



## Growing the Delta: Adult Education Center

### Applicant Information

Full Name (Last, First M.I.): \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Emergency Contact (Name, Phone #) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_ Hawaiian or Other Pacific Islander \_\_\_ American Indian/Alaska Native \_\_\_ White  
\_\_\_ Black/African American \_\_\_ White \_\_\_ Hispanic or Latino \_\_\_ Asian

### Education and Achievements

Name of High School Attended: \_\_\_\_\_

Last Year Completed: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Name of College Attended: \_\_\_\_\_ Last Year

Completed: \_\_\_\_\_ Degree: Associates / Bachelors / Masters

Other Certifications, Achievements, Accomplishments or Hobbies: (Does not have to be formal) List some things about your life that you are proud of or you enjoy doing:

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## Employment

Are you currently employed? \_\_\_\_\_ If so, Where? \_\_\_\_\_

What days of the week do you work? Monday Tuesday Wednesday Thursday Friday

Number of hours worked each week: \_\_\_\_\_ What is your current hourly rate? \_\_\_\_\_

If you are currently unemployed, how long has it been since you have been employed? \_\_\_\_\_

Have you ever been terminated? \_\_\_\_\_ If so, what was the reason? \_\_\_\_\_

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## Adult Education Center

What classes/programs are you interested in?

\_\_\_\_\_ Workplace Readiness (Workplace Behavior/Customer Service Skills)

\_\_\_\_\_ Certifications for Food Handling, Allergens, Food Protection Management & Alcohol

\_\_\_\_\_ Managing Your Personal Finance (Budgeting, Credit Repair, Investments, Mortgages)

\_\_\_\_\_ High School Diploma-HiSet \_\_\_\_\_ Basic Academic Skills (Writing/Math)

\_\_\_\_\_ Horticulture / Agriculture \_\_\_\_\_ BeeKeeping

\_\_\_\_\_ Microsoft Office Certification \_\_\_\_\_ Apprenticeships / On-the Job Training

What days of the week are you available for class? Monday Tuesday Wednesday Thursday Friday Do you have

a valid driver's license? \_\_\_\_\_ Do you have reliable transportation? \_\_\_\_\_

Are there any barriers that would prevent you from attending classes? If so please explain below:

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## Signatures

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## **MIS V6 – Case Plan Assessment**

**1. How would you describe your family's current housing situation?**

- \_\_\_\_\_ Non subsidized – Own or Rent
- \_\_\_\_\_ Subsidized
- \_\_\_\_\_ Living with friends/relatives
- \_\_\_\_\_ At risk of homelessness (eviction notice/temporary)
- \_\_\_\_\_ Homeless

**2. What is your family's current household income and how would you rate your money management practices?**

- \_\_\_\_\_ Able to pay all bills and save
- \_\_\_\_\_ Sufficient income to pay bills without subsidies
- \_\_\_\_\_ Income meets most financial obligations (may include subsidies)
- \_\_\_\_\_ Some income; budget includes subsidies
- \_\_\_\_\_ No income; no budget

**3. How would you describe your family's current employment situation, including status, skill set, benefits, and how it meets your basic needs?**

- \_\_\_\_\_ Full time employment above minimum wage
- \_\_\_\_\_ Fulltime employment with minimum wage
- \_\_\_\_\_ Part time employment
- \_\_\_\_\_ Unemployed with skill and/or previous work history
- \_\_\_\_\_ Unemployed with no skill and/or previous work history

**4. How would you describe your family's current most of transportation, including reliability, insurance, and licensing?**

- Public or private transportation always available
- Public or private transportation available most of the time
- Public or private transportation available some of the time
- Public or private transportation rarely available
- No available transportation

**5. How would you describe your family's current physical and oral health situation, including insurance, immunizations, and ability to pay for medications?**

- No physical health problems
- Does not interfere with goals
- Occasionally interferes with goals
- Regularly interferes with goals
- Prohibits goals

**6. Are mental health and/or substance abuse issues present in the family and if so, how are they being addressed?**

- No mental health problems
- Does not interfere with goals
- Occasionally interferes with goals
- Regularly interferes with goals
- Prohibits goals

**7. How would you describe your family's regular food, nutrition, and clothing situation?**

- Able to afford food without food program
- Able to afford some food without food program
- Unable to afford food without food program assistance; uses SNAP, WIC, etc.
- Unable to afford food without food program assistance; Food Bank
- Unable to afford or obtain food

**8. How would you describe your academic skill set and how it impacts employment or other goal attainment?**

\_\_\_\_\_ Degree +

\_\_\_\_\_ 2 or 4 year degree or certificate

\_\_\_\_\_ Some college tech training

\_\_\_\_\_ High School/HiSet

\_\_\_\_\_ < High School

**9. Do you receive child support?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**10. Do you have medical insurance?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**11. Are you a veteran?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**12. Race (Choose as many as applied)**

\_\_\_\_\_ White

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Client doesn't know

**13. Marital Status**

\_\_\_\_\_ Single

\_\_\_\_\_ Separated

\_\_\_\_\_ Married

\_\_\_\_\_ Living Together

\_\_\_\_\_ Widowed

\_\_\_\_\_ Never Married/Annulled

\_\_\_\_\_ Divorced

## Customer Intake Report



### Household Comments:

### Individual Comments:

#### CLIENT CONFIDENTIALITY AGREEMENT/Release of Information

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application.

