

## **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:				
<ol> <li>Do you have a child that is or has participated in AVANCE Early Head or Head Start? Yes No If Yes, what Center</li> <li>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</li> </ol>									
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			
<ul> <li>Full time (34+ hours weekly)</li> <li>Part time</li> <li>Seasonal – Non Agricultural</li> <li>Seasonal – Agricultural</li> <li>Employed and in school</li> <li>Full time Student</li> </ul>	<ul> <li>No Degree/Diploma</li> <li>□ Specific Grade Level</li> <li>□ High School/GED</li> <li>□ Vocational/Technical Certificate</li> <li>□ Collage Associater</li> <li>□ Bachelors</li> <li>□ Masters</li> </ul>		<ul> <li>High School or Equivalence</li> <li>Vocational Training</li> <li>College or University</li> <li>Job Training program w/sa</li> <li>Job Training program w/sa</li> <li>Government Job Training F</li> </ul>		<ul> <li>Unemployed w/work experience</li> <li>Unemployed w/o work experience</li> <li>Homemaker</li> <li>Retired</li> <li>Unable to work due to disability</li> </ul>			
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			
<ul> <li>Full time (34+ hours weekly)</li> <li>Part time</li> <li>Seasonal – Non Agricultural</li> <li>Seasonal – Agricultural</li> <li>Employed and in school</li> <li>Full time Student</li> </ul>	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		<ul> <li>High School or Equivalency</li> <li>Vocational Training</li> <li>College or University</li> <li>Job Training program w/salary</li> <li>Job Training program w/o salary</li> <li>Government Job Training Program</li> </ul>		<ul> <li>Unemployed w/work experience</li> <li>Unemployed w/o work experience</li> <li>Homemaker</li> <li>Retired</li> <li>Unable to work due to disability</li> </ul>			
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	<ul> <li>Single parent family (father figure only) living with partner</li> <li>Single parent family (mother figure only) living with partner</li> <li>Single Participant</li> <li>Grandparents raising kids</li> </ul>							
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	<ul> <li>Transportation</li> <li>Trade Act Assistance</li> <li>Free/Reduced Lunch</li> </ul>			
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