



INTAKE APPLICATION

Date: ___/___/___ Housing Location: _____
 First Name: _____ Last Name: _____
 Address: _____ Zip: _____
 Date of Birth: ___/___/___ Age: _____ Phone: (____) _____
 Emergency Contact Name/Number: _____

Please include all members living in the household (excluding yourself)

<u>Name</u>	<u>D.O.B</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Highest Education Completed (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than High School
LAST GRADE COMPLETED: _____ | <input type="checkbox"/> High School Diploma
YEAR GRADUATED: _____ | <input type="checkbox"/> GED
YEAR GRADUATED: _____ |
| <input type="checkbox"/> Vocational Training
YEAR COMPLETED: _____ | <input type="checkbox"/> Some College
COLLEGE: _____ | <input type="checkbox"/> Associate Degree
YEAR GRADUATED: _____ |
| <input type="checkbox"/> Bachelor Degree
YEAR COMPLETED: _____ | <input type="checkbox"/> Graduate Studies or Degree
YEAR GRADUATED: _____ | |

Employment/School

Are you employed? YES NO Are you attending school? YES NO
 If so, how long? _____ If so, how long? _____
 Employer: _____ School: _____
 Part-time Full-time Other: _____ Part-time Full-time Other: _____
 If not employed, what type of work are you seeking? _____
 If not in school, are you interested in attending/what area? YES MAYBE NO



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Skills/Training/Certifications/Work Experience

Please list any relevant skills, training, certifications or work experience: _____

Social Services

Are you currently or have you in the past received assistance from a community group or organization (ex: food stamps, cash assistance):

Barriers

Are there any barriers that would prevent you from keeping your current job, changing jobs, seeking employment or attending school: YES NO

If yes, please explain: _____

Community/Supportive Services

Please check any services needed or you are interested in to help achieve self-sufficiency (please write in any services not listed):

<input type="checkbox"/>	Computer Classes	<input type="checkbox"/>	Credit and Budgeting Classes
<input type="checkbox"/>	Job Readiness Workshops	<input type="checkbox"/>	Home Buyer Classes
<input type="checkbox"/>	Job Training Assistance	<input type="checkbox"/>	Referral to Social Service Agencies
<input type="checkbox"/>	Educational Programs	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Felony Expungement/Seal	<input type="checkbox"/>	Daycare/Childcare
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Support Groups
<input type="checkbox"/>	Wellness/Medical	<input type="checkbox"/>	Legal Issues/Advocacy
<input type="checkbox"/>	Parenting Classes	<input type="checkbox"/>	Family Planning
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Notes: _____

Applicant Signature

____/____/_____
Date