

ADDENDUM TO REGISTRATION FORM - ESL 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 7 Reading 180 or below Listening 180 or below	Beginning ESL Literacy	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 8 Reading 181 - 190 Listening 181 - 189	Low Beginning ESL	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 9 Reading 191 - 200 Listening 190 - 199	High Beginning ESL	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 10 Reading 201 - 210 Listening 200 - 209	Low Intermediate ESL	2 - 3.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 11 Reading 211 - 220 Listening 210 - 218	High Intermediate ESL	4 - 5.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 12 Reading 221 - 235 Listening 219 - 227	Advanced ESL	6 - 8.9	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL 6	Reading 236 and above Listening 228 and above	Exit Advanced ESL	9 - 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