



ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT

Alaska Adult Education Student Application

AlaskaJobs State ID # \_\_\_\_\_ Program Year \_\_\_\_\_ Eligibility Date \_\_\_\_\_
AED Case # \_\_\_\_\_ Is Student? [ ] New [ ] Returning
Intake Completed by \_\_\_\_\_ AAE Regional Program \_\_\_\_\_

AAE Student Intake Information

\* indicates required fields in AlaskaJobs System

Contact Information

\* Full Name \_\_\_\_\_ \* Social Security Number \_\_\_\_\_
\* Residential Address \_\_\_\_\_ \* City & Zip Code \_\_\_\_\_
\* Mailing Address \_\_\_\_\_ \* City & Zip Code \_\_\_\_\_
\* Primary Phone Number \_\_\_\_\_ \* Primary Phone Type \_\_\_\_\_
\* Primary Phone Mode \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_
Primary Email Address \_\_\_\_\_

Demographic Information

\* Date of Birth \_\_\_\_\_ \* Gender [ ] Female [ ] Male
US Citizenship Status \_\_\_\_\_ \* Live in a rural area? [ ] Yes [ ] No
\* Hispanic/Latino Heritage [ ] Yes [ ] No
\* Race (Ethnicity) [ ] African American / Black
Check all that apply [ ] American Indian/Alaskan Native
[ ] Asian
[ ] Hawaiian/Other Pacific Islander
[ ] White
Primary Language English [ ] Yes [ ] No
If No, What is Primary Language? \_\_\_\_\_

Require English Language Assistance? [ ] Yes [ ] No \* Considered to have a disability? [ ] Yes [ ] No
[ ] Did not self-identify
\* If yes to disability, Check all that apply
[ ] 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 \_\_\_\_\_
\* If Not Employed, Is Student Not in the Labor Force [ ] Yes [ ] No
\* Farmworker Status \_\_\_\_\_ \* If Yes, select one: \_\_\_\_\_
\* Long Term unemployed (27 or more consecutive weeks) [ ] Yes [ ] No

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 History**

\* Highest School Grade Completed \_\_\_\_\_  Yes  No  
 \* US Based Schooling  Unknown

\* High School Diploma or Equivalent Received  Yes  No  Not Applicable  
 \* School Status \_\_\_\_\_

\* Highest Education Level Completed \_\_\_\_\_  Yes  No  
 \* US Based Schooling  Unknown

**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      \* If yes to TANF, within 2 years of exhausting TANF lifetime eligibility 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

**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:  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:

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** \_\_\_\_\_  
*(If student is under age 18)*

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.

### AAE Program Use Only

Enrollment Date: \_\_\_\_\_ Program Type  AE  ELL  IET  Other: \_\_\_\_\_

Intake Hours: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

TABE Scores		BEST Scores		CASAS Life & Work Scores	
Reading: _____	Math: _____	BEST Plus 2.0: _____	Literacy: _____	Reading & Literacy: _____	Listening: _____

Previous Passed Tests Taken  RLA  Science  Math  Social Studies

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