do you or have you ever had an IEP?</b> .....	Yes	No
If Yes, Date of IEP: _____ Do you have a copy of IEP.....	Yes	No
<b>Do you receive public assistance?</b> .....	Yes	No
<b>Are you low-income?</b> .....	Yes	No
<b>Are you a displaced homemaker?</b> .....	Yes	No
Definition: A person who was stay-at-home but now has to work due to spouse losing a job		
<b>Are you a single parent with custody of your child/children?</b> .....	Yes	No
<b>Are you a dislocated worker?</b> .....	Yes	No
Definition: A person who lost their job due to downsizing, closure, or job moved overseas.		
<b>Do you have dependents or can someone else claim you as their dependent?</b> .....	Yes	No
<b>Are you a foster care youth?</b> .....	Yes	No
Definition: Person who is currently in foster care or has aged out of the foster care system.		
<b>Are you homeless or a runaway?</b> .....	Yes	No
Definition: Lacks a fixed regular, and adequate nighttime residence sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; is living in a motel, hotel, or campground due to a lack of alternative adequate accommodations; Is living in an emergency or transitional shelter, abandoned in a hospital and is awaiting foster care placement; public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, or airport; Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family?		
<b>Is non-English used in your home? (A language other than English is the dominant language)?</b> .....	Yes	No
<b>Are you active Military?</b> .....	Yes	No
Definition:		
Yes: student's full time employment is with any branch of the military		
No: student is not on active duty status		
Dependent: spouse or child of an active duty member		
<b>Are you enrolled in Vocational Rehabilitation Services?</b> .....	Yes	No
Definition: Vocational Rehabilitation is defined as transition services for students with disabilities, that facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or pre-employment transition services.		
<b>Are you enrolled in Vocational Rehabilitation and Employment (VR&amp;E Program)?</b> .....	Yes	No
<b>Are you enrolled in employment services at the WorkOne?</b> .....	Yes	No
<b>Are you a migrant/seasonal farm worker?</b> .....	Yes	No
Definition:		
(1) Migrant is defined federally as a low-income individual who for the 12 consecutive months out of the 24 months prior to application for Adult Education; has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment and faces multiple barriers to economic self-sufficiency.	Migrant	
(2) Migrant and Seasonal is defined as a seasonal farm worker whose agricultural labor requires travel to a job site and the farm worker is unable to return to a permanent place of residence within the same day.	Migrant/Seasonal	
(3) Dependent is defined as the participant, at program entry, is a dependent of the individual described as a seasonal or migrant seasonal farm worker above.	Dependent	

**Are you an ex-offender?** ..... Yes No

Definition: If the participant, at program entry, is a person who either has been subject to any stage of the criminal justice process for committing a status offense or delinquent act OR requires assistance in overcoming barriers to employment resulting from a record or conviction.

**Do you have cultural barriers to employment?** ..... Yes No

Definition: The participant, at program entry, perceives himself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.

**Are you interested in Elearning?** ..... Yes No

**What internet source will you use?** ☐ Home Wired/Wireless Connection ☐ Public Wireless Location ☐ Other

**What device will you use?** ☐ Desktop Computer ☐ Laptop ☐ Phone \_\_\_\_\_

**Anthem HIP+ Insurance Member?** ..... Yes No

**Have you ever taken the Test of Adult Basic Education?** ..... Yes No

**Have you ever attended Adult Education/ESL classes?** ..... Yes No

If yes, When and where? \_\_\_\_\_

**Have you ever taken the High School Equivalency Test?** ..... Yes No

If yes, when? \_\_\_\_\_ Do you have a copy of your results? Yes No

**How did you learn about Adult Education:**

☐ Brochure/Flyer ☐ Court Referral ☐ Friend/Relative ☐ Employer ☐ Literacy Referral

☐ WorkOne ☐ Public Assist. Referral ☐ RVR Website ☐ Local media ☐ Banner

**If Court Referral:**

Parole Officer's Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address: \_\_\_\_\_

**Adult Education Services you are seeking:**

☐ High School Equivalency Diploma ☐ Literacy (Reading or Math) One on One Tutoring  
☐ College Preparation / Accuplacer ☐ Work Readiness Skills  
☐ WorkINdiana certification or other training ☐ Employment

