



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 <small>You must be legally authorized to work in the United States in order to be referred to jobs or receive other services</small>	
* 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 <small>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.</small>	
* 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 _____ <small>(Grade levels 1st-12th) <input type="checkbox"/> No School Grade Completed</small>	* 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

State of Alaska Adult Education Program

Equal Opportunity Employer/Program Auxiliary aids and services are available upon request to individuals with disabilities
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Employment Information

* Employment Status Employed - Full Time or Part Time Not Employed Never Worked Other * If Not Employed, Is Student Not in the Labor Force Yes No – **DOC must select YES if not employed**

* Unemployment Eligibility Status? Neither Claimant not Exhaustee Claimant Exhaustee

* Are you currently looking for work? Yes No * Long Term unemployed (27 or more consecutive weeks) Yes No

* Claimant or Exhaustee UI Referred by Status * Claimant has been exempted from work search
Please answer the following: WPRS REA RESEA Not Applicable Yes No

* I received notice of termination of employment or military separation Yes No Date _____

* Farmworker Status No Seasonal Farmworker Adult Migrant Farmworker Adult MSFW Youth Dependent Adult Dependent Youth

What is your desired job title or occupation? _____

Additional Demographic Information

<p>* Live in a rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* 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</p> <p style="margin-left: 100px;">Primary Language English <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What is Primary Language? _____</p> <p>* 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</p> <p style="text-align: center;">* 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</p>	<p>* Hispanic/Latino Heritage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Race (Ethnicity) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White</p> <p><i>Check all that apply</i></p> <p>* Require English Language Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Spouse or Caregiver of a Military Member

* Are you the Spouse or Caregiver of an active U.S. Military member or a Veteran? Yes No

* Are you the spouse of a member of the armed forces who is on active duty? Yes 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? Yes 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?
OR Yes No

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? Yes No

Are you a member of the armed forces who is currently active in the U.S. Military? Yes 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? Yes No

* Have you attended a Transition Assistance Program (TAP) Workshop within the last three years? Yes No

* Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No

If yes, to the questions above, answer the Transitioning Service Member questions below:

* Transitioning Service Member Type: Within 24 Months of Retirement 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? Yes No

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* Are you being involuntarily separated from active duty due to a reduction- in-force? Yes 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: Yes No

* General Assistance (GA) Payments:

Yes No

* Supported through the State's Foster Care System

Yes No

* Supplemental Nutrition Assistance Program (SNAP)

(formerly known as Food Stamps): Yes No

* Refugee Cash Assistance (RCA) Payments: Yes No

* Supplemental Security Income (SSI) Payments:

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 or reduced lunch under the Richard B. Russell National School Lunch Act: Yes No

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

* 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.

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