

ADDENDUM TO REGISTRATION FORM - ABE USE ONLY

WIOA ADULT

NAME _____ S.S.N _____

PRIORITY OF SERVICE: Please check box

_____ VETERAN (1) _____ LOW INCOME/BSD (2) _____ VET/SPOUSE NOT LOW INCOME (3)

_____ ESTABLISHED BY THE WDC (4) approval needed

CHECK ALL THAT APPLY and record the following information in Efforts To Outcomes (ETO):

BARRIERS TO EMPLOYMENT

_____ BASIC SKILLS	_____ LACKS OCCUPATIONAL SKILLS
_____ SCHOOL DROP OUT	_____ HOMELESS
_____ OFFENDER	_____ SINGLE PARENT
_____ LIMITED WORK HISTORY	_____ TANF/FOOD STAMPS
_____ UNDEREMPLOYED	_____ OTHER - SPECIFY: _____

FAMILY INCOME

_____ FAMILY SIZE	_____ TOTAL INCOME
_____	_____ LESS EXCLUDABLE INCOME
_____	_____ TOTAL 6 MONTHS OF INCOME

Test Scores

N/A - CASAS DOES NOT APPLY

EFL	CASAS SCORE	EFL DESCRIPTION	GRADE LEVEL	READING	MATH	
Basic Skills Deficient	LEVEL 1	Math 193 or below Reading 203 or below	Beginning ABE Literacy	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 2	Math 194 - 203 Reading 204 - 216	Beginning Basic Education	2 - 3.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 3	Math 204 - 214 Reading 217 - 227	Low Intermediate	4 - 5.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 4	Math 215 - 225 Reading 228 - 238	Middle Intermediate High Intermediate	6 - 7.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 5	Math 226 - 235	High Intermediate	7 - 8.9		<input type="checkbox"/>
	LEVEL 5	Reading 239 - 248	Low Adult Secondary Education	9 - 10.9	<input type="checkbox"/>	
	LEVEL 6	Math 236 and above Reading 249 and above	Adult Secondary Education High Adult Secondary Education	9 - 12 11 - 12	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

Signature of Service Provider Representative

Date

Signature of Administrative Reviewer

Date