Summer Youth Employment Application
2020-2021

SUMMER EMPLOYMENT POSITIONS ARE OPEN TO INDIVIDUALS:

➢ WHO ARE ENROLLED MEMBERS OF THE MISSISSIPPI BAND OF CHOCTAW INDIANS

➢ 15-24 YEARS OLD (MUST BE 15 YEARS OLD BEFORE EMPLOYMENT AND MUST BE 24 YEARS OLD AT THE TIME EMPLOYMENT BEGINS) Cut-off Date: June 7, 2021

➢ ENROLLED IN MIDDLE SCHOOL, HIGH SCHOOL, OR COLLEGE/UNIVERSITY

➢ MUST HAVE A “C” AVERAGE, GRADING SYSTEM WILL BE DETERMINED BY YOUR SCHOOL; IF ENROLLED IN COLLEGE/UNIVERSITY, MUST BE FULL-TIME STUDENT WITH A 2.0 GPA (GRADE POINT AVERAGE) OR ABOVE.

➢ SUCCESSFULLY PASS BACKGROUND CHECK AND PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING.

ALL APPLICANTS MUST HAVE THE FOLLOWING:

___ BIRTH CERTIFICATE

___ CERTIFICATE DEGREE OF INDIAN BLOOD (MUST BE ½ DEGREE OR ABOVE AND ENROLLED WITH MISSISSIPPI BAND OF CHOCTAW INDIANS)

___ SOCIAL SECURITY CARD

___ PROGRESS REPORT (3RD NINE WEEKS’ REPORT CARD)- By February 28, 2020

___ MID-TERM GRADE- (College Employees)- By March 30, 2021

___ FINAL GRADES (4TH NINE WEEKS’ REPORT CARD)

___ FOR HIGH SCHOOL SENIOR: ACCEPTANCE LETTER FROM THE UNIVERSITY/COLLEGE OFFICE OF ADMISSIONS, MUST BE SUBMITTED TO OUR OFFICE. ANY APPLICANTS WITHOUT ACCEPTANCE LETTER WILL BE PLACED IN THE REGULAR (HIGH SCHOOL) CATEGORY

___ LEGAL GUARDIANSHIP/CUSTODY PAPERS, IF APPLICABLE.

PLEASE FILL OUT THE APPLICATION COMPLETELY. APPLICATION MUST BE COMPLETED BEFORE EMPLOYMENT BEGINS. IF THERE ARE ANY CHANGES (SUCH AS ADDRESS & CONTACT NUMBERS), PLEASE CONTACT YOP OFFICE AT 601-650-7321. THANK YOU!!

**DEADLINE: APRIL 9, 2021**
2021 YOP APPLICATION
PLEASE PRINT OR TYPE

___ NEW APPLICANT  ___ RETURNING APPLICANT

NAME: ____________________________  SSN: __________________________
       (FIRST)               (MIDDLE)             (LAST)

ADDRESS: ____________________________
          CITY   STATE   ZIP

E-MAIL ADDRESS: ____________________________

(___)____________________
PARENT CONTACT Number     AGE     DATE OF BIRTH     GENDER

NOTIFIED BEST IN: (PLEASE CHECK ALL THAT APPLIES) PHONE_____ EMAIL:_____ LETTER:_____

Are you a member of the Mississippi Band of Choctaw Indians? YES _____ NO _____
Degree of Indian Blood: _______

DO YOU LIVE ON THE CHOCTAW RESERVATION? _____ COMMUNITY: _______________________

JOB INTEREST/PLACEMENT (ANYTHING THAT MAY INTEREST YOU):

____________________________________________________

JOB LOCATION/COMMUNITY: ______________________________


PLACEMENT CATEGORY:
SCHOOL YEAR 2020-2021

COLLEGE: _____
HIGH SCHOOL: _____ (MUST SUBMIT ACCEPTANCE LETTER FROM COLLEGE/UNIVERSITY OFFICE OF ADMISSIONS)

DEADLINE: APRIL 9, 2021 @ 4:30 P.M.


