



Alaska Adult Education Comprehensive Student Application



Intake Completed by _____ AAE Regional Program _____ Alaska Department of Corrections - DOC Statewide Grant _____

AAE Student Intake Information

* indicates required fields in AlaskaJobs System

Contact and Demographic Information

User Name Automatically Added by System		* Social Security Number _____	
*Country _____		* Zip Code _____	
*Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No You must be legally authorized to work in the United States in order to be referred to jobs or receive other services			
* Primary Email Address _____			
* Date of Birth _____ (MM/DD/YYYY)		* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
* Have you registered with the Selective Service? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Documented exemption from registration <input type="checkbox"/> Not Applicable			
* Have you been arrested / convicted of a crime? If so, you may be eligible for additional support services and programs. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer			
* Full Name (First, Middle Initial, and Last) _____			
*Are you homeless? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the address of the shelter / location you last stayed in or the address of a relative who is authorized to receive your mail.			
* Residential Address _____		* City & Zip Code _____	
* Mailing Address _____		* City & Zip Code _____	
* Primary Phone Number _____		* Primary <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Relatives Phone <input type="checkbox"/> Home	
Text Message Cell Phone Number _____		* Phone Type <input type="checkbox"/> Work Phone <input type="checkbox"/> Not Identified <input checked="" type="checkbox"/> Other	
* Primary Phone Mode <input checked="" type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Amplified Phone		*Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Text Message	
<input type="checkbox"/> Voice/TTY <input type="checkbox"/> Videophone		<input checked="" type="checkbox"/> Internal Message <input type="checkbox"/> Phone	

Citizenship and Disability Information

US Citizenship Status	<input type="checkbox"/> Citizen of the US or US Territory <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to US <input type="checkbox"/> None of the Above	* Considered to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify
* If yes to disability, Check all that apply		
<input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-Related Disability <input type="checkbox"/> Hearing-Related Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Did Not Disclose		

Education History

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

Education Partner Services

* Is student receiving services from any of the following?		
YouthBuild <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Job Corp <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vocational Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> VR&E
YouthBuild Grant Number _____		<input type="checkbox"/> Both VR and VR&E <input type="checkbox"/> Unknown

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Employment Information

* Employment Status	<input type="checkbox"/> Employed - <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Not Employed <input type="checkbox"/> Never Worked <input type="checkbox"/> Other	* If Not Employed, Is Student Not in the Labor Force <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – DOC must select YES if not employed
* Unemployment Eligibility Status?	<input type="checkbox"/> Neither Claimant not Exhaustee <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee	
* Are you currently looking for work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * Long Term unemployed (27 or more consecutive weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Claimant or Exhaustee	UI Referred by Status Please answer the following: <input type="checkbox"/> WPRS <input type="checkbox"/> REA <input type="checkbox"/> RESEA <input checked="" type="checkbox"/> Not Applicable	* Claimant has been exempted from work search <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
* I received notice of termination of employment or military separation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
* Farmworker Status <input checked="" type="checkbox"/> No <input type="checkbox"/> Seasonal Farmworker Adult <input type="checkbox"/> Migrant Farmworker Adult <input type="checkbox"/> MSFW Youth <input type="checkbox"/> Dependent Adult <input type="checkbox"/> Dependent Youth		
What is your desired job title or occupation? _____		

Additional Demographic Information

* Live in a rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Hispanic/Latino Heritage <input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you have limited proficiency in speaking, writing, reading, or understanding English? Or Do you have difficulty in speaking, writing, reading, or understanding English? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Race (Ethnicity) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Middle East/North African <input type="checkbox"/> White
* How well do you speak that Language? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All	* Require English Language Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
* How well do you speak English?	<input type="checkbox"/> Fluently <input type="checkbox"/> I require an interpreter <input type="checkbox"/> I speak and understand English well enough to communicate

Spouse or Caregiver of a Military Member

* Are you the Spouse or Caregiver of an active U.S. Military member or a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you the spouse of a member of the armed forces who is on active duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you a spouse or family caregiver to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	
Are you the Spouse of someone in the active-duty military service, National Guard or Reserves who is currently activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you the spouse of a veteran who has a permanent, total service-connected disability or had the disability at the time of death, or died while the disability was in existence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OR A spouse of a service member on active duty who died or has been Missing In Action (MIA), captured in the line of duty or forcibly detained for a total of more than 90 days?	
Veterans may be entitled to additional State and Federal benefits. * Are you currently in the U.S. Military or a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of the armed forces who is currently active in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answering "No" to Are you currently in the U.S. Military or a Veteran, Skip to "Public Assistance" questions	
* Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you attended a Transition Assistance Program (TAP) Workshop within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to the questions above, answer the Transitioning Service Member questions below:	
* Transitioning Service Member Type: <input type="checkbox"/> Within 24 Months of Retirement <input type="checkbox"/> Within 12 Months of Discharge	* Projected Discharge Date _____
* Have you received a signed DD-2648 (Service Member Pre-Separation / Transition Counseling and Career Readiness Standards eForm) indicating you do not meet career readiness standards?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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* Are you being involuntarily separated from active duty due to a reduction- in-force? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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) payments: <input type="checkbox"/> Yes <input type="checkbox"/> No * General Assistance (GA) Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No * Supported through the State's Foster Care System <input type="checkbox"/> Yes <input type="checkbox"/> No	* Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps): <input type="checkbox"/> Yes <input type="checkbox"/> No * Refugee Cash Assistance (RCA) Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No * Supplemental Security Income (SSI) Payments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual receives, or in the last 6 months, received:		
* Social Security Disability Insurance (SSDI) recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No * Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act: <input type="checkbox"/> Yes <input type="checkbox"/> No	* Foster Child (State or local payments are made for applicant): <input type="checkbox"/> Yes <input type="checkbox"/> No * Low Income (Adult Education): <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Automatically selected if any public assistance question is marked "yes"</small>	
Individual & Employment Barriers		
The following questions are related to the specific applicant only		
* English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No * Foster Care Status (under the age of 24 only): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Currently In <input type="checkbox"/> Yes, Aged Out * Currently Incarcerated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* Dislocated Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No * Ex-Offender (individual has been arrested/convicted of a crime): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did Not Disclose * In Other Institutional Setting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	* Runaway: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * In Community Correctional Program: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Barriers to Employment		
* Displaced Homemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	* Within 2 years of exhausting TANF lifetime eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	* Single Parent (including single pregnant women): <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ <small>(If student is under age 18)</small>	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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