MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY | EMPLOYMENT & TRAINING

# Eligibility Form

The Eligibility Form will be completed each program year during the participant's registration period. All information is to be completed for the specific program year identified.
Note: *Fields marked with an asterisk (*) are required.

| Program Year: |
|---|

| **Provider Information** |
|---|
| Provider Name: |

| Local Student Number: | UIC Number: |
|---|---|

**Participant Information:**
(Update address and contact information if it is different from the Adult Learning Plan)

| *First Name: | *Last Name: | Middle Initial: |
|---|---|---|
| Maiden Name: | *Date of Birth: | Social Security Number: |
| City of Birth: | State of Birth: | County of Birth |

| *Sex/Gender: ☐ Female ☐ Male ☐ Non-binary ☐ No Answer |
|---|

| Street Address: | City: | State: |
|---|---|---|
| Zip Code: | County: | *Phone Number: |

| Alternate Phone Number: | * Email Address: |
|---|---|

**Alternate Contact Information**

| First Name: | Last Name: | Relationship to Participant: |
|---|---|---|
| Street Address: | City: | State: |
| Zip Code; | Phone number: | Email Address: |

| **Instructional Area** | **Funding Eligibility** |
|---|---|
| *Select all that apply:<br>☐ Adult Basic Education (0-8.9)<br>☐ Adult Secondary Education (9-12)<br>☐ English as a Second Language<br>☐ High School Diploma<br>☐ High School Equivalency | *Select all that apply:<br>☐ WIOA General Instruction<br>☐ WIOA Institutional<br>☐ WIOA IELCE<br>☐ State School Aid-Section 107<br>☐ Section 107 Special Programs<br>☐ Section 107 Supplemental<br>☐ 23+<br>☐ Other: |
| **Program Type** | **Training Activities** |
| *Select all that apply:<br>☐ Correctional Facility<br>☐ Community Correctional Program<br>☐ Other Institutional Setting<br>☐ Family Literacy Program<br>☐ Integrated Education and Training<br>☐ Workplace Literacy Program<br>☐ HSE to School<br>☐ None of the above | Required for IET and Special Program funding<br>Training Type:<br>Provider:<br>Post-secondary Level Training:<br>☐ Yes ☐ No |

**High School Diploma Credits at Entry**

| |
|---|
| Number of transferrable High School Diploma credits previously earned: |
| Number of credits required for completion of High School Diploma by district: |
| Number of High School Diploma credits earned during program year: |

**Number of official High School Equivalency tests passed at entry**

| | |
|---|---|
| GED: | HiSET: |

**Number of official High School Equivalency tests passed during program year**

| | |
|---|---|
| GED: | HiSET: |