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|  | | |  | | | | | | | | | | | **Intake Form** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **DATE:** | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Personal Data** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Name (Last, First, Middle)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student ID #** | | | | | | | | | | | | | **Date of Birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Age** | | | | | | | | | | | | | | | | | |
| **Street Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | | | | | **State** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | | | | | | | | | | | | | | | |
| **Cell Phone Number** | | | | | | | | | | | | | **Home Phone Number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **E-mail Address** | | | | | | | | | | | | | | | | | |
| **Can we reach you via text? YES NO**    **If yes, what cell phone provider do you have?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disability:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOR Counselor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DSPS Counselor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Circle/Fill in All That Apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Benefits:** | | | | | | **SSI $ month** | | | | | | | | | | | | | | **SSDI $ month** | | | | | | | | | | | | | | | | | | | | | | | | | **Unemployment $ month** | | | | | | | | | | | | | | | | | |
| **EBT/CalFresh** | | | | | | | | | | | | **Financial Aid** | | | | | | | | | | | | | | | | | | **PASS Plan** | | | | | | | | | | | | | | **Section 8** | | | | | | | | | | | | | | |  | | | |
| **Insurance: Private** | | | | | | | | | | | | **Medi-Cal** | | | | | | | | | | | | | | | | | | **Medi-Care** | | | | | | | | | | | | | | **None** | | | | | | | | | | | | | | |  | | | |
| **Transportation:** | | | | | **Bus/Trolley** | | | | | | | | | | **Drive** | | | | | | | | | | | | | | | | | | |  | | | **Paratransit/MTS** | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | **Relies on Others** | | | | | | | | | | **Other:** | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | |
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| **Requested Services from WorkAbility III** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate which services are of interest to you (circle):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Career Exploration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Locating Internship for Program** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Search Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Locating Work Experience Opportunities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Application Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Workplace Accommodations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Interview Skills Development** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Employer Outreach** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resume Assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Disclosure of Disability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment Goals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Short Term Goals: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Long Term Goals: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you seeking employment or work experience at this time? If yes, what kind of job are you seeking? :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What type of work are you looking for?**  **Circle all that apply to you.** | | | | | | | | | | | | | | | | | | | **Part-Time** | | | | | | | | | | | | | | **Paid** | | | | | | | | | | | | | **Internship** | | | | | | | | | | | **Volunteer** | | | | | |
| **Full-Time** | | | | | | | | | | | | | |
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| Total available hours available to work per week: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you available to work evenings? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | Weekends? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What types of jobs have you had in the past? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe your challenges in finding and keeping a job: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever been terminated from a job? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever discussed your disability with an employer? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please explain any accommodations or aids used in the past to perform a job: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Have you experienced difficulty with learning a new job? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please complete each of the following sentences with the first answer that comes to mind: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My favorite thing to do with my free time is | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A Bit About You** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Three words that I would use to describe myself are | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The skills that I am most proud to have is | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HIGH SCHOOL | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Name of School | | | | | | | | | | | | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | | |
| DIPLOMA OR GED RECEIVED: Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | Diploma GED | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| COLLEGE: (List all, whether or not degrees obtained.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Location | | | | | | | | | | | | | | | | | | | | | | | Major field of study | | | | | | | | | | | | | Minor field of study | | | | | | | | | | | | | Degrees/ Certifications | | | | | | | | | | | Received? | | |
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| Have you ever taken the Occupational Opportunities class? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Circle the SDCCD campus(es) you are currently attending:** | | | | | | | | | | | Continuing Education: | | | | | | | | | | | | | Centre City | | | | | | | | | | | | | | | ECC | | | | | | | | | CE Mesa | | | | | | | | | | Caesar Chavez | | | | |
| Mid City | | | | | | | | | | | | | | | | | | | North City | | | | | | | | | | | | | West City | | | | | | |
| Credit Campuses: | | | | | | | | | | | | | Mesa College | | | | | | | | | | | | | | | | | | | Miramar College | | | | | | | | | | | | | City College | | | | | | |
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| Educational Goal/Major: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you plan to transfer to a University? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please list any additional trainings, certificates or records of achievement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **Disability Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any limitations or restrictions you currently have: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you currently taking prescription medications? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any side effects of medications: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe any additional barriers to employment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other Background Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever served in the military? Yes No  Have you ever been convicted of a crime? Yes No  Felony  Misdemeanor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, provide details including date, location (city), nature of offense and disposition: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Please describe your ethnicity**: (Latino, African-American, Caucasian, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Languages:** | | **ASL** | | | | | | | | **English** | | | | | | | **Spanish** | | | | | | | | | | | | | | **Other:** | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |

Revised 11/9/2017