



**Montana**  
 Office of Public Instruction  
 Elsie Arntzen, Superintendent

# Student Intake Form

Comprehensive Adult Student Education  
 System (CASES)

Site Name: \_\_\_\_\_

Program Year: \_\_\_\_\_

Have you been in another adult education program in the past year?  Yes  No

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

Last Name: \_\_\_\_\_

Maiden/Other Last Name: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_

Lives in a rural area (population 2,500 or less)

SSN Waiver

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

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

**Student Emergency/Alternative Contact:**

Name: \_\_\_\_\_

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

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

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

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

Zip Code: \_\_\_\_\_

**Preferred Method of Contact-Check One:**

Phone

Email

Text

# Student Demographics

**Are you Hispanic/Latino:** (Choose only one)

- No, not Hispanic/Latino  
 Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, Central American, or other Spanish culture or origin regardless of race.)

*The following question is about ethnicity, not race. No Matter what was selected above, continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander |   |

**School Status at Participation:**

- In school--post high school  
 Not attending school--did not complete high school  
 Not attending school--high school graduate/high school equivalency

**Locale of Highest Grade Completed:**

- U.S. based schooling  
 Non-U.S. based schooling

**Highest School Grade Completed:**

- 1st grade    2nd grade    3rd grade    4th grade    5th grade    6th grade  
 7th grade    8th grade    9th grade    10th grade    11th grade    12th grade

**Last School Attended:** \_\_\_\_\_

- Attained a high school diploma  
 Attained a high school equivalency  
 Has a disability and attained a certification of attendance/completion as a result of successfully completing an IEP  
 Completed one or more years of postsecondary education  
 Attained a postsecondary technical or vocational certification (non-degree)  
 Attained an associate degree  
 Attained a bachelor's degree  
 Attained a degree beyond a bachelor's degree  
 No educational level completed

Additional information: \_\_\_\_\_

**Employment Status:**

- Not employed but seeking employment
- Have you been unemployed for 27 or more consecutive weeks?  Yes  No
- Not in the labor force and not seeking employment
- Employed, but have notice of termination or military separation
- Employed

**Housing Status:**

- Confined to a youth correctional facility
- Confined to an adult correctional facility
- Living in a community correctional facility
- Living in other institutional setting not listed (group home, mental health facility, etc.)
- Own/rent residence with friends/family
- Homeless/runaway youth

**Dislocated Worker Status:**

- No
- Yes, local formula
- Yes, statewide
- Yes, both statewide and local

**Migrant and Seasonal Farmworker Status:**

- No
- Seasonal farmworker
- Migrant and seasonal farmworker
- Dependent of seasonal or migrant and seasonal farmworker

**Referral:** (What organization and/or person recommended adult education to you?)

- |   |  |
|---|--|
| <input type="checkbox"/> None   | <input type="checkbox"/> Job service                 |
| <input type="checkbox"/> WIOA Title I: Adult, Dislocated Workers, Youth | <input type="checkbox"/> Corrections                 |
| <input type="checkbox"/> WIOA Title III: Wagner Peyser                  | <input type="checkbox"/> Previous high school        |
| <input type="checkbox"/> WIOA Title IV: Vocational Rehabilitation       | <input type="checkbox"/> Trade adjustment assistance |
| <input type="checkbox"/> Veterans employment training                   | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Migrant and seasonal farmworkers               |  |

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disability and Benefits Information:**

Do you have a disability (physical or mental)?

No       Yes

Do you have a learning disability?

No       Yes

Are you a displaced homemaker?

No       Yes

Are you low income?

No       Yes

Are you on public assistance?

No       Yes

Are you within two years for exhausting TANF?

No       Yes

Are you a single parent with dependents?

No       Yes

Are you an ex-offender?

No       Yes

Are you currently living in a correction institution?

No       Yes

Date released from incarceration: \_\_\_\_\_

Do you perceive any cultural barriers to your employment?

No       Yes

Are you currently in foster care or have you aged out of the foster care system?

No       Yes

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

Date: \_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 opi.mt.gov

## Consent to Release Personal Information

I, \_\_\_\_\_, a student age 18 or older, consent to the release of personally identifiable information from my student record.

**OR**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, a student under the age of 18, consent to the release of personally identifiable information from the student record of my son/daughter.

Dependent on my identified goal, I understand that the student record includes my social security number, which may be released to the following:

- the Montana Department of Labor and Industry,
- a postsecondary institution identified by me, or
- the HiSET/Educational Testing Service (ETS)

I understand that the purpose of the release of my social security number is to assist the Montana Office of Public Instruction in obtaining and reporting information concerning the outcome of students as required by Section 212 of the Adult Education and Family Literacy Act.

I understand that the Montana Office of Public Instruction will share my personally identifiable information with the agency(ies) identified above, no other agency(ies) or individual(s) will have access to it, and the information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand that the report will contain information and statistics about the employment and further education or adult education students in Montana, and that no specific or personal information about me will appear in this report.

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

\_\_\_\_\_  
 Date