

FRANKLIN HAMPSHIRE CAREER CENTER INTAKE/MEMBERSHIP FORM

Staff Use Only

MOSES ID	Date	Initials

Please talk to a Front Desk staff person if you need assistance to complete this form.

1 Franklin Hampshire Career Center and our workforce partner agencies offer a full range of employment, training and support services.

What transportation method do you use? (please check ALL that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> I walk or bike | <input type="checkbox"/> I drive but my vehicle is not reliable | <input type="checkbox"/> I have regular access to rides |
| <input type="checkbox"/> I use public transportation | <input type="checkbox"/> I drive and have a reliable vehicle | <input type="checkbox"/> I can get rides sometimes |

How can we help? (Please check ALL that apply.)

I would like to:

- Apply for Unemployment Insurance
- Improve my English Skills
- Improve my reading skills
- Improve my math skills
- Get my GED/High School Equivalency
- Get Job Training
- Go to college
- Get a full time job
- Get a part time job

I need help with:

- My current Unemployment Insurance Claim
- Writing a resume and cover letter
- Answering interview questions
- Completing an on-line job application
- Finding job openings
- Exploring careers and match my skills to job openings
- Getting a better job
- Financial Education/Money Management
- Computer Education

I need assistance with :

- Child Care
- Housing Assistance
- Legal Assistance
- Medical Assistance
- Financial Assistance
- Transportation
- Citizenship/Immigration
- Substance Use

Please check any agencies/services that you work with now or in the past year:

- | | | |
|---|---|--|
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> SNAP/Food Stamps | <input type="checkbox"/> Healthy Families |
| <input type="checkbox"/> GED/HiSET Classes | <input type="checkbox"/> Food Pantry - Located in: _____ | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Citizenship/Immigration Services | <input type="checkbox"/> WIC | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> HeadStart | <input type="checkbox"/> DTA Cash Benefits | <input type="checkbox"/> Mass Rehab |
| <input type="checkbox"/> Daycare Voucher | <input type="checkbox"/> MassHealth | <input type="checkbox"/> Mass Commission for the Blind |
| <input type="checkbox"/> Family Resource Center | <input type="checkbox"/> Voluntary Income Tax Assistance/VITA | <input type="checkbox"/> Community Action |
| <input type="checkbox"/> Other Career Center | <input type="checkbox"/> Fuel Assistance/Weatherization | <input type="checkbox"/> The Literacy Project |
| | <input type="checkbox"/> Shelter/HomeBASE | <input type="checkbox"/> Center for New Americans |
| | <input type="checkbox"/> Section 8/RAFT/MRVP | <input type="checkbox"/> CPM's Career Connections |

_____ Name of Career Center

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<p>2 General Information</p> <p>First Name <input style="width:150px; height:25px;" type="text"/> Last Name <input style="width:150px; height:25px;" type="text"/></p> <p>Date of Birth <input style="width:150px; height:25px;" type="text"/> Social Security Number <input style="width:150px; height:25px;" type="text"/></p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Chose not to answer</p>	<p>3 Address</p> <p>Street Address <input style="width:150px; height:25px;" type="text"/> City <input style="width:150px; height:25px;" type="text"/></p> <p>State <input style="width:50px; height:25px;" type="text"/> Zip <input style="width:50px; height:25px;" type="text"/> Primary Phone <input style="width:150px; height:25px;" type="text"/></p> <p>Email <input style="width:150px; height:25px;" type="text"/> Other Phone <input style="width:150px; height:25px;" type="text"/></p> <p>Best way to contact you: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text <input type="checkbox"/> Home Phone <input type="checkbox"/> Email</p>
<p>4 Military Information</p> <p>1. Have you served in the US Military? <i>Veterans receive priority of service at FHCC; please let us know your military status</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete information below</p> <p>2. Are you US Military veteran's spouse? <i>Military spouses may be eligible for special services; please ask at the front desk</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no to questions 1 and 2, continue to section 5</p> <p>Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Army <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy</p> <p>Dates of Service: Start Date <input style="width:100px; height:25px;" type="text"/> Release Date <input style="width:100px; height:25px;" type="text"/></p> <p>Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other: <input style="width:100px;" type="text"/> <small>Other Discharge Type</small></p> <p>Do you have a DD214? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Campaign Badge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a Service Connected Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of Service Connected Disability? <input style="width:50px;" type="text"/> %</p>	
<p>5 Ethnicity</p> <p>Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6 Emergency Contact</p> <p>Name <input style="width:150px; height:40px;" type="text"/></p> <p>Relationship <input style="width:150px; height:40px;" type="text"/> Phone <input style="width:150px; height:40px;" type="text"/></p>
<p>7 Race Check ALL that apply:</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Information not Available <input type="checkbox"/> Hawaiian Native or Other Pacific Islander</p>	
<p>8 Agricultural Workers</p> <p>In the past 12 months have you worked in Agriculture ? <i>Migrant/Seasonal Farmworkers may be eligible for special services</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you a: <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Seasonal Farm Worker</p>	

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9 Language

What is your first language? What language is spoken at home?

What other languages do you speak?

10 Employment & Unemployment Insurance Status

Do you currently work? Yes No *Employment information helps us to determine program eligibility; please let us know if you're working*

If yes, do you work: Full Time Part Time Permanent Temporary

Are you receiving Unemployment Insurance? Yes No

Have you received a lay-off notice? Yes No

Do you have a recall date? Yes No

Have you exhausted your Unemployment Benefits? Yes No

If you know, when did your UI start? / /
Unemployment Start Date

If you know, what is the lay-off date? / /
Lay-off Date

If you know, what is your recall date? / /
Recall Date

If you know, when did your UI end? / /
UI Benefit End Date

People receiving Unemployment Insurance, or who have used up their Unemployment Insurance benefits may be eligible for special programs, let us know about your Unemployment Insurance

11 Eligibility to Work

Are you a United States citizen? Yes No *Undocumented residents are eligible for many services including workshops, resource room and referrals*

If no, are you authorized to work in the United States? Yes No

12 Disability Information

Do you consider yourself to have a disability? Yes No *People with disabilities may be eligible for special services service, let us know if you have, or think you may have a disability*

If no, continue to section 13

Do you receive Social Security? Yes No

If yes: SSI SSDI *If you receive SSI or SSDI - Please register for a Disability Welcome Meeting to learn how the Social Security Ticket To Work Program can help you find work*

Do you work with any Vocational Rehab or Job Search Programs? Yes No

If yes, what program/agency do you work with?

13 Family/Household Income Information

Are you: Single Married Head of Household *Family & household information helps us determine program eligibility*

Including yourself, what is your household size? # in Household

Are there any dependent children in your household? Yes No

If yes, how many? # of Dependent Children

Have you primarily worked in the home and been supported by a family member? Yes No *Displaced Homemakers may be eligible for special services*

Please check all sources of income/assistance that any household member received in the past 6 months:
This information is ONLY used to determine program eligibility.

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Department of Transitional Assistance Cash Benefits (TAFDC)	<input type="checkbox"/> Refugee Assistance
<input type="checkbox"/> Employment	<input type="checkbox"/> Emergency Assistance for Elderly, Disabled and Children (EAEDC)	<input type="checkbox"/> Pension/Retirement
<input type="checkbox"/> Self Employment	<input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> Worker's Comp
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Free/Reduced Price Lunch	<input type="checkbox"/> Social Security Retirement	Type of Income

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14 Education

What is the highest level of school you completed? _____

	Name of School	Type of Degree/Certificate	Major	Completed	Start Date	End date
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus./Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

15 Employment History

Please list your last 4 jobs, most recent job first:

Company Name	City, State	Job Title	Salary	Per	Start Date	End Date	# of hours per week	Reason for Leaving
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				
				<input type="checkbox"/> Hour <input type="checkbox"/> Year				

I certify to the best of my ability that the above information is true, and I agree to abide by the posted Career Center Code of Conduct.

I agree that any information I have supplied on this form is subject to verification.

Customer Signature

Date