Under the terms of this Agreement, CLIENT agrees to release to DAEOC information that is confidential and proprietary to CLIENT, (- Confidential Information), to be used solely for the Agency's related statistics, services and program. - Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of CLIENT or any related data. Confidential Information includes, for example, but not limited to : spouses or other family members, ages, salaries, financial standings, criminal reports, medical records and all other pertaining to the family information. DAEOC will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of the Agreement; except for information that is : (i) generally known to the public, (ii) in the possession of DAEOC before receipt from CLIENT, (iii) obtained later by the Agency from a third party without restriction of violation of Agreements.

DAEOC will not disclose CLIENT's Confidential Information to any other party without prior written consent of CLIENT. DAEOC may however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. DAEOC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

This Agreement may be amended only in writing and shall be governed by the laws of the State of Missouri.

**Please sign below to indicate that you have read this Consent and agree with its terms.**

\_\_\_\_\_  
**Client Signature**

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

\_\_\_\_\_  
**Interviewer's Signature**

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



**DELTA AREA ECONOMIC OPPORTUNITY CORPORATION**

**Participant Quick Intake**

What type of insurance do you have? \_\_\_\_\_

Do you own or rent your home? (Circle One) Own Rent Do you receive Food Stamps? (Circle One) Yes No

Monthly income amount: \$ \_\_\_\_\_ Person receiving income \_\_\_\_\_ Type \_\_\_\_\_

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Monthly income amount \$ \_\_\_\_\_ Person receiving income \_\_\_\_\_ Type \_\_\_\_\_

of income

of income

Are you a veteran? (Circle One) Yes No

Head of Household Name: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Education Level: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Household Members' Names	Social Security #	Relation to HOH	DOB	Gender	Race	Education Level	Insurance Type	Veteran Yes or No

I certify that the information given on the Quick Intake is true and accurate to the best of my knowledge and belief. I certify that there are \_\_\_\_\_ related persons in my household and our combined monthly income is \$ \_\_\_\_\_

I understand that such information is subject to verification and I further realize that falsification or fraudulent information may result in the rejection of the Quick Intake Form and future services.



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Head of Household/Spouse Signature

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Staff/Volunteer Signature



## Individual Performance Plan

**Students Name:** \_\_\_\_\_

### **Section 1: Currently Employed**

Employed Full-Time     Employed Part-Time

Employer Name: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Do you want to continue in this field of work?    Yes    No

Career Goal:  Full Time Employment     Career Advancement     Retain Current Position

Other: \_\_\_\_\_

### **Section 2: Currently Unemployed**

Unemployed (*more than 6 months*)     Unemployed (*less than 6 months*)

Previous Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Do you want to continue in this field of work?    Yes    No

Career Goal:  Full-Time Employment     Part-Time Employment     Self Employment

Other: \_\_\_\_\_

Below is for office use only:

Actions taken over the 8 week session to obtain goal:	Supportive Services Used to obtain goal:	When was action taken or when do you hope to obtain goal:
Evaluation: (Has goal been met?) Date Met:		



## Adult Education Center: Media Release Form

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

\_\_\_\_\_ I hereby **consent** to the participation in interviews, the use of quotes, and the taking of photographs, movies, video tapes, or social media.

\_\_\_\_\_ I **do not** give my consent to participate in interviews, the use of quotes, to be photographed, filmed, or put on social media.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Adult Education Supportive Service Application

Supportive services are a critical part of the Adult Education Center and is available to help reduce financial barriers that hinder a student's ability to maintain their education or employment. Financial services can be used for a variety of purposes including, but not limited to, day care assistance; gas cards; professional licensing fees; school supplies; and work attire. If there is a barrier you are facing and need to receive other assistance that isn't listed above, please reach out to the Adult Education Coordinator.

### GAS CARDS-

1. If you live outside of Portageville, you can apply for a gas card.
2. If you do not have a driver's license you can still apply for a gas card if it helps you to physically get to and attend class.
3. If you are enrolled in the same class, in the same session as a member of your household and ride together, both students may not receive a gas card, only one.
4. Gas cards will be given once a week for two class dates. If you are absent and have received a gas card, the date will be changed to reflect your attendance.

### OTHER SUPPORTIVE SERVICES RELATED TO EMPLOYMENT-

1. If you receive employment from being enrolled at the Adult Education Center or receive an increase in pay at your current place of employment, we will purchase any necessary attire if needed.
2. If you are a small business owner, assistance can be provided with any licensing fee's after receiving the proper paperwork showing proof of ownership.
3. If you need assistance with obtaining a driver license, we will be able to help with study materials and the driver's license fee.
4. Each of our classes are unique. If you enroll in our computer class and finish the Microsoft Office Course early, we will purchase additional courses to help you complete your 48 hour/8-week session. These courses will be counted as a part of your supportive service. If the courses are being purchased to better your employment, we will ask for additional information to support the purchase.

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

Assistance Needed: \_\_\_\_\_

Reason for Assistance:

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If you are applying for a gas card, are you enrolled in the same class, and same session as a member of your household listed on your quick intake application form? \_\_\_\_\_

## HANDBOOK ACKNOWLEDGEMENT AGREEMENT

By signing below, I agree:

- I have been given a copy of DAEOC's Adult Education & Job Training Center Programs Handbook.
- I have been given ample time to read DAEOC's Adult Education & Job Training Center Programs Handbook.
- I understand the guidelines and rules contained therein and referenced in other documents, such as the Course Syllabus, etc.
- I will abide by all of the guidelines, rules, and expectations of DAEOC.
- I understand that if I do not abide by all of the guidelines, rules, and expectations; I may be dismissed from DAEOC.

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

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