FOR OFFICE USE ONLY:

DATE RECEIVED ____________ TIME ____________ BY ____________


23
EDUCATION

NAME OF HIGH SCHOOL (2020-2021): ________________________________
CLASSIFICATION: 7TH  8TH  9TH  10TH  11TH  12TH

NAME OF COLLEGE (2020-2021): ________________________________
CLASSIFICATION: FRESHMAN  SOPHOMORE  JUNIOR  SENIOR
MAJOR: ______________________________________________________

ARE YOU PLANNING TO ATTEND SUMMER SCHOOL OR SUMMER CAMPS? ________________
SUMMER SCHEDULE, MUST BE SUBMITTED AS SOON AS POSSIBLE.

QUALIFICATIONS
LIST OF SKILLS INCLUDING OPERATION OF OFFICE MACHINES
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
Clerical Skills: Typing ______ WPM  Shorthand ______ WPM

Do you take the Smart Start Course last summer? Yes_______  No_______
Have you taken the Work Keys NACR Testing? Yes_______  No_______
If so, what level do you accomplished? Bronze____  Silver____  Gold____  Platinum____

Previous Employment
(Even if you worked for YOP, please fully complete this section)

PROGRAM NAME: _____________________________________________
ADDRESS: ____________________________________________ TELEPHONE: __________________
SUPERVISOR’S NAME: ______________________________________
DATES WORKED: FROM __________________ TO __________________
DUTIES: ___________________________________________________
________________________________________________________________
________________________________________________________________

REASON FOR LEAVING:
________________________________________________________________
________________________________________________________________
AUTHORIZATION TO PICK UP PAYROLL CHECK

PLEASE LIST INDIVIDUALS WHO HAVE YOUR PERMISSION TO PICK UP YOUR PAYROLL CHECK

1. ___________________________ Relationship: ___________________________
2. ___________________________ Relationship: ___________________________
3. ___________________________ Relationship: ___________________________

Emergency Contact

Name: ___________________________ (H)_________________ (W)_________________ (C)_________________
Relationship: ___________________________

Name: ___________________________ (H)_________________ (W)_________________ (C)_________________
Relationship: ___________________________

Name: ___________________________ (H)_________________ (W)_________________ (C)_________________
Relationship: ___________________________

EMERGENCY INFORMATION

Name of Physician: ____________________________________________________________

Hospital Phone #: ____________________________

Location @ Choctaw Health Center: YES _____ NO _____

IF FOR ANY REASON A PARTICIPANT NEEDS TO BE TRANSPORTED FOR MEDICAL EMERGENCY,
A STAFF MEMBER OF THE YOUTH OPPORTUNITY PROGRAM WILL TAKE THE PARTICIPANT TO
THE NEAREST HEALTH FACILITY IN ORDER TO ASSURE THE SAFETY OF THE PARTICIPANT.

HEALTH INFORMATION

DO YOU HAVE ANY HEALTH PROBLEMS OR PHYSICAL LIMITATIONS? __________

(EXAMPLE: ASTHMA, ALLERGIES, SEIZURES, DIABETES, OR PREGNANCY) IF YES, PLEASE LIST
OR ATTACH DOCTOR’S STATEMENT.

________________________________________________________________________

HAVE YOU EVER BEEN TESTED POSITIVE FOR TUBERCULOSIS? __________
AUTHORIZATION AND WAIVER
FOR ALL APPLICANTS
(17 years old and Under)

I, ______________________, Parent/Guardian of, ______________________, hereby authorize and instruct authorized personnel to release to the Director of the Youth Opportunity Program, Mississippi Band of Choctaw Indians the following records:

A. Grades that I have obtained within the last year while in attendance at the Choctaw Tribal Schools or at other Middle or Secondary Schools, which I have attended during the School Year 2020-2021.

B. My attendance record compiled during the last semester while in attendance at the Choctaw Tribal Schools or at other Middle or Secondary Schools, which I have attended during the School Year 2020-2021.

C. Grades I have obtained within the last year while in attendance at a College, Vocational School, or other Post-Secondary School.

D. Any & all records pertaining to any employment that I had with the Mississippi Band of Choctaw Indians.

______________________________
Signature of Applicant

______________________________
Date

______________________________
Date of Birth

______________________________
Grade (School Year 2020-2021)

______________________________
Name of School

______________________________
Signature of Parent/Guardian

______________________________
Date

______________________________
YOP STAFF

______________________________
Date
Parental Consent Agreement and Emergency Medical Release Form

I, ______________________, Parent and Legal Guardian of, ______________________, agree and understand that my child may participate in all aspects of the Youth Opportunity Program. I authorize the Mississippi Band of Choctaw Indians and the Youth Opportunity Program staff to transport my child to and from any Y.O.P. events. I further agree to hold harmless the Mississippi Band of Choctaw Indians and the Youth Opportunity Program for any incidents arising out of my child’s involvement with the Youth Opportunity Program.

