



# 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 _____ <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 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 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"/> Non-Binary <input type="checkbox"/> I do not wish to answer	<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 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 type="checkbox"/> Yes <input type="checkbox"/> No	
* Farmworker Status <input type="checkbox"/> No <input type="checkbox"/> Seasonal Farmworker Adult	* If Yes, select one: <input type="checkbox"/> Agricultural Production and Services
<input type="checkbox"/> Migrant Farmworker Adult <input type="checkbox"/> MSFW Youth	<input type="checkbox"/> Food Processing Establishments
<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-12<sup>th</sup>)</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
* US Based Schooling	<input type="checkbox"/> Attained a postsecondary technical or vocation certificate (non-degree)
<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.

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