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|  |  | **Intake Form** |  |
| **DATE:**  |  |  |  |
|  |  |  |  |
| **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:** |
|  |
| **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:** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
| **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: |  |
|  |
| Long Term Goals: |  |
|  |
| 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** |
|  |
| Total available hours available to work per week: |  |
| Are you available to work evenings? Yes No |  Weekends? Yes No |
|  |  |
| What types of jobs have you had in the past? |  |
|  |
|   |
|  |
| Please describe your challenges in finding and keeping a job: |  |
|  |
|  |
|  |
| 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 |  |
|  |
| The skills that I am most proud to have is |  |
|  |
|  |
| **Education**  |
|  |
| 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 |
|  |
| **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 |
|  |
| Educational Goal/Major: |  |
|  |
|  |
| Do you plan to transfer to a University? Yes No |
| Where: |  |
|  |  |
| Please list any additional trainings, certificates or records of achievement: |  |
|  |
|  |
|  |
| **Disability Information** |
| Please describe any limitations or restrictions you currently have: |  |
|  |
|  |
| Are you currently taking prescription medications? Yes No |
| Please list any side effects of medications: |  |
|  |
|  |
| Please describe any additional barriers to employment: |  |
|  |
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| **Other Background Information** |
| Have you ever served in the military? Yes NoHave you ever been convicted of a crime? Yes No  Felony Misdemeanor |
| If yes, provide details including date, location (city), nature of offense and disposition: |  |
|  |
|  |
|  |
| **Please describe your ethnicity**: (Latino, African-American, Caucasian, etc.): |  |
| **Languages:**  |  **ASL** |  **English** |  **Spanish** |  **Other:**  |  |  |

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