

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM				Today's Date: _____/_____/_____	
A proud partner of the americanjobcenter network					
UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED					
SSN#: _____ - _____ - _____		DOB: _____ / _____ / _____ MM/DD/YYYY		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<u>Last Name:</u>		<u>First Name:</u>		<u>Middle Initial:</u>	
<u>Street:</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Phone:</u>		<u>Email:</u>		<u>Contact Preference:</u> <input type="checkbox"/> Postal <input type="checkbox"/> Email <input type="checkbox"/> Primary Phone <input type="checkbox"/> Alt. Phone	
Ethnic Heritage: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to disclose Race: <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			Marital and Family Status (choose all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried Household: <input type="checkbox"/> One-Parent <input type="checkbox"/> Two-parent <input type="checkbox"/> Not a family member (single) <input type="checkbox"/> Optional: pregnant <input type="checkbox"/> Other (dependent, child)		
School Status: 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			Employment Status: (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		
Educational Level (Choose highest only) <input type="checkbox"/> No grade <input type="checkbox"/> _____ Yrs. Completed (1-11) no diploma <input type="checkbox"/> 12 th grade, no diploma <input type="checkbox"/> HS Equivalency <input type="checkbox"/> 12 th Grade, HS Grad <input type="checkbox"/> Disabled w/Cert. IEP Post-Secondary/Vocational/Associate High School Plus: <input type="checkbox"/> Post-Secondary no degree: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Vocational Certificate: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Associate Degree <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Other Degree: <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> PhD			US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident or Exp. Date: _____ Alien Reg. # (if applicable): _____		
Individual with Disability: <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/I/DD; Learning; Chronic Health)					
Migrant Seasonal Farmworker: <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: Farmwork Type: <input type="checkbox"/> Production and Services <input type="checkbox"/> Food Processing					
Selective Service: (Males born on or after 1/1/1960 only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Selective Service #: _____			Native Language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ Military Service: <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: _____ Service Disability: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Special Disabled Receiving Veteran's benefits or assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
Housing: (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			Military Spouse: 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		
Offender Status: Have you been convicted of criminal offense? <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.					
Your answer to this question is voluntary. Do you, a friend, or any member of your family have a history of opioid use? Please answer: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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/layoff 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

Double/triples Tank Hazards Air Brakes

I attest that the information provided is true and accurate any misrepresentation may be grounds for termination from the 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 TANF Income Status: 100% LLSIL 70% LLSIL Not Disclosed
 WIOA Dislocated Worker SNAP Assistant Start Date: _____
 WDP Grant: (Specify: _____) GA Case #: _____
 National Dislocated Worker Grant CAVP Local Priority (Specify): _____

Barriers to Employment: ELL/Lower Level Literacy Substantial Cultural Barriers WDB (County) Code: _____
 Youth In/Aged out of Foster Care Low-Income Individual Displaced Homemaker Disability
 Indian/Alaska native/Native Homeless Individual Long-Term Unemployed Ex-Offender
Hawaiian Eligible MSFW Single Parent Older Individual
 Within 2yrs of TANF exhaustion

WIOA Youth ISY WIOA Youth OSY Low Income Additional Info: Underemployed Not in Labor Force AOSOS ID#: _____
 High Poverty Area 5% Limitation Interested in Non-traditional Employment

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