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| --- | --- |
| 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-secondaryNot 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-employedIf 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 [ ]  NoIf 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 acriminal 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)