

By answering these questions, ROP receives additional federal and state funding to serve adults enrolled in ROP programs. Your assistance is appreciated.

| | | |
|--|--|---|
| Labor Force Status <input type="checkbox"/> Employed <input type="checkbox"/> Not employed / not seeking work <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed | Annual household income level <input type="checkbox"/> \$15,443 or less <input type="checkbox"/> \$15,444 - 20,825 <input type="checkbox"/> \$20,826 - 26,207 <input type="checkbox"/> \$26,207 - 31,589 <input type="checkbox"/> \$31,590 - 36,971 <input type="checkbox"/> \$36,972 - 42,353 <input type="checkbox"/> \$42,354 - 47,748 <input type="checkbox"/> \$47,749 - 53,156 <input type="checkbox"/> \$56,157 - 58,564 <input type="checkbox"/> \$58,565 - 63,972 <input type="checkbox"/> \$63,973- 69,380 <input type="checkbox"/> Over \$69,381 | Economic Special Needs <input type="checkbox"/> Basic Skills Deficiency <input type="checkbox"/> Cal Learn <input type="checkbox"/> California Training Benefits (EDD) <input type="checkbox"/> CalWORKs Recipient <input type="checkbox"/> Client of State/Private Rehab <input type="checkbox"/> Current Military <input type="checkbox"/> Disabled Student Services Client <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> JTPA/ WIA (Workforce Investment Act) <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Medical <input type="checkbox"/> Single Parent <input type="checkbox"/> SSI Recipient <input type="checkbox"/> State Disability Insurance Recipient <input type="checkbox"/> TANF <input type="checkbox"/> Total Migrant <input type="checkbox"/> Veteran <input type="checkbox"/> Workability <input type="checkbox"/> None |
| How many total years of school have you completed? _____ | | |
| Highest Degree Earned <input type="checkbox"/> A.A./A.S. Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> GED Certificate <input type="checkbox"/> Graduate Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> None <input type="checkbox"/> Technical/Certificate | | |
| Disability Status <input type="checkbox"/> Deaf or Hard-of-Hearing <input type="checkbox"/> Developmental <input type="checkbox"/> Legally Blind <input type="checkbox"/> Non-Physical Disability (mental/emotional/learning) <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Other Disability <input type="checkbox"/> None | | |
| How many financial dependants do you have? _____ | Family Size <i>(number)</i> _____ | |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | |

Do you have children in K-12 receiving free or subsidized lunch?
 Yes No

Email

Would you like to receive class updates via cell phone or email?
 Cell Email

The information I have provided is true and correct to the best of my knowledge.
 I am aware of the objectives and requirements of this course and that I must attend the first class meeting to confirm registration.

| | |
|-------------------|------|
| Student Signature | Date |
| Print Name | |