

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM A proud partner of the AmericanJobCenter® network

Today's Date: _____/_____/_____

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..

SSN#: _____ - _____ - _____ DOB: _____ / _____ / _____ MM/DD/YYYY Gender: Female Male

Last Name: _____ First Name: _____ Middle Initial: _____

Street: _____ City: _____ State: _____ Zip Code: _____ County: _____

Phone #: () _____ Alt. Phone #: () _____ Email: _____ Contact Preference: Postal E-mail Primary Phone Alt. Phone

Ethnic Heritage: Hispanic or Latino Not Hispanic or Latino
 I choose not to disclose **Race:** Alaskan/American Indian
 Asian Black/African American White
 Hawaiian/Pacific Islander I choose not to disclose

Marital and Family Status (choose all that apply)
 married divorced unmarried
Household: one-parent two-parent
 not a family member(single) other (dependent, child)
 optional: pregnant

School Status:
In-school: HS/secondary or Less alternative HS/Post-secondary
not attending school: HS dropout HS grad/equivalent
 16 or younger and have not attended last school year quarter

Employment Status (choose one)
 employed not employed
 employed-received notice of termination
 not employed and not seeking work
If employed are you working (choose one)
 full-time part-time
 seasonal/temporary self-employed
If not employed and homemaker::
 Receiving support from spouse/former spouse
 Not receiving support from spouse/former spouse

Education Level (Choose highest only):
 no grade _____ Yrs completed, (1-11) no diploma
 12th grade, no diploma HS equivalency 12th grade, HS grad
 disabled w/ Cert. IEP

US Citizen:
 Yes No Permanent Resident or Exp.Date: _____
Alien Reg.# (if applicable): _____

Post-secondary/Vocational/Associate High School Plus:
 Post-secondary no degree: 1 year 2 years 3 years
 Vocational Certificate: 1 year 2 years 3 years
 Associate Degree: 1 year 2 years 3 years
 Other Degree: BA/BS Master's PhD

Individual with Disability: Yes No Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and provide the following information: type of disability: hearing; vision; mental; mobility; cognitive//DD; learning; chronic health]

Migrant Seasonal Farmworker:
 Yes No If Yes choose one: migrant seasonal farmworker migrant farmworker migrant food process worker
 dependent of migrant seasonal farmworker *Farmwork Type:* production and services food processing

Selective Service (Males born on or after 1/1/1960 only)
 Yes No
 Selective Service #: _____

Native Language: English other specify: _____

Housing: (choose one)
 aged out of foster care foster child
 homeless runaway
 own home rent
 choose not to disclose
 none of the above apply

Military Service: No Yes branch: _____
If Yes, use DVOP Checklist
 campaign veteran national guard reserve active duty
 transitioning vet discharge retirement other eligible
 active service From: _____ to: _____
Service Disability:
 disabled not disabled special disabled
Receiving Veteran's benefits or assistance? No Yes
If Yes, specify: _____

Offender Status - Have you been convicted of criminal offense? Yes No

Military Spouse - Are you:
 active duty service member spouse service member widow
 disabled veteran spouse
If active duty spouse, has your income been affected by spouse's deployment?
 Yes No

Do you feel you have any barriers to employment, including customs, practices or beliefs, not described on this form, which you wish to disclose? Yes No
If Yes, please provide this information on Form D

Employment Preferences

Work Week: full-time part-time both not seeking employment at this time

Duration: regular (150 Days+) temporary (150 Days or Less) both

Minimum Salary: \$ _____ Per _____ **Date Available to Work:** _____ / _____

Shift Preference: Willing to work any shift? Yes No If No, which shift(s): 1st 2nd 3rd Split Rotating

Employment Objective: _____ **Desired Job Title(s):** 1) _____
2) _____ 3) _____ 4) _____ 5) _____

Desired Employer(s): 1) _____ 2) _____ 3) _____

Acceptable Job Locations (check one): 5 10 25 50 100 miles from Zip Code _____

Work History (Current/Last Employer): job title: _____ employer: _____

street: _____ city: _____ state: _____

start date: _____ / _____ / _____ end date: _____ / _____ / _____ wage: \$ _____ per _____

reason for leaving: lack of work/layout fired medical/health quit retired still employed strike
 other (specify) _____

job duties: _____

_____ If you wish to provide additional work history, inform staff person.

Additional Skills: _____

Professional Associations: _____

Certificate/Special Licenses

Certificate/License: _____ issued by: _____

issued date: _____ / _____ / _____ state: _____ country: _____

education-course of study: _____ degree: _____ school: _____ state: _____ country: _____

Driver's License

License: No Yes State: _____

Type: CDL-A CDL-B CDL-C Auto Moped

Transportation I own a vehicle I have insurance I have access to: vehicle
 motorcycle bus/ rail none other

Endorsements:

passenger transport motorcycle
 hazardous materials tank vehicle school bus
 doubles/triples tank hazards air brakes

I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from program(s). I further understand that being determined eligible for services and/or training does not necessarily entitle me to service/training

Applicant Signature _____ Date _____ Parent/Guardian* _____ Date _____

Staff Signature _____ Date _____ Reviewed/Verified By _____ Date _____ *<18 only

Staff use only:

WIOA Adult WIOA Dislocated Worker
 WDP Grant (Specify: _____)
 National Dislocated Worker Grant

TANF
 SNAP
 GA
 CAVP

Assistance start date: _____
Case #: _____

Income Status:

100% LLSIL 70% LLSIL Not Disclosed
 Local Priority (Specify): _____

Barriers to Employment:

Youth In/Aged out of Foster Care Low-Income Individual Displaced Homemaker Disability
 Indian/Alaska native/Native Hawaiian Homeless Individual Long-Term Unemployed Ex-Offender
 Within 2yrs of TANF exhaustion Eligible MSFW Single Parent Older Individual

ELL/Lower Level Literacy Substantial Cultural Barriers

WDB (County)
Code: _____

WIOA Youth ISY WIOA Youth OSY Low-Income
 High Poverty Area 5% Limitation

Additional Info: Underemployed Not in Labor Force
 Interested in Nontraditional Employment

AOSOS ID#: _____

OSY: Foster Youth Dropout Homeless Not Attended Last Q
 Offender Low Income AND Basic Skills Deficient Pregnant/parenting
 Disability Low Income AND youth who Requires Add'l Assistance

Referral Source:

DVRS LWD UI Public Assistance Agency
 CBO/FBO Self Other Local Area CSBG
 Employer HUD Adult Education Library
 Probation Parole Public Education Relative/Friend
 Re-entry/Second Chance Displaced Homemaker Program
 Family Success Center MSFW Grantee

ISY: Low-Income **AND:** BSD English Language Learner
 Offender Homeless Foster Youth Pregnant/parenting
 Disability Youth who Requires Add'l Assistance