

Office of Adult Learning and  
Rehabilitation Services

SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Title/Honorific: \_\_\_\_\_ ( i.e. Jr., II, PhD., etc.)

Male  Female  Does Not Self Identify  Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, Route, P. O. Box #, etc.)

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_ County: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Primary Phone Number \_\_\_\_\_  Voice  TDD  Video  Text

Second Phone \_\_\_\_\_  Voice  TDD  Video  Text

Email Address: \_\_\_\_\_  Email is approved use of communication

RACE AND ETHNICITIES:  American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White  
 Does Not Wish to Self-Identify

What is your Primary Language:  English  Spanish  American Sign Language  Other

Please list at least 2 people whom we may contact in an attempt to locate you, should your current contact information become outdated. Please include case managers, probation/parole, etc.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile or work phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile or work phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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Citizenship Status:     Employment Authorized Status     Other \_\_\_\_\_  
                                   U. S. Citizen

Do you live in a private residence?     Yes     No

If no, please describe: \_\_\_\_\_

Marital Status:     Divorced     Married     Separated     Widowed    Never Married

Who referred you to us? \_\_\_\_\_

Currently Enrolled in School     Yes     No

Number of family living in your household: \_\_\_\_\_    Number of dependents: \_\_\_\_\_

What is your Gross Family Monthly Income amount? \$ \_\_\_\_\_

Who is your Primary Source of financial support? \_\_\_\_\_  
 (ex: Family and Friends, employment earnings, etc.)

Please check yes or no and provide monthly amount if **you** receive any of the following Public Support Types:

Public Support Type	Yes	No	Amount Received \$
Supplemental Security Income Aged Benefits (SSI-A)			
Supplemental Security Income Disability Benefits (SSI-D)			
Social Security Disability Insurance Benefits (SSDI)			
Disability Benefits from the Veterans Administration (VA)			
General Assistance from the Family Support Division (SNAP, Food Stamps, Etc.)			
Workers Compensation Benefits due to work injury			

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Unemployment Insurance Benefits			
Other Disability Cash Benefits from another source			
Other			

Total Household Monthly Income \$ \_\_\_\_\_

Health Insurance, please check if you have:

- |  |  |
|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Medicaid (i.e. Mo HealthNet)          |
| <input type="checkbox"/> Not Yet Eligible for Private through Current Employer | <input type="checkbox"/> Medicare                              |
| <input type="checkbox"/> Private Insurance through own employment              | <input type="checkbox"/> Private Insurance through other means |
| <input type="checkbox"/> State or Federal Affordable Care Act Exchange         | <input type="checkbox"/> Public Insurance from other Sources   |

List Your Last Two Jobs:

1. \_\_\_\_\_  
 (Employer Name and Address) (Job Title) (Weekly Hours and Salary)

To \_\_\_\_\_  
 (Dates Employed MM/YY - MM/YY) (Disability-Related Problems Affecting job)

2. \_\_\_\_\_  
 (Employer Name and Address) (Job Title) (Weekly Hours and Salary)

To \_\_\_\_\_  
 (Dates Employed MM/YY - MM/YY) (Disability-Related Problems Affecting job)

3. Other Work Experience:

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Are you a Veteran?      Yes      No

What is your Highest Level of Education Obtained? \_\_\_\_\_

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**High School**

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School Name \_\_\_\_\_ City and State \_\_\_\_\_

Highest Grade Level \_\_\_\_\_ Dates Attended \_\_\_\_\_ To \_\_\_\_\_

Current Grade Level \_\_\_\_\_

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**College and Other Training**

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School Name \_\_\_\_\_ City and State \_\_\_\_\_

Area of Study \_\_\_\_\_ Graduated / Completed      Yes      No

Degree/Certificate Earned \_\_\_\_\_ Dates Attended \_\_\_\_\_ To \_\_\_\_\_

Other Training: