

**Chautauqua Works**  
**UNIVERSAL INTAKE FORM**



**Name:** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_  
Last, First, Middle Initial

**Date of Birth:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:**

**No., Street, Apt. #, P.O. Box City/Town Zip Code County**

**Phone Number:** \_\_\_\_\_ **Alt. Phone Number:** \_\_\_\_\_

**Veteran:**  NO  YES  Less than 180 Days of Active Service  Recently Separated: Date: \_\_\_\_\_  
Honorable Conditions? Yes  No   
 Vietnam Era Vet  Vietnam Combat/Theater  Armed Forces Expedition Medal  
 Persian Gulf Era  Persian Gulf Theater  Other Combat Theater  
 Disabled >30% (What % \_\_\_\_\_)  Iraq  Disabled <30% (What % \_\_\_\_\_)

**Ethnic Heritage & Race: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.**

ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

RACE: (check all that apply)  Alaskan/American Indian  Asian  Black or African American  
 Hawaiian or Pacific Islander  White

**Education:** Highest Grade Completed \_\_\_\_\_ (1-16+) Current Student?  Yes  No Where: \_\_\_\_\_  
 High School Graduate  Full Time  Part Time Major: \_\_\_\_\_  
 GED  Vocational / Technical Training Last School Attended? \_\_\_\_\_  
College (highest level):  Associate's Degree  Bachelor's Degree  Post Bachelor's Degree Major: \_\_\_\_\_  
Certificate(s)/Licenses:  \_\_\_\_\_

**Are you a United States Citizen?**  Yes  No  
**If No, Are you legal to work in the US?**  Yes  No **Alien ID #** \_\_\_\_\_ **Exp.** \_\_\_\_\_

**Employment:**

Are you presently employed?  Yes  No Have you earned any wages in the last 7 consecutive days?  Yes  No

**List Current/Previous Employer-** \_\_\_\_\_

Address (No., City, State, Zip): \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
# of hours per week: \_\_\_\_\_

**Previous Employer-** \_\_\_\_\_

Address (No., City, State, Zip): \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
# of hours per week: \_\_\_\_\_

**Previous Employer-** \_\_\_\_\_

Address (No., City, State, Zip): \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hourly Wage: \$ \_\_\_\_\_  
# of hours per week: \_\_\_\_\_

# Chautauqua WORKS

## AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

The purpose of the Authorization Form is to enable agencies identified as members of the **Chautauqua WORKS** Consortium to better serve you and/or your child (ren) through coordinated service planning and delivery. Representatives of these agencies may share information in order to arrange for appropriate and prompt delivery of services as planned.

Is there any Agency that you **DO NOT** want us to share your information with?

Yes \_\_\_\_ No \_\_\_\_

If Yes, please list the name(s) of the agency/agencies below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Check below the information you want to be shared:

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Information                  | <input type="checkbox"/> Education/Training/Skills Background          |
| <input type="checkbox"/> Employment Background and Information | <input type="checkbox"/> Support Service Information                   |
| <input type="checkbox"/> Eligibility                           | <input type="checkbox"/> Educational/Vocational Assessment Information |
| <input type="checkbox"/> Previous Workforce Prep. Services     | <input type="checkbox"/> Unemployment Insurance                        |
| <input type="checkbox"/> Other: _____                          | <input type="checkbox"/> Other: _____                                  |

I understand and have had explained to me that this release authorizes an exchange of information between Service Agency members in order to provide me and/or my child(ren) with the most complete and thorough services available. It does not allow the release of HIV-related information, drug and alcohol records, or mental health reports. It does not authorize release to any other person or agency except those agencies which are partnership members' of **Chautauqua WORKS**. Unless revoked in writing, this release and exchange shall remain in force for a period of 24 months from the date or authorization.

I attest that the information provided on the intake form is true and accurate and understand that the information, if misrepresented or incomplete, may affect my eligibility for services.

I understand I will have to provide specific documentation as requested by my workforce development specialist to be eligible for any financial assistance and if I do not comply I shall be personally liable for all costs incurred. I understand that falsification is grounds for termination and may result in action to recover any monies paid to me while participating in the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Eligibility Interviewer/Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Registration Date