



Alaska Adult Education Student Application

Intake Completed by _____ AAE Regional Program _____

AAE Student Intake Information

* indicates required fields in AlaskaJobs System

Contact Information

* Full Name _____ (First, Middle Initial, and Last)		* Social Security Number _____	
* Residential Address _____		* City & Zip Code _____	
* Mailing Address _____		* City & Zip Code _____	
* Primary Phone Number _____		Alternative Phone Number _____	
* Primary Phone Mode ☐ Voice ☐ TTY ☐ Voice/TTY ☐ Videophone	* Primary Phone Type ☐ Cell/Mobile Phone ☐ Relatives Phone ☐ Home ☐ Work Phone ☐ Not Identified ☐ Other		
Primary Email Address _____			

Demographic Information

* Date of Birth _____ (MM/DD/YYYY)		US Citizenship Status ☐ Citizen of the US or US Territory ☐ US Permanent Resident ☐ Alien/Refugee Lawfully Admitted to US ☐ None of the Above	
* Sex ☐ Male ☐ Female			
* Live in a rural area? ☐ Yes ☐ No			
Primary Language English ☐ Yes ☐ No If No, What is Primary Language? _____		* Race (Ethnicity) ☐ African American / Black Check all that apply ☐ American Indian/Alaskan Native ☐ Asian ☐ Hispanic/Latino ☐ Hawaiian/Other Pacific Islander ☐ Middle East/North African ☐ White	
Require English Language Assistance? ☐ Yes ☐ No		* Considered to have a disability? ☐ Yes ☐ No ☐ Did not self-identify	
☐ Physical/Chronic Health Condition ☐ Physical/Mobility Impairment ☐ Mental or Psychiatric Disability ☐ Vision-Related Disability ☐ Hearing-Related Disability ☐ Learning Disability ☐ Cognitive/Intellectual Disability ☐ Did Not Disclose			

Employment Information

* Employment Status ☐ Employed ☐ Not Employed ☐ Employed, but received notice of termination of employment or military separation	
* If Not Employed, Is Student Not in the Labor Force ☐ Yes ☐ No	
* Farmworker Status ☐ No ☐ Seasonal Farmworker Adult ☐ Migrant Farmworker Adult ☐ MSFW Youth ☐ Dependent Adult ☐ Dependent Youth	* If Yes, select one: ☐ Agricultural Production and Services ☐ Food Processing Establishments
* Long Term unemployed (27 or more consecutive weeks) ☐ Yes ☐ No	

Education History

* Highest School Grade Completed _____ (Grade levels 1st-12 th) ☐ No School Grade Completed		* US Based Schooling ☐ Yes ☐ No ☐ Unknown	
* High School Diploma or Equivalent Received ☐ Yes ☐ No ☐ Not Applicable	* School Status ☐ In School, secondary school or less ☐ In-School, alternative school ☐ In-School, post-secondary school ☐ Not attending school or secondary school dropout ☐ Not attending school, secondary school graduate or has a recognized equivalent		
* Highest Education Level Completed	☐ Attained secondary school diploma ☐ Attained secondary school equivalency ☐ Participant with disability receives certificate of attendance/completion ☐ Completed one or more years of Post-Secondary education ☐ Attained a postsecondary technical or vocation certificate (non-degree)		
* US Based Schooling ☐ Yes ☐ No ☐ Unknown	☐ Attained an Associate's degree ☐ Attained a Bachelor's degree ☐ Attained a degree beyond a Bachelor's degree ☐ No Educational Level Completed		

State of Alaska Adult Education Program

Equal Opportunity Employer/Program Auxiliary aids and services are available upon request to individuals with disabilities
Attribution Statement: Project funded by grants awarded by the State of Alaska and US Department of Education

Education Partner Services			
* Is student receiving services from any of the following?			
YouthBuild ☐ Yes ☐ No	Job Corp ☐ Yes ☐ No	Vocational Rehabilitation ☐ Yes ☐ No ☐ VR&E	
YouthBuild Grant Number _____	☐ Both VR and VR&E ☐ Unknown		
Public Assistance Information			
Individual or member of a family that is receiving, or in the past 6 months has received, the following:			
* Temporary Assistance for Needy Families (TANF) recipient: ☐ Yes ☐ No * General Assistance (GA) recipient: ☐ Yes ☐ No * Refugee Cash Assistance (RCA) recipient: ☐ Yes ☐ No	* Supplemental Security Income (SSI) recipient: ☐ Yes ☐ No * Supplemental Nutrition Assistance Program (SNAP) recipient: ☐ Yes ☐ No		
Individual receives, or in the last 6 months, received:			
* Social Security Disability Insurance (SSDI) recipient: ☐ Yes ☐ No * Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act: ☐ Yes ☐ No	* Foster Child (State or local payments are made for applicant): ☐ Yes ☐ No * Low Income (Adult Education): ☐ Yes ☐ No <i>Automatically selected if any public assistance question is marked "yes"</i>		
Individual & Employment Barriers			
The following questions are related to the specific applicant only			
* English Language Learner: ☐ Yes ☐ No * Foster Care Status (under the age of 24 only): ☐ No ☐ Yes, Currently In ☐ Yes, Aged Out * Currently Incarcerated: ☐ Yes ☐ No	* Dislocated Worker: ☐ Yes ☐ No * In Other Institutional Setting: ☐ Yes ☐ No	* Homeless: ☐ Yes ☐ No * Ex-Offender (individual has been arrested/convicted of a crime): ☐ Yes ☐ No ☐ Did Not Disclose * In Community Correctional Program: ☐ Yes ☐ No	* Runaway: ☐ Yes ☐ No
Barriers to Employment			
* Displaced Homemaker: ☐ Yes ☐ No	* Within 2 years of exhausting TANF lifetime eligibility: ☐ Yes ☐ No	* Single Parent (including single pregnant women): ☐ Yes ☐ No	
Applicant Certification			
By my signature below I affirm the below listed certifications and media release information: 1. I certify to the best of my knowledge that the information in this application is accurate and true. 2. I agree to allow information from this form to be used for statistical and follow-up purposes. 3. I understand that the information on this form will be entered into a Statewide AK Adult Ed Database that is a restricted-use database. 4. I understand that my name will never be used in any report and that all data will be kept strictly confidential.			
Student Signature _____			Date: _____
Parent or Guardian Signature _____ <i>(If student is under age 18)</i>			Date: _____
Teacher/Director's Signature _____			Date: _____
USES & DISCLOSURE -Registration information is routinely reported to the Federal Departments of Education and Labor or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program. Furnishing your social security number is voluntary. If you provide this, the Division will not release it to other parties without written consent.			

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