|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| https://www.dol.gov/ajc/images/AJC_CAPS_BannerLine_468x60.jpg**New Jersey Intake and Initial Assessment Form**  **Underlined** sections must be completed. Please complete additional forms if indicated.. | | | | | | | | | | **Today’s Date**  \_\_\_\_\_\_**/**\_\_\_\_\_\_**/**\_\_\_\_\_ | | |
| ssn\_\_\_\_\_-\_\_\_\_\_\_ | **Date of Birth** \_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_ 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**  Asian  Alaskan/American Indian  White  Black/African American  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 did not attend last school year quarter  **Education Level  (Choose highest level only)**  no grade           Yrs completed, (1-11) no diploma  12th grade, no diploma  12th grade, HS grad  HS equivalency  disabled w/ Cert. IEP  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 | | | |
| **Employment Status** (choose one)  employed  not employed  employed but 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 | | | | | | | | |
| **US Citizen**  Yes  No  Permanent Resident or Exp.Date: \_\_\_\_\_\_\_\_ Alien Reg.# (if applicable): \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Individual with Disability** Yes  No  Choose not to disclose [If Yes, please ask staff for Form D, which is kept confidential, and specify your type of disability: hearing; vision; mental; mobility; cognitive/I/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:*   food processing  production and services | | | | | | | | | | | | |
| **Selective Service**  *(Males born on or after 1/1/1960 only)*  Yes  No  Selective Service # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Native Language**  English  other - specify: | | | | | | | | | |
| **Military Service**  Yes - branch: \_\_\_\_\_\_\_\_\_\_\_\_\_  No ……………………..If Yes, use DVOP Checklist  campaign veteran  National Guard    Reserve  active duty  transitioning vet  discharged  retirement  other eligible  active service - from \_\_\_\_\_\_\_\_\_\_\_ to   \_\_\_\_\_\_\_\_\_\_\_  *Service Disability*  disabled  not disabled  special disabled  Receiving Veteran’s benefits or assistance?   Yes  No  If Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Military Spouse** - Are you a:  spouse of active duty service member   widow of a service member  spouse of a disabled veteran  If you are the spouse of an active duty service member, has your income been affected by your spouse’s deployment?  Yes  No | | | | | | | | | |
| **Housing** (choose one)  foster child  aged out of foster care  homeless  runaway  own home  rent  choose not to disclose  none of the above apply | | |
| **Offender Status** - Have you been convicted of a criminal offense?  Yes  No | | |
| Do you believe 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  NoIf 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  strike  still employed  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date issued \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Education/course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Driver 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 also understand that being 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**  ELL/Lower Level Literacy Substantial Cultural Barriers  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 | | | | | | | | | | | 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  **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 | | | | | | | | |

WD-175 (3/18)