

ROSS Intake Form

Name (*please print*): _____

Name of Head of Household (if you are NOT head of household): _____

Address: _____ zip code: _____ Unit: _____

Phone Num: (____) ____-____-____ Alternative Phone Num: (____) ____-____-____

Date of Birth: _____ Email Address: _____

Employment/Income

Are you currently employed? (Check one) No___ Yes, PART TIME___ Yes, FULL TIME (35+ hours)___

Name of employer: _____ Job Title: _____

Date began employment: _____ Work schedule: _____

If you are not employed, what do you see as your major difficulty in finding employment? _____

Education/Training

How many years of school have you completed? _____ Years of College: _____

Have you completed any certificate or trade programs? _____

I have completed (Check one): ___GED ___High School Diploma ___I have not completed either

Are you interested in obtaining a GED? ___Yes ___No ___N/A Notes: _____

Transportation

Do you have your own transportation? ___Yes ___No Do you have car insurance? ___YES ___No ___N/A

Do you use public transportation? ___Yes ___No Do you need bus passes? ___Yes ___No

Do you have a valid Driver's License? ___Yes ___No What state was your license issued?: _____

ROSS PARTICIPANT

DATE

WFHA OFFICIAL

DATE

For Office Use Only: Any referrals made? ___Yes ___No Notes: _____