

[Empty box for Agency Code]

1. Contact Information

Last Name _____ First Name _____ Middle Name _____

Date of Birth: _____ SS#: _____ Original Program Start Date: _____ E-Mail address _____

Address: _____ Apt.#: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____ Work Phone: _____

2. GENDER Male Female
 X includes Trans, Non-Binary, Two-Spirit, and Binary people and people who don't want to disclose their gender identity

3. RACE/ ETHNIC IDENTITY

- Native American or Alaskan Native
- African American/ African/ Afro-Caribbean
- Asian/ Pacific Islander or Native Hawaiian
- Latino or Hispanic
- White (not Latino/a)
- Other Specify: _____

Country of Birth: _____

Date of US Settlement: _____

Native Language _____

Immigrant? Yes No

Refugee? Yes No

4. EMPLOYMENT STATUS (Check One)

- Employed Full – Time
- Employed Part – Time
- Unemployed: how long**
Year(s) _____ month(s) _____
- Not available for employment
- Self –employed
- Received a-1099 Form for work

Employer's name _____

Job Title _____

Hourly Rate of Pay: \$ _____

Average hours worked weekly _____

Work Location: _____

5. MARITAL STATUS

- Single** **Married** **Widowed** **Separated**
- Divorced**

Number of Adults in the Household _____

Number of Children (under 18) in the household _____

Annual Household Income

- \$0 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$44,999
- \$45,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$74,999
- \$75,000+

Are you a veteran? Yes No

6. PUBLIC ASSISTANCE

- Not receiving Public Assistance
- SNAP (EBT card)
- MEDICAID
- Section 8 Assistance
- TANF
- Refugee Cash Assistance
- Old – aged Assistance
- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Safety Net
- Aid to the Blind or Totally Disabled
- Other, Specify _____

Case Number _____

Are you collecting Unemployment Insurance Benefit? Yes No

7. EDUCATIONAL BACKGROUND

Education Level:

- Less than 12th Grade
- High School Diploma
- Post Secondary Education
- Other Specify: _____

Credential (Certifications and Licenses) Achieved in U.S.:

8. Are you Union Member/Family of Member? Yes No

If Yes: Member Family of member

Union Affiliation: _____ **Local** _____

9. SCHOOL AGED CHILDREN

Is the student the parent or guardian of children under the age of 21?
 Parent/Guardian Yes No
 Single Parent Yes No

If yes to above, enter number of children at each level

Pre-School ___ Elem ___
 JHS ___ HS ___ College ___

10. POPULATION CATEGORIES

- Homeless
- In Correctional Facility
- Other Institutionalized
- High School Graduates or Equivalent
- Displaced Homemakers
- Head of Household
- Disabled
- Enrolled in Other Education/Training
- Veterans
- Dislocated Workers
- Employed at 200% of Poverty Level
- Low Income
- NYCHA Resident
- Learning Disabled
- Non Native English Speaker
- Other: _____

11. REFERRAL SOURCE

- Workers Union
- Other, Specify _____

12. WORKER GOALS

- Obtain a Job
- Retain Current Job
- Improve Current Job
- Enter Training
- Enter an Apprenticeship Program
- Earn High School Diploma
- Enter Post-Secondary Education
- Improve Basic Literacy Skills
- Improve English Literacy Skills

Other Specify _____