I give my permission to the staff of Youth Opportunity Program to administer first aid to my child if needed. I understand and give my permission to the Youth Opportunity Program and/or the Mississippi Band of Choctaw Indians to call or obtain services from a Physician or Hospital for Medical Care, should an emergency arise. I understand that an effort will be made to contact a Parent or Guardian before any action is taken.

Parent Signature ______________________ Date __________

Participant Signature ______________________ Date __________

Home Phone:
Mother’s (W): ______________________ (C) ______________________
Father’s (W): ______________________ (C) ______________________
Guardian’s (W): ______________________ (C) ______________________

Physician’s Phone #: ______________________

** Please, list all other Emergency numbers that we may contact:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
RELEASE OF INFORMATION
For Applicants ages 17 years and under

I, __________________________, as a Parent/Guardian (Circle one) of
______________________________ do hereby authorize the Mississippi Band of
Choctaw Indians/ Office of Attorney General to review Youth Court Documents on
my child. I understand that although court records on minors are confidential, I
authorize a background check on my child strictly for the purpose of properly
placing my child in the appropriate employment within the Youth opportunity
Program (YOP). I also understand that any information received on my child will
be held in strict confidence.

The undersigned certifies that he/she is of legal age, under no legal disability of any
kind, and fully and is completely competent to execute the authorization and release
for and on his or her child’s behalf. The undersigned further certifies that he/she
has signed and delivered this instrument of his/her free and accord, and fully
understands and agrees to release the above parties from any all liability.

Print Name (Parent/Guardian) __________________________ Date __________________________

SIGNATURE OF PARENT/ GUARDIAN __________________________

** No Parent/Guardian may sign for the applicant. NO EXCEPTION!!

Print Name (APPLICANT) __________________________ Date of Birth __________________________

Signature of APPLICANT __________________________ Date __________________________

Witness: __________________________ YOP STAFF __________________________ Date __________________________

Reviewed By: __________________________ Date: __________________________
Office of Attorney General Staff __________________________
TO: YOP APPLICANTS/Parent/Guardians
From: Tia Grisham, Director
Subject: PRE-EMPLOYMENT DRUG TESTING
Date: November 2, 2020

As a program of Mississippi Band of Choctaw Indians, Youth Opportunity Program is required to adhere to the Drug and Alcohol Testing Policy and Procedures. According to the Mississippi Band of Choctaw Indians Drug and Alcohol Testing Policy and Procedures, all applicants who have been offered employment will be required to consent and submit to a drug and alcohol test. It is the policy of the Mississippi Band of Choctaw Indians to require employees, as a condition of employment, to consent to testing for the presence of illegal drugs and/or alcohol, as well as consent to lawful searches or inspections of person and property to ensure no drugs, alcohol, drug paraphernalia or other contraband are present in the workplace. An employee has the right to refuse to undergo testing, search, or inspection. However, refusal to take a drug or alcohol test or consent to a search or inspection required under this policy will result in termination of employment. Likewise, any employee that fails to appear for a drug and alcohol test, refuses to cooperate in the testing process or procedures, adulterates or dilutes or substitutes the specimen, or sends an imposter is considered to have refused to take the required test. If the test results are positive, the applicant shall not be considered further employed by Mississippi Band of Choctaw Indians' Youth Opportunity Program for employment for a year before re-applying. Results, negative or positive, will be reported to the Human Resource Department. The drug screening will be scheduled, after selections for employment are made. Either mailed letter and/or phone calls will be a made to make contact for your scheduled date and time. Should you have any questions regarding the pre-employment drug testing, please feel free to call me at 601.650.7323.
The Mississippi Band of Choctaw Indians is committed to providing a drug free, safe, healthy, and productive workplace environment. It is the policy of the Mississippi Band of Choctaw Indians ("Tribe") to require employees, as a condition of employment, to consent to testing for the presence of illegal drugs and/or alcohol, as well as consent to lawful searches or inspections of person and property to ensure no drugs, alcohol, drug paraphernalia or other contraband are present in the workplace.

