



**Quad County
Urban League**

*Empowering Communities.
Changing Lives.*

Employment Assistance & Referral Services *EAR Central Intake Form*

Today's Date: _____

Demographic Information

_____ Last Name _____ First Name _____ Age

_____ Address _____ City _____ Zip Code _____ County

_____ Home Phone _____ Work Phone _____ Cell Phone _____ Other Phone

_____ Date of Birth xxxx - xx - _____ Last 4 S S # _____ Male / Female Gender

Race () African American () Caucasian () Asian
 () Native American () Pacific Island () Other

Ethnicity () Hispanic () Non Hispanic Are you a US Citizen? Yes No

Primary Language () English () Spanish () Other Marital Status _____

Current Income () Under \$10,000 () \$10,001 - \$15,000 () \$15,001 - \$20,000

() \$20,001 - \$25,000 () \$25,001 - \$35,000 () \$35,001 - \$45,000 () \$45,000 and above

Educational and Employment Information

Education (check highest level completed)

No Diploma or GED HS Diploma/GED Associates degree /Trade certification

Bachelors Degree Master's Degree PHD Other: _____

If college, did you graduate? Yes No

Are you currently employed? Yes No if yes, name Employer _____

If no, why not? _____

How long have you been at this job? _____

Sources of Income TANF Child Support Disability Insurance Social Security

Food Stamp / Link Medicare/ Medicaid Unemployment Insurance

Pension / Retirement Section 8 Public Housing Other

Are you registered with IL WORKNET? Yes No

Employment Barriers

Convicted Felon Economic Conditions/Layoffs Education Level

Other

Veteran and Access Information

Are you a veteran: Yes No If yes, when were you discharged? ____ - ____ - ____

Do you currently hold a valid drivers license? Yes No

Do you have access to transportation? Yes No

Household Information

Number of dependents, if applicable _____

Number of people in the household _____

Current living conditions () Half Way House () Group Home () Homeless

() Work Release Program () Homeless Shelter () Public Housing

() Home Renter () Home Owner () Other

Additional Information

What concerns do you have today? () Employment () Housing () Education

() Health/Wellness () Childcare () Drug/Substance Abuse

() Clothing () Transportation () Legal Assistance

How did you hear about the Urban League? () Newspaper () Radio

() Church () Word of mouth () other

Would you like to receive emails from the Quad County Urban League? Yes No

Which Programs are you interested in registering for/ learning more about?

() Employment () Educational () Rental Assistance () Utility Assistance

Learning Needs Information

Have you been diagnosed with a learning or physical disability? Yes No

If yes, please describe:

Do you have an IEP? Yes No

Notes/ Comments:

Referrals/ Job Leads:
