

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	* Social Security Number		
(First, Middle Initial, and Last) * Residential Address	* City & Zip Code		
* Mailing Address	* City & Zip Code		
* Primary Phone Number Alternative Phone Number			
* Primary Phone Mode	☐ Cell/Mobile Phone ☐ Relatives Phone ☐ Home ☐ Work Phone ☐ Not Identified ☐ Other		
Primary Email Address			
Demographic Information			
* Gender □ Female □ Male * Live in a rural area? □ Yes □ No □ Ci □ Al	Citizenship Status itizen of the US or US Territory US Permanent Resident lien/Refugee Lawfully Admitted to US one of the Above		
If No, What is Primary Language? * Race (Et Check all t	·		
Require English Language Assistance? □ Yes □ No * Hispanio	c/Latino Heritage 🗆 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			
☐ Migrant Farmworker Adult ☐ MSFW Youth ☐ Dependent Adult ☐ Dependent Youth	select one: Agricultural Production and Services Food Processing Establishments		
* Long Term unemployed (27 or more consecutive weeks)			
* Highest School Grade Completed (Grade levels 1st-12th)			
* High School Diploma or Equivalent Received Status □ In-School, secondary school or less □ In-School, alternative school □ Not attending school or secondary school dropout □ Yes □ No □ Not Applicable □ Not attending school, secondary school graduate or has a recognized equivalent			
* Highest Education Level Completed * US Based Schooling Yes No Unknown Attained secondary school diploma Participant with disability receives certificate of attendance/completion Completed Completed one or more years of Post-Secondary education Attained a postsecondary technical or vocation certificate (non-degree) Attained an Associate's degree Attained a Bachelor's degree Attained a degree beyond a Bachelor's degree No Educational Level Completed			

Education Partner Services			
* Is student receiving services from any of the following?			
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:		
* 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 * Youth currently receives, or is eligible to receive, free	* Foster Child (State or local payments are made for applicant): ☐ Yes ☐ No * Low Income (Adult Education):		
or reduced lunch under the Richard B. Russell National School Lunch Act: $\ \square$ Yes $\ \square$ No	☐ Yes ☐ No		
Individual & Employment Barriers			
The following questions are related to the specific applicant only			
* English Language Learner: * Dislocated Worker:	* Homeless: * Runaway:		
☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No		
* Foster Care Status (under the age of 24 only): * Ex-Offender (individual has been arrested/convicted of a			
□ No □ Yes, Currently In □ Yes, Aged Out crime): □ Yes □ No □ Did Not Disclose			
* Currently Incarcerated: * In Other Institutional Settin	,		
□ Yes □ No □ Yes □ No			
Barriers to Employment			
* Displaced Homemaker:	ANF lifetime * Single Parent (including single pregnant women): ☐ Yes ☐ No		
Applicant Certification			
By my signature below I affirm the below listed certifications and media release information:			
 I certify to the best of my knowledge that the information in this application is accurate and true. I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that the information on this form will be entered into a Statewide AK Adult Ed Database that is a restricted-use database. 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.			