

STUDENT DATA SUMMARY

(Not for use by community education or coenrolled students)

Last Name	First Name	Middle Name	Jr. / Sr. / III	District Student Number
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The following questions are requested by federal and state agencies supplying education funding. Please be assured that any information provided will not prevent your enrollment or participation in the course or program.

Employment	<p>EMPLOYMENT STATUS (Select One)</p> <p><input type="checkbox"/> (E) Employed</p> <p><input type="checkbox"/> (S) Employed but with Notice of Termination or in transition out of military service</p> <p><input type="checkbox"/> (U) Not Employed (looking and eligible for employment)</p> <p><input type="checkbox"/> (N) Not in Labor Force (not seeking employment, not eligible for employment, or incarcerated)</p>
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For the remaining questions, please select all that apply.

Student Background Information	<p>SINGLE PARENT / SINGLE PREGNANT WOMAN</p> <p><input type="checkbox"/> (S) Single Parent</p> <p><input type="checkbox"/> (W) Single Pregnant Woman</p> <p><input type="checkbox"/> (B) Both a single parent and a single pregnant woman</p> <p>INCOME STATUS</p> <p><input type="checkbox"/> (A) Student currently eligible to receive assistance from TANF (formerly AFDC) but will become ineligible within the next two years</p> <p><input type="checkbox"/> (B) Student unemployed for 27 or more consecutive weeks at time of program entry (this school year)</p> <p><input type="checkbox"/> (C) Student self-identifies as having a low income at the time of program entry (this school year) under any of the following:</p> <ul style="list-style-type: none"> - Student or member of immediate family receives benefits through SNAP/TANF, SSI, or other state public assistance - Student is in foster care - Total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level - Student has a disability and has personal income at or below the poverty line (regardless of family income) - Student is a youth living in a high-poverty area <p>DISPLACED HOMEMAKER</p> <p><input type="checkbox"/> (A) Previously unemployed or underemployed while caring for home and family (unpaid)</p> <p><input type="checkbox"/> (B) Previously supported by public assistance or family and now unemployed or underemployed</p> <p><input type="checkbox"/> (C) Parent whose youngest child will become ineligible to receive assistance from TANF (formerly AFDC) within the next two years and who is unemployed or underemployed</p> <p><input type="checkbox"/> (D) Unemployed dependent spouse of a member of the Armed Forces who is on active duty or is deceased or disabled as a result of military service</p> <p>MIGRANT / SEASONAL FARMWORKER</p> <p><input type="checkbox"/> (A) Low-income individual (or their dependent) employed primarily in agriculture or fish farming for 12 months out of the last two years, currently unemployed or underemployed</p> <p><input type="checkbox"/> (B) Seasonal farmworker (or their dependent) whose agricultural labor requires travel such that the farmworker is unable to return to a permanent place of residence within the same day</p> <p>HOMELESS</p> <p><input type="checkbox"/> (A) Homeless without a fixed, regular nighttime residence</p> <p><input type="checkbox"/> (B) Homeless but staying in nontraditional housing (Example: park, abandoned building, or bus station)</p> <p><input type="checkbox"/> (C) Migratory child who has changed school districts in the last 3 years due to parent's seasonal employment</p> <p>OTHER</p> <p><input type="checkbox"/> (C) Perceived employment barrier(s) due to the student's attitudes, beliefs, customs, or practices.</p> <p><input type="checkbox"/> (E) Previously or currently subject to any stage of the criminal justice process for committing a crime or delinquent act</p> <p><input type="checkbox"/> (A) Currently a patient or resident of a medical or special institution (but not incarcerated or homeless)</p>
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Confirmation	<p>I have reviewed this form. Student Initials: _____ Date: _____</p>
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Office Use	<p>- Office Use Only -</p>						
<p>Presented to student for review; no changes since prior survey.</p> <p><i>Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Survey</td> <td style="width: 40%; border-bottom: 1px solid black;">Staff Signature</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Survey</td> <td style="border-bottom: 1px solid black;">Staff Signature</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Survey	Staff Signature	Date	Survey	Staff Signature	Date
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