**Emergency Contact Information:**

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Landline Phone (\_\_\_\_) \_\_\_\_\_ \* Cell Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Landline Phone (\_\_\_\_) \_\_\_\_\_ \* Cell Phone (\_\_\_\_) \_\_\_\_\_

If you are a youth, **age 16-24 years old**, are you interested in learning about a program specifically designed to help young adults to prepare for employment (summer jobs, paid and unpaid work experiences, pre-apprenticeship, on-the-job-training and internships)? Are you interested in occupational skill training, leadership development opportunities (building of confidence, employability, self-determination, and other positive social behaviors), supportive service assistance with financial barriers and incentives (based on funding availability) for positive outcomes, mentoring, financial stability skills, post-secondary preparation (college) and transition activities, as well as comprehensive guidance and counseling to begin your life journey on secure footing? Check yes to see be referred to a Youth Case Manager to see if you qualify. ☐ Yes ☐ No

Are you over the age of 18 and interested in learning more about employment and training services offered by WorkOne? Check yes if you would like to be referred to the WorkOne for eligibility determination. ☐ Yes ☐ No

### Release of Information Form

I, \_\_\_\_\_, am enrolled in an adult education program (AE). This AE  
First and Last Name  
program works with the following programs and agencies to help students improve their skills and earn better jobs:

- Other state funded adult education programs
- WorkOne offices and job training programs
- Public and private colleges
- State executive offices, departments, and agencies including the Indiana Department of Workforce Development (DWD), Division of Adult Education and the Indiana Department of Education.

By signing this form, I understand and agree to the following:

- DWD use of directory information (name, address, birth and social security number) to match test records, wage information, and college/training program enrollment records that assist the state to evaluate and improve its programs and to report results to federal and state government.
- The sharing of information between the agencies and programs listed above. This information may include my name, enrollment information, education/career goals, test scores and employment history/information. Per State policy, once you leave the classroom, you will be contacted by phone, email or text to provide employment information up to a year after exit. The information will be kept strictly confidential and will be used for program administration, research and evaluation purpose.

\_\_\_\_\_  
Signature of Student/Parent or Guardian

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff/Witness to the Student's Signature\*

\_\_\_\_\_  
Date

\*Students under the age of 18 must have this consent form signed by the student's parent or guardian.

### Media Release

I hereby authorize River Valley Resources, Inc., to publish photographs taken of me, my name and likeness, for use in print, online and video based marketing materials, as well as other Adult Education publications during my enrollment into the Adult Education Program. I hereby release and hold harmless the Adult Education Program from any reasonable expectation of privacy or confidentiality associated with the images specified above. I hereby release Adult Education providers, its contractors, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Please initial:

\_\_\_\_\_ Accept Media Release

\_\_\_\_\_ Decline Media Release



## **Adult Education Attendance Policy**

Region 9 provides Adult Education programs in Bartholomew, Dearborn, Decatur, Franklin, Jackson, Jennings, Jefferson, Ripley, Ohio and Switzerland counties. Three Adult Education providers exist in the Region – Jennings County School Corporation, Bartholomew Consolidated School Corporation (McDowell Adult Education Center) and River Valley Resources, Inc. All three Region 9 providers agree that student achievement is possible only by the frequency and recency of student participation in the Adult Education Program.

Therefore, students enrolled in Adult Education program classes must attend classes regularly. Students are expected to:

- Come to class on time and prepared to study.
- Sign in and out for each class session.
- Attend a minimum of 90% of the class hours for the first two weeks of class (12 hours) in order to be fully enrolled and eligible for online/distance learning.
- Contact the teacher if an excused absence is necessary in order to hold their seat in the class.
- Behave in an adult manner and treat everyone with respect.

Once enrolled (12 hours), students participating in face-to-face instruction and/or online/distance learning must exhibit weekly attendance, class participation, and teacher contact. These activities will be closely monitored by the teacher through attendance records and recorded in InTERS. Teachers are responsible for reviewing attendance on a regular basis and to determine if students require additional support services.

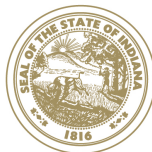
If a student exhibits behavioral or attendance problems, the teacher may ask the student to leave the class until a later designated date that is based on availability of seats (recommendation is 90 days out), or when the student can commit to the responsibilities of his/her academic success .

