

ADULT EDUCATION AND LITERACY SELF-ATTESTATION



LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

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SOCIAL SECURITY NUMBER

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LOCAL PHONE NUMBER

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Purpose: To determine whether an individual who is 17 or 18 years of age and who cannot obtain a parent's or guardian's permission meets the criteria for receiving a qualified exemption under TEC 25.086.

Form 1: To determine whether an AEL services candidate is already attending secondary school:

Are you attending school? YES NO

If YES, name of school: _____

If NO, what is the last date that you attended school? _____

Are you enrolled in public school for next semester? YES NO

I, _____ verify that the information I have provided is true and correct.

Signature: _____ Date: _____

Staff Only: Please respond to the following questions.

Do the candidates responses indicate that they are enrolled in secondary school? YES NO

If YES, the candidate is NOT eligible for AEL services. If NO, candidate may be eligible for AEL services.

Is candidate potentially eligible for AEL services? YES NO

Form 2: To determine whether an AEL services candidate is living with a parent:

Do you live in a home that your parent owns or rents? (Note: If yes, parental permission is required) YES NO

Where do you usually sleep at night? (street address, apartment number, city, Zip code)

Address: _____ Apt #: _____

City: _____ Zip Code: _____

How long have you been at that address? _____ Years/ _____ Months/ _____ Days

Do you pay or receive bills in your name? YES NO

What bills do you pay or receive? Please list: _____

To what address are the bills delivered? Address: _____

City: _____ State: _____ Zip Code: _____

What is your parents or guardians address, if different from where you sleep at night? Address: _____

City: _____ State: _____ Zip Code: _____

When was the last time you slept at your parent's or guardian's address? _____

Staff Only: Please respond to the following questions.

Do the candidate's responses indicate that they are living with a parent? YES NO

If YES, candidate is NOT eligible for AEL services without parent permission. If NO, candidate may be eligible for AEL services.

Is candidate potentially eligible for AEL services? YES NO

Form 3: To determine whether an AEL services candidate is homeless as defined in 42 USC §11302

Do you live in a place that has no windows, doors, running water, heat, or electricity? YES NO

Are you living in a place that is overcrowded? YES NO

Are you staying with a friend or relative because of a loss of housing or economic hardship, or for a similar reason? (Examples include eviction, foreclosure, fire, flood, divorce, domestic violence, the loss of a job, being told to leave by your parent, and running away from home.) YES NO

Are you living in a shelter? (Examples include a family shelter, a domestic violence shelter, a shelter for children or youth, and housing funded by the Federal Emergency Management Agency.) YES NO

Are you living in an unsheltered location? (Examples include living in a tent, in a vehicle, in an abandoned building, at a campground, in a park, and in a bus or train station.) YES NO

Are you living in a hotel or motel because of a loss of housing or economic hardship? (Examples include eviction, foreclosure, flood, fire, hurricane, and lack of money to pay deposits for a permanent home.) YES NO

Are you living in transitional housing? (that is, housing that is available as part of a program, is offered for a specific length of time only, and is partly or completely paid for by a church, a nonprofit organization, a governmental agency, or another type of organization) YES NO

Staff Only: Please respond to the following questions.

Do the candidate's responses indicate that they meet the criteria for homelessness? YES NO

If YES, the candidate meets the criteria for homelessness and may enroll with or without the parent's or guardian's permission.

Is candidate potentially eligible for AEL services? YES NO

Staff Member Signature: _____ Date: _____

Staff Member Name: _____