



Alaska Adult Education 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 Information

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

Demographic Information

* Date of Birth _____ (MM/DD/YYYY)	US Citizenship Status
* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Citizen of the US or US Territory <input type="checkbox"/> US Permanent Resident
* Live in a rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alien/Refugee Lawfully Admitted to US
Primary Language English <input type="checkbox"/> Yes <input type="checkbox"/> No	* Race (Ethnicity) <input type="checkbox"/> African American / Black <input type="checkbox"/> White
If No, What is Primary Language? _____	<i>Check all that apply</i> <input type="checkbox"/> American Indian/Alaskan Native
Require English Language Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander
* Considered to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not self-identify	* Hispanic/Latino Heritage <input type="checkbox"/> Yes <input type="checkbox"/> No
* 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	

Employment Information

* Employment Status <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed <input type="checkbox"/> Employed, but received notice of termination of employment or military separation
* 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
* 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
* Long Term unemployed (27 or more consecutive weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No

Education History

* Highest School Grade Completed _____ <small>(Grade levels 1st-12th)</small>	* US Based Schooling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> No School Grade Completed	
* 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

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

* Supplemental Security Income (SSI) recipient: Yes No

* General Assistance (GA) recipient: Yes No

* Supplemental Nutrition Assistance Program (SNAP) recipient: Yes No

* Refugee Cash Assistance (RCA) recipient: Yes No

Individual receives, or in the last 6 months, received:

* Social Security Disability Insurance (SSDI) recipient: Yes No

* Foster Child (State or local payments are made for applicant): 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

* Low Income (Adult Education): Yes No

Automatically selected if any public assistance question is marked "yes"

Individual & Employment Barriers

The following questions are related to the specific applicant only

* English Language Learner: Yes No

* Dislocated Worker: Yes No

* Homeless: Yes No

* Runaway: Yes No

* Foster Care Status (under the age of 24 only): No Yes, Currently In Yes, Aged Out

* Ex-Offender (individual has been arrested/convicted of a crime): Yes No Did Not Disclose

* Currently Incarcerated: Yes No

* In Other Institutional Setting: Yes No

* In Community Correctional Program: 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 _____

Date: _____

(If student is under age 18)

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.

Revised: 12/10/2024

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