

<b>NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM</b> <small>A proud partner of the AmericanJobCenter® network</small>				<b>Today's Date:</b> ____/____/____	
<b>UNDERLINED</b> SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED..					
<b>SSN#:</b> ____ - ____ - ____		<b>DOB:</b> ____/____/____ MM/DD/YYYY		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Street:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Phone #:</b> ( ) _____ <b>Alt. Phone #:</b> ( ) _____		<b>Email:</b>		<b>Contact Preference:</b> <input type="checkbox"/> Postal <input type="checkbox"/> E-mail <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alt. Phone	
<b>Ethnic Heritage:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to disclose <b>Race:</b> <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> I choose not to disclose			<b>Marital and Family Status</b> (choose all that apply) <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> unmarried <b>Household:</b> <input type="checkbox"/> one-parent <input type="checkbox"/> two-parent <input type="checkbox"/> not a family member(single) <input type="checkbox"/> other (dependent, child) <input type="checkbox"/> optional: pregnant		
<b>School Status:</b> In-school: <input type="checkbox"/> HS/secondary or Less <input type="checkbox"/> alternative <input type="checkbox"/> HS/Post-secondary not attending school: <input type="checkbox"/> HS dropout <input type="checkbox"/> HS grad/equivalent <input type="checkbox"/> 16 or younger and have not attended last school year quarter			<b>Employment Status</b> (choose one) <input type="checkbox"/> employed <input type="checkbox"/> not employed <input type="checkbox"/> employed-received notice of termination <input type="checkbox"/> not employed and not seeking work If employed are you working (choose one) <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> seasonal/temporary <input type="checkbox"/> self-employed If not employed and homemaker: <input type="checkbox"/> Receiving support from spouse/former spouse <input type="checkbox"/> Not receiving support from spouse/former spouse		
<b>Education Level (Choose highest only):</b> <input type="checkbox"/> no grade <input type="checkbox"/> ____ Yrs completed, (1-11) no diploma <input type="checkbox"/> 12th grade, no diploma <input type="checkbox"/> HS equivalency <input type="checkbox"/> 12th grade, HS grad <input type="checkbox"/> disabled w/ Cert. IEP			<b>US Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident or Exp.Date: _____ Alien Reg.# (if applicable): _____		
Post-secondary/Vocational/Associate High School Plus: <input type="checkbox"/> <b>Post-secondary no degree:</b> <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> <b>Vocational Certificate:</b> <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> <b>Associate Degree:</b> <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> <b>Other Degree:</b> <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> PhD					
<b>Individual with Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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]					
<b>Migrant Seasonal Farmworker:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes choose one: <input type="checkbox"/> migrant seasonal farmworker <input type="checkbox"/> migrant farmworker <input type="checkbox"/> migrant food process worker <input type="checkbox"/> dependent of migrant seasonal farmworker <b>Farmwork Type:</b> <input type="checkbox"/> production and services <input type="checkbox"/> food processing					
<b>Selective Service</b> (Males born on or after 1/1/1960 only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Selective Service #: _____			<b>Native Language:</b> <input type="checkbox"/> English <input type="checkbox"/> other specify: _____		
<b>Housing:</b> (choose one) <input type="checkbox"/> aged out of foster care <input type="checkbox"/> foster child <input type="checkbox"/> homeless <input type="checkbox"/> runaway <input type="checkbox"/> own home <input type="checkbox"/> rent <input type="checkbox"/> choose not to disclose <input type="checkbox"/> none of the above apply			<b>Military Service:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes branch: _____ If Yes, use DVOP Checklist <input type="checkbox"/> campaign veteran <input type="checkbox"/> national guard <input type="checkbox"/> reserve <input type="checkbox"/> active duty <input type="checkbox"/> transitioning vet <input type="checkbox"/> discharge <input type="checkbox"/> retirement <input type="checkbox"/> other eligible <input type="checkbox"/> active service From: _____ to: _____ <b>Service Disability:</b> <input type="checkbox"/> disabled <input type="checkbox"/> not disabled <input type="checkbox"/> special disabled Receiving Veteran's benefits or assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, specify: _____		
<b>Offender Status</b> - Have you been convicted of criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Military Spouse</b> - Are you: <input type="checkbox"/> active duty service member spouse <input type="checkbox"/> service member widow <input type="checkbox"/> disabled veteran spouse If active duty spouse, has your income been affected by spouse's deployment? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  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 \_\_\_\_\_ \*&lt;18 only

**Staff use only:** WIOA Adult  WIOA Dislocated Worker  
 WDP Grant (Specify: \_\_\_\_\_)  
 National Dislocated Worker Grant TANF  
 SNAP  
 GA  
 CAVPAssistance 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 IndividualWDB (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**ISY:**  Low-Income AND:  BSD  English Language Learner  
 Offender  Homeless  Foster Youth  Pregnant/parenting  
 Disability  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