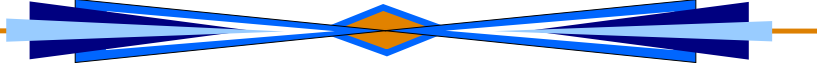




Owens Valley Career Development Center Family Literacy Program



ADULT EDUCATION INTAKE

No services can be performed without the completion of this entire packet and all its forms. You may be required to complete certain forms at anytime at the request of the department regardless of the length of time you last completed a form. Updates to personal information such as place of residence, phone numbers and contacts can be completed via the shortened contact update form.

<input type="checkbox"/>	Family Literacy Intake
<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Annual Calendar
<input type="checkbox"/>	Facilities Disclosure
<input type="checkbox"/>	Attendance & Reminders

<input type="checkbox"/>	Health Inspection
<input type="checkbox"/>	Computer Disclosure
<input type="checkbox"/>	Release Form
<input type="checkbox"/>	Code of Conduct
<input type="checkbox"/>	

Date: _____

Full Name: _____

Tribal Affiliation: _____ Date of Birth: _____

Mailing Address: _____

Physical Address (If Different): _____

Phone: _____ Cell or Message Phone: _____

Are you a TANF Client? _____ if yes, please list your Case Counselor's Name? _____

Do you attend Prevention activities? _____ Do you have to report hours? _____

If yes, to whom do you report your hours to? TANF Prevention Other _____

Please check the programs you would be interested in participating in:

Adult Education

Computer Literacy

ABE/GED Preparation

Mavis Beacon/Keyboarding Skills

Driver's Preparation

Vocational Assistance

College Assistance

Early Childhood Education

Early Childhood Enrichment

P.A.T./Infant-Toddler Program

Kinder Ready Program

What continuing education courses are you currently enrolled in?

College: _____

Vocational: _____

Other: _____



What life skills are you interested in?

- Health Education
- Nutrition
- Family Formation

- Parenting
- Other; _____
- _____

What continuing higher education options are you interested in?

- Vocational Program
- Junior/City College
- State (CSU)

- Certificated Program
- University (UC)
- Career Planning

What supportive services are needed to help you meet your educational goals?

- GED Fees
- Referral to Community Services
- Child Care

- Transportation (Bus Pass/Gas Allowance)
- College/Vocational Enrollment
- Other: _____

Please list any ideas or suggestions you have for the Family Literacy Program below.

How long have you been out of school? _____

Have you ever been diagnosed with a learning disability? _____

OVCDC, Family Literacy Program has a zero tolerance for drug and/or alcohol use. Per OVCDC Code of Conduct, alcohol, tobacco and other drugs are prohibited. If any OVCDC staff has reason to believe that you are under the influence you will be asked to leave class. If you are a TANF client we will inform your Case Counselor.

Regular attendance is important for retention of information. Studies have indicated that regular attendance promotes continued educational growth.

By signing below you will have acknowledged that you have received and reviewed with the OVCDC Family Literacy staff all of the requirements for participating in the OVCDC Family Literacy Program.

Signature

Date