



Arizona Department of Education
Adult Education Services

PROVIDER MEMORANDUM PY20-21.1

DATE: 6/9/2020
TO: Providers of WIOA Title II Arizona Adult Education
FROM: Sheryl Hart, Deputy Associate Superintendent of Adult Education Services
RE: §A.R.S. 15.232(B)
PURPOSE: To provide new guidance for PY 2020 – 2021 on verification of eligibility for services

Beginning with registration for PY 2020-21, there will be a change in requirements for ensuring compliance with §A.R.S. 15.232(B) which states, *“The Department of Education shall provide classes under this section only to adults who are citizens or legal residents of the United States or are otherwise lawfully present in the United States. This subsection shall be enforced without regard to race, religion, gender, ethnicity or national origin.”* The new process will require that prospective students provide a self-declaration of lawful presence in the United States. This is a shift from the requirement of providing unexpired documents and completion of the Verification of Eligibility for Services form. The self-declaration statement is included on the FY21 registration form, a copy of which is included in this memo.

PRACTICAL GUIDANCE

- Intake Process
 - Those seeking adult education services under WIOA Title II must
 - provide State or Federal identification that contains a recognizable photo
 - sign, under penalty of perjury, confirmation of lawful presence in the United States
 - The Verification of Eligibility for Services form will no longer be in use
 - It will be the responsibility of each program to determine a process for tracking expiration of lawful presence of individuals whose status may change, thereby maintaining compliance with §15.232(B).
 - This change is not retroactive, and there is no need to obtain this statement from current students who have already provided proof of lawful presence.
 - If an exited student returns for a new PoP, the new registration form should be used and new process followed.
- Reporting
 - Reporting numbers of individuals who are denied services due to legal status will continue in June and December of each year.
 - This number must be tracked on a continuing basis in order for accurate reporting to be submitted to the State Legislature, per §A.R.S. 15.232(C).



WIOA Title II Adult Education Registration



Today's Date* ____/____/____
(Enrollment Date) MM DD YYYY

Program Type*: ABE/ASE ELAA/IELCE

Workforce Test Date ____/____/____
MM DD YYYY

(Only applicable if workforce test date is prior to today's date and will replace enrollment date from above)

NOTE: Workforce staff must be trained by ADE/AES for tests to be considered.

Has participant previously attended
Adult Education classes?

Yes No

PARTICIPANT NAME*

Enter the participant's **LEGAL NAME** as it appears on the presented State or Federal identification.

FIRST NAME* _____ **MIDDLE NAME** _____

LAST NAME* _____

DATE OF BIRTH* ____/____/____
MM DD YYYY

GENDER* Female Male

MAILING ADDRESS*

Participant's full street address, including apartment number or "care of" (c/o) information. Please use abbreviations to make sure the information fits.

STREET ADDRESS, PO BOX, FPO, APO*

CITY* _____ **STATE*** _____ **COUNTY*** _____ **ZIP CODE*** _____

PHONE NUMBERS* **Primary Contact*** (_____) _____ **Emergency Contact** (_____) _____

EMAIL* _____

@gmail.com @yahoo.com @hotmail.com @msn.com other@_____

Do you have internet access? **Yes** **No** Which devices do you own? **smartphone** **tablet** **laptop** **other**

PARTICIPANT SOCIAL SECURITY NUMBER (do not enter dashes)

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The US Department of Education requires that we report on the following demographic information:

ETHNICITY* Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only **ONE**. **YES**, Hispanic/Latino **NO**, not Hispanic/Latino

RACE* Please choose the best answer(s) from the choices below. If left unmarked, the Program will choose for participant.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

*denotes required field (FY 21 Rev 06/2020)

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NATIVE LANGUAGE*

English		Cambodian		Chinese	
Spanish		German		Korean	
French		Somali		Other _____	

Do any of the following situations apply?* (Mark Yes or No to each question)

<p>Displaced Homemaker (The participant has been providing unpaid services to family members in the home and (a) has been dependent on the income of another family member but is no longer supported by that income; (b) is the dependent spouse of a member of the armed forces on active duty whose family income is significantly reduced because of (i) a deployment or a call or order to active duty pursuant to a provision of law, (ii) a permanent change of station, or (iii) the service-connected death or disability of the member; and (c) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Long-term Unemployed (The participant has been unemployed for 27 or more consecutive weeks)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Cultural Barrier (A perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Low Income (The participant (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving in the past 6 months assistance through the Supplemental Nutrition Assistance Program (SNAP), the TANF program, the Supplemental Security Income (SSI) program, or State or local income-based public assistance; (b) is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) is a youth who receives, or is eligible to receive, a free or reduced-price lunch; (d) is a foster child on behalf of whom State or local government payments are made; (e) is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) is a homeless participant or homeless child or youth or runaway youth; or (g) is a youth living in a high-poverty area.)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Ex-Offender (The participant is a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Migrant and Seasonal Farmworker (The participant is a low-income individual who for 12 consecutive months out of the 24 months prior to application for the program involved has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment and faces multiple barriers to economic self-sufficiency.)</p>	Seasonal <input type="checkbox"/> Migrant & Seasonal <input type="checkbox"/> No <input type="checkbox"/>
<p>Homeless/Runaway Youth (The participant lacks a fixed, regular, and adequate nighttime residence; has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Individual with a Disability, including a learning disability (The participant indicates that he or she has any disability, defined as a physical or mental impairment that substantially limits one or more of the person's life activities, as defined under the Americans with Disabilities Act of 1990)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*denotes required field (FY 21 Rev 06/2020)

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Do any of the following situations apply?* (Mark Yes or No to each question)

