**Date:**

**Participant Name:**

**Date of Birth:**

**Participant Cell Phone**:

**Participant Email:**

**Street Address:**

**City, State Zip:**

**Referral Contact:**

**Referral Contact Phone:**

**Referral Contact Email:**

**Parent/Guardian Name:**

**Parent/Guardian Phone:**

**Parent/Guardian Email:**

**Eligibility Criteria (ages 16-24; out of school and one of the following):**

\_\_ High School Drop Out

\_\_ HS graduate basic skills deficient & unemployed/underemployed & low income

\_\_ DCP&P involvement (Runaway/Homeless/Foster Child)

\_\_ Pregnant / Parenting

\_\_ Court Involved

\_\_ Has a disability

\_\_ Low Income and requires additional assistance to enter or complete an educational program or to secure employment

**Participant’s Primary Goal:**

\_\_ Employment (needs high school diploma)

\_\_ Employment (has diploma)

\_\_ Training Certification

\_\_ College

\_\_ Military \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for enrollment (please include brief summary of current challenges):**

**-**Why is this goal important to you?

-Did you require any special accommodations (IEP)?

-Do you have reliable transportation for ABE?

-Any challenges that will impact your involvement? (i.e., housing; childcare)