

## FY21 Student Intake Form

Students enrolling in the BHCC TC for the FY21 Academic Year **MUST** complete this form and read the ROI.

<b>Intake Date</b>	
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Click and select drop down icon to enter a date.

<b>First Name</b>			
<b>Last Name</b>			
<b>Middle Name</b>	<input type="checkbox"/> Not Provided	<b>Suffix</b>	
<b>Preferred Name</b>			

<b>Social Security #</b>		<input type="checkbox"/> Not Provided
<b>Gender</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Date of Birth</b>	Click or tap to enter a date.	
<b>Country of Birth</b>		

<b>Service</b>	<input type="checkbox"/> ESOL
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<b>Are you Hispanic or Latino?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is your race?</b>	Choose an item.	

<b>Were you ever enrolled in MA public education (K12, Adult Education, Community College)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Highest Educational Level Completed on Entry</b>	Choose an item.	
<b>Where did you receive your highest level of education?</b>	<input type="checkbox"/> U.S. Based Schooling <input type="checkbox"/> Non U.S Based Schooling	
<b>Current Level (if known)</b>	Choose an item.	

<b>Employment Status at Program Entry (choose the one that best applies)</b>
<input type="checkbox"/> <i>Employed</i> (a) is currently performing any work as a paid employee (b) is currently performing any work at his/her own business, profession, or farm (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family (d) is not working, but currently has a job or business from which he/she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job. <input type="checkbox"/> <i>Employed- Multiple Jobs</i> <input type="checkbox"/> <i>Employed with Separation Notice</i> <input type="checkbox"/> <i>Unemployed</i> – not employed but seeking employment, making a specific effort to find a job, and is available for work. <input type="checkbox"/> <i>Retired</i>

<input type="checkbox"/> <i>Unavailable for Work</i>			
<input type="checkbox"/> <i>Not Looking for Work</i>			
<b>Employer 1 Name</b>			
<b>Start Date</b>		Click or tap to enter a date.	
<b>Employment Type</b>		Choose an item.	<b>Hours Per Week</b>
<b>Occupation</b>		<b>Job Title</b>	
<b>Earnings</b>	\$	<b>Earnings Period</b>	Choose an item.
<b>Employer 2 Name</b>			
<b>Start Date</b>		Click or tap to enter a date.	
<b>Employment Type</b>		Choose an item.	<b>Hours Per Week</b>
<b>Occupation</b>		<b>Job Title</b>	
<b>Earnings</b>	\$	<b>Earnings Period</b>	Choose an item.

**Barriers to Employment** (Check all that apply. Must select at least either “English Language Learner” or “Low Literacy Levels”)

*Cultural Barriers* – a person who perceives him/herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.

*Disabled Individual* – a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.

*Displaced Homemaker* – a person who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income or is the dependent spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

*Low-income Individual* – a person who meets either of the following:

- Who within six months has received income-based assistance, such as housing supplement or food stamps (Persons receiving public assistance or a housing supplement within last six months meet this criteria.)
- Whose total family income is below 70 percent of the lower living standard income level.

Persons in Family/Household	LLSIL Guideline (add \$4,480 for each add'l family member)
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200

*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 artificial barriers to employment resulting from a record of arrest or conviction.

*Exhausting TAFDC (TANF)* – a person within two 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 a run-away youth.

*Long-term Unemployed* – a person unemployed for 27 or more consecutive weeks (approx. six months, or more).

- Low Literacy Levels*
- Migrant Farmworkers* – a person who meets either of the following:
  1. 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 unemployment or underemployment **and** faces multiple barriers to economic self-sufficiency.
  2. A dependent of the individual described as a seasonal or migrant seasonal farmworker above.
- Seasonal Farmworkers* – a person who meets either of the following:
  1. 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.
  2. A dependent of the individual described as a seasonal or migrant seasonal farmworker above.
- Single Parent or Guardian* – a person who is single, separated, divorced or widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant.

<b>Child 1 Name</b>		<b>Birthdate</b>	Click or tap to enter a date.
<b>Child 2 Name</b>		<b>Birthdate</b>	Click or tap to enter a date.
<b>Child 3 Name</b>		<b>Birthdate</b>	Click or tap to enter a date.
<b>Child 4 Name</b>		<b>Birthdate</b>	Click or tap to enter a date.

<b>Address 1</b>			
<b>Address 2</b>			
<b>City</b>		<b>Zip Code</b>	
<b>State</b>		<b>County</b>	
<b>Cell Phone</b>		<b>Home Phone</b>	
<b>Work Phone</b>			
<b>Email</b>			
<b>Contact Preference (check all that apply)</b>	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> WhatsApp	<input type="checkbox"/> Work Phone <input type="checkbox"/> Text Message <input type="checkbox"/> Email	
<b>Emergency Contact Name</b>			
<b>Emergency Contact Phone</b>			

<b>Apparent or Disclosed Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Specific Learning Disability</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – Observed/Disclosed <input type="checkbox"/> Yes - Documented

<b>Public Assistance (Choose one or more if “yes”):</b>	<input type="checkbox"/> EAEDC (Emergency Aid to the Disabled, Elderly and Children) <input type="checkbox"/> MassHealth <input type="checkbox"/> SNAP (EBT/Food Stamps) <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> TAFDC/TANF (Transitional Aid to Families with Dependent Children) <input type="checkbox"/> WIC <input type="checkbox"/> Other
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<b>How long have you been in the United States?</b>	
<b>How long do you plan to live in the Boston area?</b>	<input type="checkbox"/> Less than six months <input type="checkbox"/> One year <input type="checkbox"/> Indefinitely

<b>Do you have a tutor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, through:</b>	<input type="checkbox"/> BHCC <input type="checkbox"/> Other
<b>If no, would you like a tutor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you aware of the Attendance Policy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you able to make the commitment to class?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you need assistance with transportation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have access to: (check all that apply)</b>	<input type="checkbox"/> Tablet <input type="checkbox"/> Computer <input type="checkbox"/> Smart Phone
<b>Do you have Internet access at home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Language Spoken at home?</b>	

<b>Is there a signed <i>Confidentiality Release of Information Form</i> on file?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Comments:</b>
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<b>Intake Assistant</b>	
<b>Method of Intake</b>	<input type="checkbox"/> Over the Phone <input type="checkbox"/> In Person