

Intake Form

Client Instructions: (1) Please Print Clearly with pen

Cayuga-Onondaga BOCES Center for Learning Branch : Adult

STUDENT INFORMATION

Last Name		Maiden Name	First Name		Middle Initial
Social Security Number		County		School District	
Mailing Street Address			Apartment/Lot#	Mailing City	Mailing Zip Code
Home Phone		Work Phone		Cell Phone	
Email Address					
Emergency Contact Name		Emergency Contact Phone		Emergency Contact Relationship	

DEMOGRAPHICS

Gender (check one) <input type="checkbox"/> F <input type="checkbox"/> M	Birth Date	Ethnic (check one from both part A and B) PART A: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino PART B: <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African-American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> African <input type="checkbox"/> Latino/a <input type="checkbox"/> White (not Latino/a)			
Diploma Status at Entry (check one) <input type="checkbox"/> No Diploma <input type="checkbox"/> IEP Diploma <input type="checkbox"/> Foreign High School: provide copy <input type="checkbox"/> HSE <input type="checkbox"/> U.S. High School Diploma <input type="checkbox"/> U.S. College Diploma					
LAST Grade Completed (please circle one): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other	
Currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____			Any additional education? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____		
Public Assistance Status at Entry (check all that apply) <input type="checkbox"/> Not Receiving PA <input type="checkbox"/> Receiving PA <input type="checkbox"/> TANF: # children _____ <input type="checkbox"/> SafetyNet <input type="checkbox"/> Food stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Refugee Cash Assistance <input type="checkbox"/> WIC <input type="checkbox"/> Old Age Assistance <input type="checkbox"/> Aid to the Blind <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input type="checkbox"/> HUD <input type="checkbox"/> HEAP <input type="checkbox"/> Totally Disabled Case # _____					
Job Status (Check one) <input type="checkbox"/> Employed FULL-Time <input type="checkbox"/> Employed PART-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed LESS than one year <input type="checkbox"/> Unemployed MORE than one year <input type="checkbox"/> Inmate Are you seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No Seeking full-time or part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
If employed? List the following: Name of Employer: _____ Date of Hire (Mo/Yr): _____ Annual Income Level (check one): <input type="checkbox"/> less than \$10,000 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> \$15,000 to \$24,999 <input type="checkbox"/> \$25,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 to \$149,999 <input type="checkbox"/> \$150,000 to \$199,999 <input type="checkbox"/> \$200,000 or more					
Nationality Country of birth _____ Date of U.S. settlement _____ <input type="checkbox"/> Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant					
OTHER					
Medical Alert:			Please list any Allergies:		

Names, birth dates, and relationships of DEPENDENTS that YOU are responsible for?

PLEASE CHECK ONE:

I Am A New Student I Am A Returning Student;
Location of Previous GED Class: _____ Dates: _____

Have you PREVIOUSLY taken the GED/TASC? Yes No Test Date: _____ Form _____ Provided copy of Results?
SCORES: Writing _____ Social Studies _____ Science _____ Lit/Arts _____ Math _____ Total Score _____ Yes No

Client's Signature: _____ Date: _____

For Office Use Only

Class Code	ABE0001 <input type="checkbox"/>	Start Date: _____	ABE0007 <input type="checkbox"/>	Start Date: _____	INTAKEPOP10002 <input type="checkbox"/>	Start Date: _____
	ABE0002 <input type="checkbox"/>	Start Date: _____	JOB0001 <input type="checkbox"/>	Start Date: _____	INTAKEPOP10003 <input type="checkbox"/>	Start Date: _____
	ABE0004 <input type="checkbox"/>	Start Date: _____	JOB0002 <input type="checkbox"/>	Start Date: _____	INTAKEPOP10005: <input type="checkbox"/>	Start Date: _____
	ABE0005 <input type="checkbox"/>	Start Date: _____	JOB0003 <input type="checkbox"/>	Start Date: _____	OTHER: _____	Start Date: _____
	ABE0006 <input type="checkbox"/>	Start Date: _____	JOB0004 <input type="checkbox"/>	Start Date: _____	OTHER: _____	Start Date: _____

Interviewer _____

White Copy: Permanent Student Folder

Gold Copy: Teacher's Student Folder