



# 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 \_\_\_\_\_ \* Social Security Number \_\_\_\_\_

\*Country \_\_\_\_\_ \* City & 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) \* Gender  Male  Female  I do not wish to answer

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  Cell/Mobile Phone  Relatives Phone  Home

Alternative Phone Number \_\_\_\_\_ Type  Work Phone  Not Identified  Other

\* Primary Phone Mode  Voice  TTY  Voice/TTY  Videophone \*Preferred Method of Contact  Email  Text Message  Postal Mail  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 \_\_\_\_\_ \* US Based Schooling  Yes  No  Unknown  
(Grade levels 1st-12th)  No School Grade Completed

\* 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  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 Job Corp  Yes  No Vocational Rehabilitation  Yes  No  VR&E  Both VR and VR&E  Unknown  
 YouthBuild Grant Number \_\_\_\_\_

## 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

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

\* Unemployment Eligibility Status?  Neither Claimant not Exhaustee  Claimant  MSFW Youth  Dependent Adult  Dependent Youth \* Are you currently looking for work?  Yes  No

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

\* Long Term unemployed (27 or more consecutive weeks)  Yes  No

*If answering "No" to Farmworker Status, Skip to "Desired Job Title or Occupation" question*

\* 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

\* Full Time student traveling with their families  Yes  No

\* Full Time student traveling in organized groups rather than their families  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)  African American / Black  American Indian/Alaskan Native  Asian  Hawaiian/Other Pacific Islander  White

*Check all that apply*

\* 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 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?  Yes  No

\* 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?

\* Are you currently in the U.S. Military or a Veteran?  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

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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 attended a Transition Assistance Program (TAP) Workshop within the last three years?  Yes  No
- \* 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) recipient:  Yes  No
- \* General Assistance (GA) recipient:  Yes  No
- \* Refugee Cash Assistance (RCA) recipient:  Yes  No
- \* Supplemental Security Income (SSI) recipient:  Yes  No
- \* Supplemental Nutrition Assistance Program (SNAP) 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 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

### 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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