Kentucky Skills U
2018-2019

KAERS ID: _____

INTAKE INFORMATION

1 STUDENT INFORMATION

SSN:

Last Name:

Cell Phone:(   )

Email:

Driver's License #:

First Name: MI:

Date of Birth:

2 ADDRESS

County of Residence:

Street: City:

State: ZIP:

3 OTHER

Last grade completed: Check if Completed Outside U.S.   Gender: Male   Female

Living Area: Rural   Urban   Years out of school? :   Hispanic Origin? :   Yes   No

4 WHAT WOULD YOU LIKE TO ACCOMPLISH WHILE YOU'RE HERE?

Basic Skills Acquisition   Learn English Language

Gain Employment   Earn an NCRC/KCRC

Earn a GED   Transition to College

Earn a KESC

5 REFFERED BY:

Community Partner
Judicial/Incarcerated/Corrections
Media Influence (TV/Radio/Print)
Personal Referral (Word of Mouth)
Postsecondary School Referral
Secondary School Referral
Walk-in (Not Referred)
Kentucky Career Center

6 CURRENTLY RECEIVING

Unemployment Insurance

Disability SSI

TANF

SNAP

7 RACE

American Indian/Alaskan Native
Black, or African American
Asian
Hispanic or Latino
White, Not of Hispanic Origin
Native Hawaiian or Pacific Islander

8 OTHER STUDENT INFORMATION

Homeless

U. S. Citizen

Veteran

Immigrant

I give the Kentucky Council on Postsecondary Education (CPE) and Kentucky Skills U permission to release my post-secondary enrollment, GED Testing Service® information, and employment status to Kentucky Skills U providers as well as this enrollment information to the Kentucky Community and Technical College System or any other public postsecondary institution.

_____
Student Signature   Date

ENROLLMENT INFORMATION

SECONDARY EDUCATION CREDENTIAL
- GED/High School Equivalency
- High School Diploma
- Other High School Equivalency
- None
- Non U.S.-based High School Diploma

EMPLOYMENT STATUS
- Correctional Facility
- Not in Labor Force
- Employed but Notice Termination
- Employed FT/PT
- Unemployed

ENROLLMENT INFORMATION

Individual with a Disability?   Yes   No

CATEGORY OF DISABILITY (Check all that apply)

Physical/Chronic Health Condition	Physical/Mobility Impairment	Mental or Psychiatric
Vision-related Disability	Hearing-related disability	Learning Disability
Cognitive/Intellectual Disability	No Disability	

Exhausting TANF within 2 Years?	Yes	No
Homeless Participant, Homeless Children and Youths or Runaway Youth?	Yes	No
Single Parent?	Yes	No
Low Income Status?	Yes	No
Cultural Barriers?	Yes	No
Foster Care Youth Status?	Yes	No
Ex-Offender?	Yes	No
Migrant and Seasonal Farmworkers?	Yes	No
Displaced Homemaker?	Yes	No
Long-term Unemployed?	Yes	No
Regular Transportation?	Yes	No
Custody of at Least One Child under the Age of 6?	Yes	No

When is the best time for you to attend classes? (Please check all that apply.)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9am - 12PM)							
Afternoon (1pm - 4PM)							
Evening (5pm - 8PM)							