As part of the Tribe’s drug and alcohol testing policy, employees are required to consent to random testing, post-rehabilitation testing, post-accident testing and reasonable suspicion testing. An employee who fails a test will be subject to disciplinary action up to and including termination. An employee has the right to refuse to undergo testing, search, or inspection. However, refusal to take a drug or alcohol test or consent to a search or inspection required under this policy will result in termination of employment. Likewise, any employee that fails to appear for a test, refuses to cooperate in the testing process or procedures, adulterates or dilutes or substitutes the specimen, or sends an imposter is considered to have refused to take the required test. A complete copy of the Drug and Alcohol Testing Policy is either attaching to this notice or will be given to you upon request.

As a condition for an application to be considered, applicants must understand and agree to submit to a drug and/or alcohol test. If the test results are positive, the applicant shall not be considered further by the Mississippi Band of Choctaw Indians’ Youth Opportunity Program for employment. Youth Opportunity Program will pay the cost of the pre-employment drug/alcohol test. Results, negative or positive, will be reported to the Human Resource Department. I understand the above conditions and hereby agree to comply with them. I, hereby, give full consent to undergo a drug and/or alcohol test as a condition of employment with Mississippi Band of Choctaw Indians’ Youth Opportunity Program.

Print- Applicant’s Name ___________________________ Phone Number ___________________________

Address ___________________________________________ City, State, Zip Code ____________

Applicant’s Signature: ___________________________ Date: ___________________________

Witness Signature: ___________________________ Date: ___________________________

APPLICANTS UNDER AGE 18- PLEASE COMPLETE BELOW
I understand the above conditions and authorize Mississippi Band of Choctaw Indians to conduct a pre-employment drug/alcohol test on my minor child or dependent.

Print- Name of Parent/Legal Guardian ___________________________ Phone Number ___________________________

Address ___________________________________________ City, State, Zip Code ____________

Parent/Legal Guardian Signature: ___________________________ Date: ___________________________

Witness Signature: ___________________________ Date: ___________________________
YOUTH OPPORTUNITY PROGRAM
CONFIDENTIALITY FORM

Name: ___________________________ Date: ___________________

Name of your worksite: ________________________________________

Job Title: _______________________

I certify that I hold the position in the above Department/ Program. I pledge that I will uphold this confidentiality oath of the Youth Opportunity Program.

1. During my placement, I accept and agree to comply with all instructions I receive from the staff at Youth Opportunity Program and at my worksite.
2. I will never disclose personal or any confidential information regarding my worksite to any other staff members or anyone else without authorization from my supervisor.
3. I will not attempt to access or look at information other than what is required to perform my job.
4. I will not remove any information from my worksite’s premises unless doing so is necessary to perform my job and with my supervisor’s permission.
5. I will abide by the obligations set out above not only during my placement, but after it has ended.
6. I will act in a professional manner in the performance of my duties as an employee of Youth Opportunity Program.

I understand that if I violate the confidentiality oath, I may be subject to disciplinary action, up to and including the termination of my employment, and also may be subject to civil liability or criminal prosecution.

_________________________________________ Date
Signature of Employee

_________________________________________ Date
Signature of Parent/Guardian

_________________________________________ Date
Signature of YOP Staff
Choctaw Oral Traditions Project
Youth Opportunity Program

**What:** The Youth Opportunity Program is partnering with the Department of Chahta Immi and professor Tom Mould to record stories and oral histories from members of the tribe. The stories will be shared on tribal websites, in the school system, and in a book.

**Who:** We are looking for high school and college Employees who would like to participate in this project through YOP.

**Why:** Participating in the project will give you the opportunity to learn skills in interviewing, fieldwork, research, and transcription. Depending on the pandemic, you may also learn how record and edit video. You will also learn about the many areas of cultural preservation, while having the opportunity to interview some of the elders in your family.

**When:** May 24, 2021 - July 16, 2021

Limited seats. First come First serve.

If you’re interested, please fill out the information below.

