



Training Program Intake Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Basic Eligibility Questionnaire Social Security Number: _____

Birthdate: MM - DD - YEAR _____ - _____ - _____

Gender: Male Female Prefer Not To Answer

Race: White Black Hispanic Asian Aleutian

American Indian / Alaskan Native Filipino Other _____

Veteran: Yes No Disability: Yes No *If yes, what?* _____

Do you have your high school diploma? Yes No Highest Grade Completed # _____

Are you currently unemployed? Yes No Or Enter Grade Level Here _____

Do you have any children under the age of 18? Yes No

Are you enrolled in any FSET, Department of Corrections or Children's First programs? Yes No

Have you been incarcerated, on probation or parole at some point? Yes No *Note: For statistical purposes, results do not disqualify one from the program.*

Program applicant referred to: Referral Sent On: ENTER DATE _____

SDC YouthBuild Follow Up _____

TMJ Program _____

Big Step _____

Stipend _____