

22+ Application
Mid-East Adult Readiness Education

APPLICANT INFORMATION - To be Completed by Applicant		
First Name:	Middle:	Last:
Date of Birth:	Phone:	Phone Type:
Physical Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different than above):		
City:	State:	ZIP Code:
School District of Residence:	County:	Date Residency Began:
Birth Place City:	Birth Place State:	Mother's Maiden Last Name:
Email:	Gender:	SSID:
Native Language:	Ethnicity:	Last 4 Digits of SSN#:
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	U. S. Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Name on Birth Certificate:
Applicant Educational Background - To be Completed by Applicant		
Year Student Entered 9th Grade:	Highest Grade Completed:	
Last Academic Year Completed:	Name of Last School Attended:	
STUDENT ACADEMIC AND CAREER SUCCESS PLAN - To be completed by Provider with Candidate		
Secondary Provider Name:		
Secondary Provider IRN:	Initial Counseling/Associated Services Completed (check all that apply):	
Pre-Assessment Name:	<input type="checkbox"/> OhioMeansJobs Registration <input type="checkbox"/> Digital Literacy Training	
Check one:	<input type="checkbox"/> Career Inventory <input type="checkbox"/> Create Resume	
≥ 9th Grade <input type="checkbox"/>	<input type="checkbox"/> Job Outlook Data/In-Demand Jobs <input type="checkbox"/> Benefits Access	
≤ 9th Grade <input type="checkbox"/>	<input type="checkbox"/> Postsecondary Opportunities <input type="checkbox"/> Other Support Services	
Credential/Certificate Program Name:	<input type="checkbox"/> Identify Disability (If applicable) <input type="checkbox"/> Other	
Estimated Start Date:	Estimated End Date:	
Signature of applicant:		Date:

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	Username	Password
SAFE Account		
OMJ Account		
Plato Account		
KeyTrain Account		

Career Cluster - Interests		

	Credit Recovery Plan	
Course and Credit Planned:	Start Date:	Target End Date: