Program Application Intake Form

ITL ID #:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | - |  |  | - |  |  |  |  |

Name:

DOB: / /

**DEMOGRAPHICS**

Hispanic/Latino: ☐ Yes ☐ No Gender: ☐ Male ☐ Female Race: ☐ American Indian/Alaskan

* Asian Marital Status:
* Black/African American
* Hawaiian/Pacific Islander Citizenship Status:
* White *Are you eligible to work in the United States*: ☐ Yes ☐ No
* Other: Are you a foster child? ☐ Yes ☐ No

# CONTACT INFO

Address: County:

Apt Name: Apt #: Phone: ☐ Cell ( ) -

City: ☐ Home ( ) -

State: Zip: Email:

# EMPLOYMENT (Use appendix A for additional sources)

Employed: ☐ Yes ☐ No Phone: ( ) - Start Date: / / Employer: Contact Name:

|  |  |  |
| --- | --- | --- |
| Job Title: Salary: $ | Per: | * Hour * Week |
| Address: Suite: |  | * Month |
| City: State: | Zip: |  |
| End Date: / / Reason for Leaving: |  |  |

# Income, Expenses, and Non-Cash Benefits

Do you have any income? ☐ Yes ☐ No Do you have non-cash benefits? ☐ Yes ☐ No

If yes, which source(s):

Amount: $ Per: ☐ Hour ☐ SNAP

* + Week ☐ WIC

Is yes, which source(s): ☐ Month ☐ TANF Child Care Voucher

* Employment ☐ TANF Transport Voucher
* Unemployment ☐ Other:
* SSI
* TANF
* General Assistance Do you receive Federal Student Aid (FAFSA)?
* RSDI ☐ Yes ☐ No
* Pension or Retirement Do you or your children have medical needs?
* Child Support ☐ Yes ☐ No
* Other: Have you registered with Workintexas.com? ☐ Yes ☐ No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total Monthly Expenses: | $ |  | | | | | |
| * Rent/Mortgage: | $ |  | * Child Support: | | | $ |  |
| * Electric: | $ |  | * Laundry: | | | $ |  |
| * Gas: | $ |  | * Cell Phone | | | $ |  |
| * Water: | $ |  | * Food: | | | $ |  |
| * Car Payment: | $ |  | * Child Care: | | | $ |  |
| * Car Insurance: | $ |  | * Other: | | | $ |  |
| * Gas: | $ |  | * Other: | | | $ |  |
| * Credit Cards: | $ |  | * Other: | | | $ |  |
| **TRANSPORTATION** | | | | | | | |
| Do you have a driver's license?  Driver's License Number: | * Yes | * No | | Transportation: | * No transportation * Unreliable transportation * Self | | |
| Driver's License State: |  |  | |  | * Family/friends * Public transportation | | |
|  |  |  | |  | * Taxi / shared ride * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# OTHER INFORMATION

Have you committed any misdemeanors? Highest Level of Education:

* + Yes ☐ No

Have you committed any felonies? Are you a Military Veteran? ☐ Yes ☐ No

* + Yes ☐ No

If yes to either, please explain: Military Branch:

# OTHER INFORMATION

Please list all persons living in your household whether related or not:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name Last Name | DOB  / / | Race | Hispanic   * Yes * No | Relation |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name Last Name | DOB  / / | Race | Hispanic   * Yes * No | Relation |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name Last Name | DOB  / / | Race | Hispanic   * Yes * No | Relation |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name Last Name | DOB  / / | Race | Hispanic   * Yes * No | Relation |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name Last Name | DOB  / / | Race | Hispanic   * Yes * No | Relation |

# PROGRAM CERTIFICATION SELECTION

* Aviation ☐ Info Technology ☐ Oil and Gas
* Call Center ☐ Insurance ☐ Technical
* Construction ☐ Leadership Development ☐ Other:

Client Name (Printed) Client Signature

/ /

Application Date

Staff Completing Form

/ /

Date

Class End Date

Class Start Date

/ /

Assigned Case Worker

/ /

# APPENDIX A (WORK HISTORY EXPANDED)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employed:  Employer: | * Yes | * No | Phone: ( ) -  Contact Name: | Start Date: / / |
| Job Title: |  |  | Salary: $ | Per: ☐ Hour |
| Address: |  |  | Suite: | * Week * Month |
| City: |  |  | State: | Zip: |
| End Date: | / | / | Reason for Leaving: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employed:  Employer: | * Yes | * No | Phone: ( ) -  Contact Name: | Start Date: / / |
| Job Title: |  |  | Salary: $ | Per: ☐ Hour |
| Address: |  |  | Suite: | * Week * Month |
| City: |  |  | State: | Zip: |
| End Date: | / | / | Reason for Leaving: |  |
| Employed: | * Yes | * No | Phone: ( ) - | Start Date: / / |

Employer: Contact Name:

Job Title: Salary: $ Per: ☐ Hour

* + Week

Address: Suite: ☐ Month

City: State: Zip:

End Date: / / Reason for Leaving:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For ITL Use Only | | |  |  |  |  |  |  | | |  |  |  |
|  |  |  | | | | | | |  |  | | | |
| Training | Adult GED Safety/OSHA  IC3 Computer Fundamentals    Leadership  Logistics  Customer Service | | | | | | | | | | | | |
| Referral | Job Readiness  ESL  Pharmacy Tech | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Background Check | Submitted  Completed Cleared  Exceptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Employment/ Placement | Texas Trust Credit Union  Allstate  State Farm  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |