

NEW JERSEY INTAKE AND INITIAL ASSESSMENT FORM

A proud partner of the American Job Center network

Today's Date:

____ / ____ / ____

UNDERLINED SECTIONS MUST BE COMPLETED. PLEASE COMPLETE ADDITIONAL FORMS IF INDICATED.

SSN#: _____

DOB: ____ / ____ / ____ MM/DD/YYYY

Gender: Female Male

Last Name:

First Name:

Middle Initial:

Street:

City:

State:

Zip Code:

County:

Phone #: () _____

Email:

Alt. Phone # () _____

Contact Preference: Postal E-mail

Primary Phone Alt. Phone

Ethnic Heritage: Hispanic or Latino Not Hispanic or Latino
 I choose not to disclose **Race:** Alaskan/American Indian
 Asian Black/African American White
 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 have not attended last school year quarter

Employment Status (choose one)

employed not employed

employed-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 provide the following information: 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: production and services food processing

Selective Service (Males born on or after 1/1/1960 only)

Yes No

Selective Service #: _____

Housing: (choose one)

aged out of foster care foster child
 homeless runaway
 own home rent
 choose not to disclose
 none of the above apply

Offender Status - Have you been convicted of criminal offense? Yes 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? Yes No
 If Yes, please provide this information on Form D

Native Language: English other specify: _____

Military Service: No Yes branch: _____

If Yes, use DVOP Checklist

campaign veteran national guard reserve active duty
 transitioning vet discharge retirement other eligible

active service From: _____ to: _____

Service Disability:

disabled not disabled special disabled

Receiving Veteran's benefits or assistance? No Yes

If Yes, specify: _____

Military Spouse - Are you:

active duty service member spouse service member widow
 disabled veteran spouse

If active duty spouse, has your income been affected by spouse's deployment? Yes No

- Do you, a friend, or any member of the family have a history of opioid use? Yes No
- Did you become unemployed or underemployed as a result of COVID-19? Yes 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: \$ _____ **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
 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 _____ *^{<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:

<input type="checkbox"/> Youth In/Aged out of Foster Care	<input type="checkbox"/> ELL/Lower Level Literacy	<input type="checkbox"/> Substantial Cultural Barriers	WDB (County) Code: _____
<input type="checkbox"/> Indian/Alaska native/Native Hawaiian	<input type="checkbox"/> Low-Income Individual	<input type="checkbox"/> Displaced Homemaker	
<input type="checkbox"/> Within 2yrs of TANF exhaustion	<input type="checkbox"/> Homeless Individual	<input type="checkbox"/> Long-Term Unemployed	
	<input type="checkbox"/> Eligible MSFW	<input type="checkbox"/> Single Parent	

<input type="checkbox"/> WIOA Youth ISY	<input type="checkbox"/> WIOA Youth OSY	<input type="checkbox"/> Low-Income	<input type="checkbox"/> Underemployed	<input type="checkbox"/> Not in Labor Force	AOSOS ID#: _____
<input type="checkbox"/> High Poverty Area	<input type="checkbox"/> 5% Limitation		<input type="checkbox"/> Interested in Nontraditional Employment		

OSY: <input type="checkbox"/> Foster Youth <input type="checkbox"/> Dropout <input type="checkbox"/> Homeless <input type="checkbox"/> Not Attended Last Q	Referral Source:
<input type="checkbox"/> Offender <input type="checkbox"/> Low Income AND Basic Skills Deficient <input type="checkbox"/> Pregnant/parenting	<input type="checkbox"/> DVRS <input type="checkbox"/> LWD <input type="checkbox"/> UI <input type="checkbox"/> Public Assistance Agency
<input type="checkbox"/> Disability <input type="checkbox"/> Low Income AND youth who Requires Add'l Assistance	<input type="checkbox"/> CBO/FBO <input type="checkbox"/> Self <input type="checkbox"/> Other Local Area <input type="checkbox"/> CSBG

ISY: <input type="checkbox"/> Low-Income AND: <input type="checkbox"/> BSD <input type="checkbox"/> English Language Learner	<input type="checkbox"/> Employer <input type="checkbox"/> HUD <input type="checkbox"/> Adult Education <input type="checkbox"/> Library
<input type="checkbox"/> Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Youth <input type="checkbox"/> Pregnant/parenting	<input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Public Education <input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Disability <input type="checkbox"/> Youth who Requires Add'l Assistance	<input type="checkbox"/> Re-entry/Second Chance <input type="checkbox"/> Displaced Homemaker Program
	<input type="checkbox"/> Family Success Center <input type="checkbox"/> MSFW Grantee