Name: ____________________________________________

Age: ____________

Level of Education: (please circle one):

High School: 9th 10th 11th 12th  College: First Year Sophomore Junior Senior Graduate

Choctaw Language Proficiency? (Please circle one): Fluent some a little none

What is your interest in storytelling? _______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
SSN or EC ID Number:

Last Name: __________________________  First: __________________________  Middle: __________________________

Address: ________________________________________________________________

City: __________________________  State: __________________________  Zip: __________________________  County: __________________________

Telephone: __________________________  Date of Birth: __________________________

Sex:  □ Male  □ Female

Race:  □ Asian  □ Black/African American  □ American Indian/Alaskan Native
       □ Native Hawaiian or Pacific Islander  □ White  □ Not Reported

Employment Status:  □ Employed  □ Employed, but Received Notice of Termination of Employment or Military Separation
       □ Not in Labor Force  □ Not Reported  □ Unemployed

Employment Type:  □ Part Time  □ Full Time  □ Temporary Seasonal  □ Not Reported

Highest Education Level Completed:
       □ High School Diploma
       □ GED
       □ The participant with a disability receives a certificate of attendance completion as a result of successfully completing an Individual Education Plan (IEP)
       □ Completed one or more years of college
       □ Technical or Vocational Certificate (Non-degree)
       □ Received an Associate's Degree
       □ Received a Bachelor's Degree
       □ Received a Masters or Doctorate Degree
       □ Did not complete high school

Signature: __________________________  Date: __________________________

ECCC Non-Credit Refund Policy
Disclaimer: The Information you provide on this form will remain confidential and can only be used to improve Mississippi Community College Board’s Workforce Education/Training services and activities. NO refunds will be given once class has started or if you have attended the class. East Central Community College reserves the right to substitute instructors, change class schedules and cancel programs due to insufficient enrollment or unforeseen circumstances. If a class is cancelled by ECCC, you will be given a full refund within 30 days after cancellation.

East Central Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified disability in its educational programs and activities, employment practices, or admissions processes. The following persons have been designated to handle inquiries regarding the non-discrimination policies of East Central Community College: Inquiries regarding compliance with Title VI, ADEA, and Title IX are coordinated by Dr. Teresa Mackey, Vice President for Instruction, Walter Arno Vincent Administration Building, Room 171, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6202, Fax: 601-635-4011, tmackey@eccc.edu. Inquiries regarding compliance with Section 504 and ADA are coordinated by Dr. Randall Lee, Vice President of Student Services, Eddie M. Smith Student Union, Room 201, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6375, Fax: 601-635-3247, rlee@eccc.edu.

For Office Use Only: Class Title: __________________________  Hours Earned: __________________________
Class Location: __________________________  Payment Method: __________________________
Mississippi Community College Board, Office of Adult Education
Intake Assessment Form
Completion of this form is required for all adult learners in all programs. Required data is in bold with an asterisk (*).
*Please print legibly. All signatures should be in ink.

STUDENT CONTACT INFORMATION

*Intake Date: ___________________________  *Site/Teacher: ___________________________

Social Security Number: ___________ - ________ - ________  *Date of Birth: ________/______/______  *Age: ________

*Name: ___________________________
  Last  ___________  First  ___________  Middle/Former Name  ___________  Suffix  ___________

Address: ___________________________
  Street Address/Apartment Number/PO Box  ___________________________
  *City  ___________________________
  *State  ___________________________
  *Zip  ___________________________

*County of residence: ___________________________

*Email Address: ___________________________

*Phone 1: (____) ___________  *Phone 2: (____) ___________  Phone 3: (____) ___________

*Program:  *Registered for MS Works:  
  □ Adult Education  □ ESL  □ Yes – Date verified: ___________________________
  □ Distance Education  □ IET
  □ Corrections  □ IELCE

EMERGENCY CONTACT INFORMATION

*Name: ___________________________
  Last  ___________  First  ___________  Middle/Former Name  ___________

*Phone 1: (____) ___________  Phone 2: (____) ___________  Relationship: ___________________________

STUDENT DATA

*Hispanic/ Latino:  □ No, not Hispanic/Latino  □ Yes, Hispanic/Latino  *Gender:  □ Male  □ Female

*Race:  □ American Indian or Alaska Native  □ Native Hawaiian or Other Pacific Islander
  (Select one or more)  □ Asian  □ White
  □ Black or African-American

*Highest School Grade Completed: (select one)
  □ No School Grade Completed
  □ 1st grade  □ 4th grade  □ 7th grade  □ 10th grade
  □ 2nd grade  □ 5th grade  □ 8th grade  □ 11th grade
  □ 3rd grade  □ 6th grade  □ 9th grade  □ 12th grade

