

Must check one:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Low-level Literacy	ABE, GED, NEDP, CDP students *All students who do not have an Secondary School Diploma (SSD) at entry
<input type="checkbox"/> Yes <input type="checkbox"/> No	English Language Learner/Cultural Barriers	English as a Second Language/English Language Learner Students

Check all that apply:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Do you have a criminal record that makes it hard to find a job? *Do not select this category if you are currently incarcerated
<input type="checkbox"/> Yes <input type="checkbox"/> No	No TANF within 2 Years or Less	Within two years, will you no longer be eligible to receive Temporary Assistance for Needy Families (TANF) benefits?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth in Foster Care/Aged Out	Are/were you in the foster care system and are under 24 years old?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	Are you homeless? Do you live in a motel, hotel, campground, transitional housing or with another person because you lost your house or apartment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Long-term Unemployed	Have you been unemployed for 27 or more weeks (more than 6 months)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant and Seasonal Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Are you a seasonal farmworker who has worked in the last 12 months in agriculture, fish or on a farm?
		<input type="checkbox"/> Are you a seasonal worker with no permanent residence (migrant)?
		<input type="checkbox"/> Are you a dependent of a farmworker?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single parent, unmarried or separated and have primary responsibility for one or more children under age 18, or are you a single, pregnant woman?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income/Public Assistance	Do you have a low income? Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Are you a former homemaker who is having trouble finding a job or a better job?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been fired or laid off? Are you unemployed because the place where you worked has closed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled	Do you wish to disclose any disability that limits your life activities?

I understand that student information is confidential and will only be used for program administration, research and evaluation purposes.

Applicant Signature-^{*required} _____ Fall Semester Date _____

Applicant Signature-^{*required} _____ Spring Semester Date _____

*Data matching is used to improve program performances and serve students. By signing this form, I give permission to the Connecticut State Department of Education to share my data. Check this box to opt out of State agency data matching.

Program-staff use only

Appraisal Testing

Test	Test Form #	Raw Score/Scale Score	Test Date
Math			
Reading			

Age Documented: Yes No

*Only mark "Yes" if DOB provided (e.g. DL, Passport, or other)-record below

Driver's License # _____

Passport # _____

Other _____

NEDP Advisor/Assessor

Disability – Visible

Disability – Self-Disclosed

*only mark if the applicant self-disclosed a hidden, non-visible disability

Disability –Visible & Self-Disclosed

Neither