



Customer Intake Form

Contact Information

Last Name	First Name
Address	
State	Zip Code
Phone	Email

Background Information

Date of Birth:		Social Security Number	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/> Choose Not to Answer	Ethnicity: Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian Native or Other Pacific Island <input type="checkbox"/> Other		
Have you worked in agriculture or food processing in the last 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose
Do you need any accommodations to access our services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Returning Citizen <i>(have potential CORI issues that may impact work search)?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No



Veteran Status

Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If No, skip to the next section</i>)
First Entry Date:	
Last Exit Date:	
Were you honorably discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a service connected disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving Chapter 115 benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Eligibility

Family Status	<input type="checkbox"/> Single, No Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Married, No Children
How many family members in your household? <i>Family members for purpose of household size are yourself, dependent children, spouse and/or parent(s) if you are the dependent child.</i>	
What was your approximate total household income for the past 6 months? <i>Include all income earned by any member of the household.</i>	
Is your household currently receiving or received in the past 6 months TAFDC, EAEDC and/or SNAP benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your household currently eligible for Free/Reduced School lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Employment History

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but received layoff notice
Current/Most Recent Employer	
Company Name	
City and State	
Job Title	
Start Date	
End Date	
Reason for leaving	<input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Permanent Layoff <input type="checkbox"/> Fired/Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Personal reasons <input type="checkbox"/> Still employed <input type="checkbox"/> Other
Previous Employer	
Company Name	
City and State	
Job Title	
Start Date	
End Date	
Reason for leaving	<input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Permanent Layoff <input type="checkbox"/> Fired/Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Personal reasons <input type="checkbox"/> Still employed <input type="checkbox"/> Other



Education History

Are you currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education Completed	<input type="checkbox"/> High School Diploma/GED/HiSET <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate's Degree <input type="checkbox"/> Other Vocational Training <input type="checkbox"/> Other
Credentials/Licenses/Certifications	Name of Credential/License/Certification: Issued by: Date Issued: Expiration Date:

I hereby certify and attest, under penalty of perjury, that the information submitted by me for purposes of determining my eligibility to receive services (under the Workforce Innovation and Opportunity Act) is true and accurate.

I understand that the information, if misrepresented or incomplete, may be grounds for termination from the program. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes. All customer information will otherwise be kept confidential. My signature also attests to the fact that I have been provided with procedures for filing a formal grievance and/ or an equal opportunity complaint.

Customer Signature	Date
Staff Signature	Date