

QCUL Intake

Application Form

Student ID#

SECTION A: BASIC INFORMATION

Individual Contact Information

Last Name	First Name	Middle Name	
Mailing Address			Apt/Suite
City		State	Zip Code
Cell Phone # (_____) - _____		E-mail	
Home Phone # (_____) - _____			
Preferred Method of Contact (please check all that apply): <input type="checkbox"/> Cell Phone # <input type="checkbox"/> Home Phone # <input type="checkbox"/> E-mail <input type="checkbox"/> Mail		Social Security Number - -	
Date of Birth _____ / _____ / _____ Month Day Year Age ____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact Last Name	Emergency Contact First Name	Relationship to Client	
Emergency Contact Phone # (_____) - _____		Additional Emergency Contact Phone # (_____) - _____	

SECTION B: EMPLOYMENT STATUS

Employment Status: What is your current employment status? <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed; but received notice of termination / layoff	Construction Experience: <input type="checkbox"/> No experience <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5+ Years <input type="checkbox"/> Journeyman status
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SECTION C: EDUCATION STATUS

Education Status: What is the <u>highest</u> level of education that you have completed?			Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? What program?
<input type="checkbox"/> Less than High School <u>Highest Grade Level Completed</u>	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	
<input type="checkbox"/> Some College/Vocational School <u>Years Completed</u>	<input type="checkbox"/> Vocational	<input type="checkbox"/> Associate's	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctoral	

SECTION D: DEMOGRAPHIC INFORMATION

Demographics: Responses will be kept confidential. Information is intended for use solely in connection with recordkeeping and equal opportunity purposes. You will not be penalized for refusal to answer. Please check all that apply:

- Race:**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hawaiian Native or Pacific Islander
 - White
 - Multiracial
 - Other: _____

- Ethnicity:** Hispanic / Latino Non-Hispanic

English Proficiency: Is English your primary language?
 Yes No Other: _____

Income
 What is your total personal income?
 \$ _____ per
 Hour Day Month Year

Veteran: Are you affiliated with the US Armed Services?
 Yes No

- Veteran Branch: _____
 Family Member of Veteran Relationship to Veteran: _____

Disability: Are you a person with a disability?
 Yes No

Housing: How would you describe your housing situation?
 Stable Housing
 Temporary Housing
 Homeless

Marital Status
 Single Divorced
 Married Widow

Dependents Yes No

Number in Family (Include yourself): _____

Benefits Information: Are you eligible/receiving any of the following?

- Unemployment Insurance
- Food Stamps or Suppl. Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- State or Local Welfare (General Assistance)
- Social Security Disability (SSDI)

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the program and may be subject to legal penalties.

Client Signature _____

Date

_____/_____/_____
 Month Day Year

DO NOT FILL OUT - FOR STAFF USE ONLY

Date of Intake

_____/_____/_____
 Month Day Year

Date of Enrollment

_____/_____/_____
 Month Day Year

Eligible for Program?

TABE Scores at Enrollment

Math Skills at Time of Enrollment _____

Reading Level at Time of Enrollment _____

LINCS-eligible (Select All Applicable):

- Laid-off/Dislocated Worker
- Long-Term Unemployed
- Non-regularly Employed
- High School Graduate
- Senior Worker (Seniors)

Yes No

Staff Member Who Conducted Intake / Date

Date of Orientation

____/____/____
Month Day Year

