Alaska Adult Education
Comprehensive Student Application

Intake Completed by _____ AAE Regional Program _____

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? ☐ Yes ☐ No

You must be legally authorized to work in the United States in order to be referred to jobs or receive other services

* Primary Email Address _____

* Date of Birth _____ (MM/DD/YYYY) * Sex ☐ Male ☐ Female

* Have you registered with the Selective Service? ☐ No ☐ Yes ☐ Documented exemption from registration ☐ Not Applicable

* Have you been arrested / convicted of a crime? If so, you may be eligible for additional support services and programs.

☐ Yes ☐ No ☐ I do not wish to answer

* Full Name (First, Middle Initial, and Last) _____

*Are you homeless? ☐ Yes ☐ No 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.

* Residential Address _____ * City & Zip Code _____

* Mailing Address _____ * City & Zip Code _____

* Primary Phone Number _____ * Primary Phone Type ☐ Cell/Mobile Phone ☐ Relatives Phone ☐ Home ☐ Work Phone ☐ Not Identified ☐ Other

Text Message Cell Phone Number _____

* Primary Phone Mode ☐ Voice ☐ TTY ☐ Amplified Phone ☐ Voice/TTY ☐ Videophone

*Preferred Method of Contact ☐ Email ☐ Text Message ☐ Internal Message ☐ Phone

Citizenship and Disability Information

US Citizenship Status ☐ Citizen of the US or US Territory ☐ US Permanent Resident ☐ Alien/Refugee Lawfully Admitted to US ☐ None of the Above

* 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

Education History

* Highest School Grade Completed _____ (Grade levels 1st-12th) ☐ No School Grade Completed

* US Based Schooling ☐ Yes ☐ No ☐ Unknown

* High School Diploma or Equivalent Received ☐ Yes ☐ No ☐ Not Applicable

* School Status ☐ In School, secondary school or less ☐ In-School, alternative school ☐ In-School, post-secondary school ☐ Not attending school or secondary school dropout ☐ Not attending school, secondary school graduate or has a recognized equivalent

* Highest Education Level Completed ☐ Attained secondary school diploma ☐ Attained secondary school equivalency ☐ Participant with disability receives certificate of attendance/completion ☐ 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

* US Based Schooling ☐ Yes ☐ No ☐ Unknown

Education Partner Services

* Is student receiving services from any of the following?

YouthBuild ☐ Yes ☐ No

YouthBuild Grant Number _____

Job Corp ☐ Yes ☐ No

Vocational Rehabilitation ☐ Yes ☐ No ☐ VR&E ☐ Both VR and VR&E ☐ Unknown

Attribution Statement: Project funded by grants awarded by the State of Alaska and US Department of Education

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

* 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 Please answer the following: UI Referred by Status ☐ WPRS ☐ REA ☐ RESEA ☐ Not Applicable

* Claimant has been exempted from work search ☐ 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

* If Yes, select one: ☐ Agricultural Production and Services ☐ Food Processing Establishments

* Worked as a farmworker in the last 12 months ☐ Yes ☐ No Full Time Student ☐ Yes ☐ No

Has been employed during the last 12 months in Farmwork of a seasonal or temporary nature ☐ Yes ☐ No

* Have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day? ☐ Yes ☐ No

Full Time student traveling with their families ☐ Yes ☐ No Full Time student traveling in organized groups ☐ Yes ☐ No

What is your desired job title or occupation? _____

Additional Demographic Information

* Live in a rural area? ☐ Yes ☐ No

* Do you have limited proficiency in speaking, writing, reading, or understanding English? Or Do you have difficulty in speaking, writing, reading, or understanding English? ☐ Yes ☐ No

Primary Language English ☐ Yes ☐ No

If No, What is Primary Language? _____

* Hispanic/Latino Heritage ☐ Yes ☐ No

* Race (Ethnicity) *Check all that apply*
☐ African American / Black
☐ American Indian/Alaskan Native
☐ Asian ☐ Hispanic/Latino
☐ Hawaiian/Other Pacific Islander
☐ Middle East/North African ☐ White

* How well do you speak that Language? ☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

* Require English Language Assistance? ☐ Yes ☐ No

* How well do you speak English? ☐ Fluently ☐ I require an interpreter ☐ I speak and understand English well enough to communicate

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
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? ☐ Yes ☐ No

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

* 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

* Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps): ☐ Yes ☐ No

* General Assistance (GA) Payments: ☐ Yes ☐ No

* Refugee Cash Assistance (RCA) Payments: ☐ Yes ☐ No

* Supported through the State's Foster Care System ☐ 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

* 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

* 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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