



Eligibility Form

The Eligibility Form will be completed each program year during the participant's registration period. All information is to be completed for the specific program year identified.

\* = Required Field

Program Year: \_\_\_\_\_

<b>Provider Information</b>			
*Provider Name: _____			
*Local Student Number: _____		UIC Number: _____	
<b>Participant Information</b> (Update address and contact information if it is different from the Adult Learning Plan)			
*First Name: _____	*Last Name: _____		*Middle Initial: _____
Maiden Name: _____	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> No Answer		
Social Security Number: _____		Street Address: _____ <input type="checkbox"/> Check if no address	
City: _____	State: _____		Zip Code: _____
County: _____		*Email Address: _____	
*Phone Number: _____		Alternate Phone Number: _____	
<b>Alternate Contact Information (Individual not living in household)</b>			
First Name: _____		Last Name: _____	
Relationship to the Participant: _____			
Street Address: _____			
City: _____	State: _____		Zip Code: _____
Phone Number: _____		Email Address: _____	
<b>Instructional Area</b>		<b>Funding Eligibility</b>	
*Select all that apply: <input type="checkbox"/> Adult Basic Education (0-8.9) <input type="checkbox"/> Adult Secondary Education (9-12) <input type="checkbox"/> English as a Second Language <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency		*Select all that apply: <input type="checkbox"/> WIOA Corrections Education <input type="checkbox"/> WIOA Instructional <input type="checkbox"/> WIOA IELCE <input type="checkbox"/> State School Aid-Section 107 <input type="checkbox"/> Section 107 Special Programs <input type="checkbox"/> Section 107 Supplemental <input type="checkbox"/> Futures for Frontliners <input type="checkbox"/> 23+ <input type="checkbox"/> Other: _____	
<b>Program Type</b>		<b>Training Activities</b>	
*Select all that apply: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Community Correctional Program <input type="checkbox"/> Other Institutional Setting <input type="checkbox"/> Family Literacy Program		<input type="checkbox"/> Integrated Education and Training <input type="checkbox"/> Workplace Literacy Program <input type="checkbox"/> HSE to School <input type="checkbox"/> None of the above	
<b>Required for IET and Special Program funding</b>			
Training Type: _____			
Provider: _____			
Post-secondary Level Training: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>High school diploma credits at entry</b>			
Number of transferrable High School Diploma credits previously earned		_____	
Number of credits required for completion of High School Diploma by district		_____	
Number of High School Diploma credits earned during program year		_____	
<b># of official HSE tests passed at entry</b>		<b># of official HSE Tests passed during program year</b>	
GED	HiSET	GED	HiSET
_____	_____	_____	_____