*Highest Educational Certificate/Diploma/Degree Completed: (select one)
  □ None
  □ Certificate of Attendance/Completion
  □ One or more years of Postsecondary Education
  □ Bachelor's degree
  □ High School Diploma
  □ Postsecondary Technical or Vocational Certificate
  □ Master's degree
  □ High School Equivalency  □ Associate's degree
  □ Specialist's degree
  □ Doctorate or Professional degree

*Where was your highest level of education completed?
  □ U.S.-Based Schooling  □ Non-U.S.-Based Schooling

How did you hear about the program?
□ Print Media  □ Friend  □ TV  □ Radio  □ Referral  □ Internet  □ Family
□ Previous Enrollment  □ Previous Enrollment in another program: If so, which one? ___________________________
STUDENT STATUS and BARRIERS TO EMPLOYMENT

*Labor Force Status: (select one)
☑ Employed
☑ Employed, but I have received a notice of termination, facility closure, or I am a transitioning service member.
☑ Unemployed and looking for work
If unemployed, have you been unemployed for 27 weeks or longer? ☐ Yes ☐ No
☑ Not working and not looking for work (e.g. homemaker, retired, incarcerated, etc.)

*Do you receive TANF? ☐ Yes ☐ No
If yes, are you within 2 years of exhausting lifetime eligibility? ☐ Yes ☐ No
*Do you or someone in your household receive SNAP benefits (Food Stamps)? ☐ Yes ☐ No

*Barriers to Employment:
- ☑ Yes ☐ No ELL
- ☐ Yes ☑ No Low Literacy Levels
- ☐ Yes ☑ No Cultural Barriers
- ☑ Yes ☐ No The participant has either (a) limited ability in speaking, reading, writing, or understanding the English language; (b) an inability to compute and solve problems, or read, write, or speak English at a level necessary to function on the job in the participant's family or in society; or (c) 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
- ☑ Yes ☐ No Low Income
- ☑ Yes ☐ No Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?
- ☑ Yes ☐ No Displaced Homemaker
- ☑ Yes ☐ No Did you provide unpaid services in the home and are dependent on the income of another, but you are no longer supported by that income, and are you experiencing difficulty in obtaining or upgrading employment?
- ☑ Yes ☐ No Single Parent (or single pregnant woman)
- ☑ Yes ☐ No Are you a single, separated, divorced, or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
- ☑ Yes ☐ No Dislocated Worker
- ☑ Yes ☐ No Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility or enterprise where you are employed?
- ☑ Yes ☐ No Homeless or Runaway Youth
- ☑ Yes ☐ No Do you lack a fixed, regular, and adequate nighttime residence? Have you moved in the last 38 months due to a parent's employment in seasonal farm work? Are you 18 years and have you left home without parent permission?
- ☑ Yes ☐ No Ex-Offender
- ☑ Yes ☐ No Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction? (Do not select this category if you are currently incarcerated)
- ☑ Yes ☐ No Foster Care
- ☑ Yes ☐ No Are you currently in the foster care system or have you aged out of the foster care system?
- ☑ Yes ☐ No Farmworker (If yes, select a subcategory)
  - ☑ Yes ☐ No Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?)
  - ☑ Yes ☐ No Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?)
  - ☑ Yes ☐ No Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)

Language spoken at home:

Country of Birth:

Individual with a Disability Notice (Optional disclosure)
In the Americans with Disabilities Act of 1990, a disability is defined as a physical or mental impairment that substantially limits one or more of a person's major life activities. *Are you an Individual with a Disability? ☐ Yes ☐ No ☑ Do not wish to disclose

Special Accommodations Notice (Optional disclosure)
If you have a disability and/or a condition and desire any special accommodation for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of your disability. Do you wish to request any special accommodation(s)? ☐ Yes ☐ No

Confidentiality Notice
This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. §1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box: ☐

☐ Student's Signature: __________________________  ☑ Date: __________________

*Agency referral to/from Date: __________________________
☐ Mississippi Department of Human Services
☐ Mississippi Department of Employment Security
☐ Mississippi Department of Rehabilitation Services
☐ Mississippi Department of Education (16/17 year old)
☐ School District: __________________________
☐ Other __________________________

*Correctional/Institutionalized Programs (if applicable):
☐ Currently Incarcerated in a Correctional Institution
☐ Currently Participating in Community Corrections
☐ Currently attending a recovery/rehabilitation program

Mississippi Community College Board, Office of Adult Education, Intake Assessment Form/Student Success Plan, Effective: May, 2019