

FRAMEWorks 1.1 Cohort

Program Applying for: Adult Education FRAMEworks ABE GED									
Registration Date:			Cohor	t Group:					
Location:									
☐ Mangum ☐ Dacoma II ☐ Walter's Workforce Training Center □ Other Location									
Participant Basic Demographic Data									
1. Participant's name									
First Name Initial Last Name Quarter of Divide 2. Date of Birth: 3. Age 4. Social Security 5. Gender:									
Country of Birth:	2. Date of	2. Date of Birth: 3.		4. Social Security	5. Gender: I Male I Female Prefer not to disclose				
6. Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic/Non-Latino	6a. Race: □ Other □ White □ Other □ Black or African American □ Mexican or Mexican American □ American Indian or Alaskan Native □ Central American □ Asian □ Unspecified □ Native Hawaiian or Other Pacific Islander □ Biracial or Multiracial								
7. Address: 8. Home Phone: 9. Cell Phone:									
Street									
City State Zip Code				_ 10. Email	10. Email Address:				
 Do you have a child that is or has participated in AVANCE Early Head or Head Start? Yes No If Yes, what Center Have you participated in an AVANCE Houston program before? Yes No If Yes, which programs? Healthy Relationships Programs PCEP Fatherhood Adult Education ESL Are you okay with program staff sending you texts? Yes No 									
Emergency Contact: Name Relationship Email									
Address Cell Phone									
Section III: Family Members Demographic Data									
	Relationship to	o Applicant	Gende	r Date of	Birth Primary Langu	age Early/Head Start			
(Head of Household)					□ English □ Othe □ Spanish	er 🛛 🖓 Yes 🗆 No			
					□ English □ Othe □ Spanish	er □Yes □No			
					□ English □ Othe □ Spanish	er 🛛 🗠 Yes 🗆 No			
					□ English □ Othe □ Spanish	er □Yes □No			
					□ English □ Othe □ Spanish	er 🛛 Yes 🗆 No			
					□ English □ Othe □ Spanish	er 🛛 Yes 🗆 No			
					□ English □ Othe □ Spanish	er □Yes □No			
					□ English □ Othe □ Spanish	er □Yes □No			

Family Information

2. Please indicate occupational status of Female living in the household. □N/A Spouse Name:								
A. Employed B. Highest Grade Level		pleted	C. In School or Job T	raining	D. Unemployed/Other			
 Full time (34+ hours weekly) Part time Seasonal – Non Agricultural Seasonal – Agricultural Employed and in school Full time Student 	 No Degree/Diploma □ Specific Grade Level □ High School/GED □ Vocational/Technical Certificate □ Collage Associater □ Bachelors □ Masters 		 High School or Equivalence Vocational Training College or University Job Training program w/sa Job Training program w/sa Government Job Training F 		 Unemployed w/work experience Unemployed w/o work experience Homemaker Retired Unable to work due to disability 			
Where did you receive most of your education?								
United States Ot	her:							
3. Please indicate occupational status of Male figure living in the household. □N/A Spouse Name:								
A. Employed	B. Highest Grade Level Com	mpleted C. In School or Job Tr		raining	D. Unemployed/Other			
 Full time (34+ hours weekly) Part time Seasonal – Non Agricultural Seasonal – Agricultural Employed and in school Full time Student 	I Part time Specific Grade Level I Seasonal – Non Agricultural High School/GED I Seasonal – Agricultural Vocational/Technical Certificate I Employed and in school Collage Associater		 High School or Equivalency Vocational Training College or University Job Training program w/salary Job Training program w/o salary Government Job Training Program 		 Unemployed w/work experience Unemployed w/o work experience Homemaker Retired Unable to work due to disability 			
Where did you receive most of your education?								
United States Other:								
4. Are you a veteran of the United States Armed Services □Yes □No If Yes, what Branch?								
Section IV: Family Information								
1. Marital Status: □ Single/Never Married □ Separated, married but not livin □ Committed Relationship □ Widowed □ Married □ Divorced								
During the last 6 months in your current relationship, have you felt scared or threatened? □ Yes □ No □N/A								
2. Family Type: □ Two parent □ Single paren □ Single paren □ Extended Fa	 Single parent family (father figure only) living with partner Single parent family (mother figure only) living with partner Single Participant Grandparents raising kids 							
3. Types of Services or financial assistance received (mark all that apply):								
SNAP I Public Assistance/Welfare (i.e. TANF / AFDC) I WIC I Supplemental Security Income (SSI) I			ment insurance using assistance ogram assistance Assistance port/alimony s with Disabilities	Trade Act	 Transportation Trade Act Assistance Free/Reduced Lunch 			
4. Type of Housing:	Mobile home/tra	iler 🗆	Homeless/no housing	🗆 Migrant H	lousing			
□ Apartm	nent	lter 🗆	Hotel/motel room	□ Other:				
5. Housing Payment Arrangement	: Own housing	Exchange	services for housing	Receive :	subsidized housing			
	Rent housing	□ Make no p	payment for housing	□ Other: Sp	pecify			
6. Length of time at current addre	ess: 🗆 Less than 6 months	🗆 6 - 12 m	onths D1 - 2 years	□ More th	an 2 years			

Family Income

Determine the family's income. Indicate the source by listing the gross earnings in the appropriate section.							
Weekly →X 52	Bi-Weekly (ev	very 2 weeks) →X 26	Semi-Monthly (twice a mont	n) \rightarrow X 24 Monthly	→ X 12		
Source		Gross Earning	JS X (see schedule above)	Annual Sub	total		
Participant Income							
Spousal/Partner income							
Other:							
Total Income:							
Indicate the type of income your family receives by placing a check in the box next to the appropriate item.							
Employme	Employment		Public Assistance SSI TANF				
Social Sec	Social Security		Pension				
Unemployr	Unemployment Benefits C		Child Support /Alimony				
VA Benefits		Self-Er	Self-Employed				
No income (Supported by Family))					

AGREEMENT TO PARTICIPATE

I understand that I am volunteering to participate in the AVANCE Programs and can withdraw at any time. I also understand that all information will be kept confidential and will only be used without identifying me personally.

PARTICIPANT NAME

Date _____

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Any opinions, ¬findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of The United States Department of Health and Human Services, Administration for Children and Families