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Signature of Student

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Date



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

**RELEASE OF INFORMATION**

**NAME OF APPLICANT:** Name of Applicant

**SOCIAL SECURITY:** SS

**DATE:** Today's Date

**I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

☐

**Check this box if Power of Attorney is attached**

**By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.**

**Signature of Requestor:** \_\_\_\_\_

**Requesting Agency:** River Valley Resources

**Fax Number:** 812-265-2664

**Phone Number:** 812-265-2652, ext. 967

**For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov) .**



Authorization To Report Candidate Testing Score

I, \_\_\_\_\_, hereby authorize Ivy Tech Community College of Indiana (Ivy Tech), to disclose my **Accuplacer/TASC** assessment/certification score to:

☐

**Region 9 Adult Education**

☐ **Region 10 Adult Education**

It is understood that I can revoke this authorization to disclose information upon specific written notice given to Ivy Tech. If an Ivy Tech student, it is further understood that the results of such exams and related academic information may be shared with other Ivy Tech faculty, administrators and academic departments as may be necessary for my continued academic pursuits with Ivy Tech.

Signature: \_\_\_\_\_

Printed Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Today's Date: \_\_\_\_\_



### Adult Education Employment Form

Date \_\_\_\_\_ Teacher/Location \_\_\_\_\_

Student Name \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Start Date of Employment \_\_\_\_\_

Location of Employment \_\_\_\_\_

Position \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Hourly Wage \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I self-attest that I began employment at the above employer and started my position on the stated date. I understand that the Adult Education program will continue to track my employment during my enrollment in the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**EXIT INTERVIEW**

Indiana Code 20-33-2-9 (c)

Name of School Corporation:		
Address of School corporation:		
Telephone of School Corporation:		
Name of Principal:		
Name of Parent (s)/guardian:		
Address of Parent (s)/guardian:		
Telephone number of Parent (s/guardian):		
Name of Student:		
Street Address of Student:		
City:	State:	Zip Code:
Telephone number of student:		
Date of Birth of Student:		

(a) This section applies to an individual:

(1) who:

- (A) attends or last attended a public school;
- (B) is at least sixteen (16) years of age but less than eighteen (18) years of age; and
- (C) has not completed the requirements for graduation;

(2) who:

- (A) wishes to withdraw from school before graduation;
- (B) fails to return at the beginning of a semester; or
- (C) stops attending school during a semester; and

(3) who has no record of transfer to another school.

(b) An individual to whom this section applies may withdraw from school only if all of the following conditions are met:

- (1) An exit interview is conducted.
- (2) The individual's parent consents to the withdrawal.
- (3) The school principal approves of the withdrawal.
- (4) The withdrawal is due to:
  - (A) financial hardship and the individual must be employed to support the individual's family or dependent;
  - (B) illness; or
  - (C) an order by a court that has jurisdiction over the child.

During the exit interview, the school principal shall provide to the student and the student's parent a copy of statistics compiled by the department concerning the likely consequences of life without a high school diploma. The school principal shall advise the student and the student's parent that the student's withdrawal from school may prevent the student from receiving or result in the revocation of the student's employment certificate and driver's license or learner's permit.

(c) For purposes of this section, the following must be in written form:

- (1) An individual's request to withdraw from school.
- (2) A parent's consent to a withdrawal.
- (3) A principal's consent to a withdrawal.

(d) If the individual's principal does not consent to the individual's withdrawal under this section, the individual's parent may appeal the denial of consent to the governing body of the public school that the individual last attended.

The signatures below acknowledge such consent following review of information compiled by the Department of Education and posted at <http://www.doe.in.gov/student-services/attendance>. The student and the student's parents understand that withdrawing from school is likely to:

- (1) reduce the student's future earnings; and
- (2) increase the student's likelihood of being unemployed in the future.

\_\_\_\_\_  
Student\_\_\_\_\_  
Student's Parent/Guardian\_\_\_\_\_  
Principal

\_\_\_\_\_  
Superintendent/Principal (or Designee) Recommendation:  
Only required if student is exiting to obtain a High School Equivalency Diploma (IC 22-4.1-18)

\_\_\_\_\_  
Last Day of Attendance