Youth in Foster Care/Aged Out of System (The participant is a person who is currently in foster care or has aged out of the foster care system)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exhausting TANF within 2 years (The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Single Parent (The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18, including single pregnant women.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Refugee (A participant who has been forced to leave their country in order to escape war, persecution, or natural disaster.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Living in Rural Area (any population, housing, or territory NOT in an urban area with less than 2,500 residents)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children in Local School System (A participant who has children in the local K-12 school system)	Yes <input type="checkbox"/> No <input type="checkbox"/>
In Correctional Facility (A participant that is located in a jail, prison, or other place of incarceration by government officials.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
In Community Correctional Program (A participant that is either on probation or parole)	Yes <input type="checkbox"/> No <input type="checkbox"/>
On Public Assistance <input type="checkbox"/> Not on Public Assistance <input type="checkbox"/>	If On Public Assistance, Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Other <input type="checkbox"/>
In Other Institutional Setting (A participant that is required by court order to reside in an institutional setting other than a jail or prison.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
On Probation (Granted by the court as part of the convicted offender's initial sentence. Probation may be granted in lieu of any jail time or after a short period of time in jail.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran of the Armed Forces (any person who served honorably on active duty in the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) of the United States.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

*denotes required field (FY 21 Rev 06/2020)

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Identify Your Primary Reason for Seeking Adult Education Services* (Mark Yes/No to each question. **ONE or BOTH** must be marked as Yes)

I want to learn English (English Language Learner)	Yes <input type="checkbox"/> No <input type="checkbox"/>	I want to improve in Math, English Language Arts, Science and/or Social Studies. (Basic Skills Deficient/Low Levels of Literacy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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EDUCATION AND EMPLOYMENT*

Location of highest grade completed (Mark only ONE)*: U.S. School Non – U.S. School

Mark the highest grade range completed*:

No School Completed		Grade 5		Grade 10		Completed Some College	
Grade 1		Grade 6		Grade 11		Associate’s Degree	
Grade 2		Grade 7		Grade 12		Bachelor’s Degree	
Grade 3		Grade 8		Achieved HS Diploma		Beyond Bachelor’s Degree	
Grade 4		Grade 9		Achieved HS Equivalency			

Mark current employment status*:

Employed	Not in the Labor Force
Employed but Received Notice of Termination of Employment or Military Separation is Pending	Unemployed

HOW DID YOU LEARN ABOUT THE ADULT EDUCATION PROGRAM? (Mark all that apply)

Friend or Family Member		Website		Classmate		Military Recruiter	
Newspaper/Magazine		Court or Court Order		Employment Counselor		None	
Pamphlet or Brochure		Union		Education Agency		Other:	
Employer		Returning Student		Jail/Probation/Parole Officer			
Radio or TV		Agency Referral		Social Worker			

Annual Earnings* (Mark only ONE)

Less than \$2,500		\$12,500 to \$12,999		\$22,500 to \$24,999		\$35,000 to \$37,499	
\$2,500 to \$4,999		\$13,000 to \$14,999		\$25,000 to \$27,499		\$37,500 to \$39,999	
\$5,000 to \$7,499		\$15,000 to \$17,499		\$27,500 to \$29,999		\$40,000 to \$42,499	
\$7,500 to \$9,999		\$17,500 to \$19,999		\$30,000 to \$32,499		\$42,500 to \$44,499	
\$10,000 to \$12,499		\$20,000 to \$22,499		\$32,500 to \$34,999		More than \$45,000	

*denotes required field (FY 201 Rev 06/2020)

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Validity of Information

By signing below, I represent that the information I have provided in this declaration and document is true and correct and that any document(s) I present are genuine. I understand that false or misleading information or documents related to this declaration may subject me to expulsion from the program as well as other legal actions.

Participant Signature* _____ Date ____/____/____
MM DD YYYY

Eligibility for Services

§A.R.S. 15-232(B) states that *“The Department of Education shall provide classes under this section only to adults who are citizens or legal residents of the United States or are otherwise lawfully present in the United States. This subsection shall be enforced without regard to race, religion, gender, ethnicity or national origin.”*

I affirm under penalty of perjury that I am a citizen of the United States, a legal resident of the United States, or otherwise lawfully present in the United States.

Printed Name as it appears on State or Federal Identification* _____

Participant Signature* _____ Date ____/____/____
MM DD YYYY

Printed Name of Staff member witnessing Signature* _____

Witness Signature* _____ Date ____/____/____
MM DD YYYY

Family Educational Rights and Privacy Act Release

To attend adult education programs funded through the Arizona Department of Education (ADE), the participant must allow his or her information to be entered into and shared with designated adult education data systems, including the state-mandated testing platform, and all Workforce Innovation and Opportunity Act (WIOA) Core Partners' data systems. This information will be shared with any ADE-funded adult education programs in which the participant enrolls, the participant's instructors, and the Arizona Department of Education. This information is used for program operations, student instruction, employment opportunities, and to compile federal and state reports of aggregate student data.

Participant Printed Name * _____

Participant Signature* _____ Date ____/____/____
MM DD YYYY

Data matching is used to improve program effectiveness and increase value to students by measuring performance outcomes including entry to employment, enrollment in postsecondary education and training, and attainment of High School Equivalency diploma. Check this box if you wish to OPT OUT of State agency data matching.

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FOR PROGRAM USE ONLY

Form verified – Verified by: _____ Date: ____/____/____

Entered into AAEDMS – Entered by: _____ Date: ____/____/____

Returned for Revision – Returned to: _____ Date: ____/____/____

Approved in AAEDMS – Approved by: _____ Date: ____/____/____

Comments/Notes: