

**Basic Information**

Admission's Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

Apt.#

City

State

Zip Code

Tel/Cell#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Tel#: \_\_\_\_\_

**Demographics:**

Gender:  Female  Male Citizen of U.S.:  Yes  No

Ethnicity:  Multi-Race  Black  Latino/Hispanic  White

Asian  Native American  Other

**Age Group:**  18-21 disconnected youth-aging out foster care, formerly/re-entry, of incarcerated parent

18 & over (adult eligible for TANF with barriers)

**Employment Status:**  F/T  P/T  Out of work less than 6 months

Out of work 6-12 months  Out of work 1 year or more  No work experience

**Work**

**History** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Student Status:**       F/T Student       P/T Student       None

If you are attending school either F/T or P/T, what school are you attending and when will you graduate or complete?

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**Highest Educational Level:**  8<sup>th</sup> Grade or less       9<sup>th</sup> -12<sup>th</sup> Grade/Non-Graduate  
 HS Graduate/GED       Some College       2 or 4 year College Graduate

**Trainings:** Are you currently attending a training program?  Yes       No

Have you completed any training(s) in the past?  Yes       No

If you answered "yes" to any of the questions above please list all trainings that you are currently involved with or that you have completed and received a certificate for;

1. Name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Certification: Yes      No
2. Name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
Certification: Yes      No

**Household Information**

**Household Type:**  Single       Single Parent(w/ children under 18)       Single living w/parents  
 Single(non-custodial parent)       Two parents(no children)       Two parents (w/children under 18)

**Number of child(ren) under 18yrs. Of age:**  None       1       2       3       4 or more

**Number in Household:**  1       2       3       4       5       6 or more

**Housing:**  Own       Rent       Homeless/Shelter       Transitional Housing  
 SRO       Foster Care/Aged Out       Other

Please explain your housing arrangement/situation:

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**Primary Income:**  Employment  Unemployment  TANF  
 SSI  Social Security  Disability  No Income  Other

If primary income is TANF, please check all benefits you are receiving:

Food Stamps  Medicaid  Cash  Rent Assistance

**Individual/Family Gross 12 Month Income:**

0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  
 \$30,001-\$40,000  \$40,001-\$50,000  \$50,001-\$60,000  
 \$60,001-\$70,000  \$70,001-\$80,000  \$80,001-\$90,000  
 \$90,001-\$100,000  More Than \$100,000

**Health Insurance:**  Yes  No

If yes, who is your health insurance carrier? \_\_\_\_\_

If no, are you interested in health insurance?  Yes  No

**Physical Health:** How will you best describe your physical health?

Poor  Good  Excellent

Do you have any physical limitations or have been diagnosed with a health condition that will prevent you from working?  Yes  No

If yes, please describe your physical limitations (things you cannot do)

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**Mental Health:** How will you best describe your mental health?

Poor  Good  Excellent

