

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (FOOD STAMP) E&T PROGRAM

INTAKE ASSESSMENT FORM

County _____ Case Head _____ Case Number _____

INSTRUCTIONS	<p>Welcome. This program is called the Employment and Training Program. We hope this program will help you get a full-time job that will help you meet all your needs. We will design an employment plan especially for you. To help us design this plan, we need for you to complete this form. If you need help with any of the questions, your counselor will be glad to assist you.</p> <ol style="list-style-type: none"> 1. Answer every question. If you think that a question does not apply to you, write "NA" or not applicable. 2. Return this form to the counselor.
PERSONAL INFORMATION	<ol style="list-style-type: none"> 1. Enter the following information about yourself: Name _____ Social Security Number _____ Date of Birth _____ Address _____ _____ 2. Do you have a driver's license or a photo ID? _____ YES _____ NO If yes, is there a vehicle that you can use for transportation to work? _____ YES _____ NO 3. Do you have any licenses or certificates that might help you get a job? _____ YES _____ NO If yes, tell what type of license or certificate that you have _____ 4. Are you registered with the Employment Security Department? _____ YES _____ NO 5. Are you registered with any other public or private employment or training agency? _____ YES _____ NO If yes, tell which agency _____
EDUCATION	<ol style="list-style-type: none"> 1. Do you have a GED? _____ YES _____ NO 2. Do you have a high school diploma? _____ YES _____ NO If yes, name of high school and year graduated _____ Year _____ If no, what is the highest grade you completed? _____ 3. Did you attend a college or vocational school? _____ YES _____ NO If yes, name of school or schools _____ What did you study? _____ Did you graduate? _____ YES _____ NO If yes, enter year graduated. _____

WORK HISTORY	1. Have you ever had a job? ____YES ____NO If yes, please complete the information below.		
	Employer or Company Name Job	Type of Job	Reason for Leaving
WORK BARRIERS	1. Do you have any physical problems that keep you from working? ____YES ____NO If yes, explain the problem. _____ _____		
	2. Do you have transportation to work? ____YES ____NO		
	3. Are you being treated for drug addiction or alcoholism? ____YES ____NO		
	4. Do you have other problems that prevent you from working? ____YES ____NO If yes, explain the problem. _____ _____		

- I have answered all questions to the best of my ability, and I believe all answers to be correct.
- I understand that I will be notified of the date and time of my next appointment.

Registrant's Signature *Date*

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write:

USDA, Director
 Office of Civil Rights
 Room 326-W, Whitten Building
 1400 Independence Avenue, S.W.
 Washington, D.C.20250-9410
 Telephone and TDD for Hearing Impaired - (202) 720-5964

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Use

This form is used to determine each registrant's skills, educational background and work history. It is also designed to identify barriers to employment.

Completion

The registrant will complete the form if possible. If the registrant needs assistance with completing the form, the E&T worker will provide such assistance. If the registrant is not able to complete the form, the E&T worker will complete the form based on the registrant's statements.

Routing

The original form will be retained in the E&T Program file.

Retention

The original form will be retained for five years from the month of origin in the E&T Program file in the local Adult Education Program Office.