

ENROLLMENT FORM

Enrollment Date:		SSN:		Program:		Provider:	
Job Site Code:		Re- Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		TANF Days Used:	
Last Name:			First Name:			Middle Initial:	
Street address 1:			Street address 2:		City:	State:	ZIP Code:
Primary phone no.: () _____		Primary Phone Type: (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Secondary phone no.: () _____		Secondary Phone Type: (check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Birth date: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Emergency Contact Name:		Emergency Contact Phone no.: () _____	
Languages Spoken: (select all that apply) <input type="checkbox"/> Cambodian <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese				Race: (Check One) <input type="checkbox"/> White (Caucasian) <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Not indicated			
Limited English: (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Native Language: _____				CAO District: _____			
Drivers License: (Check one) <input type="checkbox"/> None <input type="checkbox"/> General License <input type="checkbox"/> CDL Class A <input type="checkbox"/> CDL Class B			Education Level: (Check one) <input type="checkbox"/> No Formal Education <input type="checkbox"/> Dropped Out <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Post HS (Degree) <input type="checkbox"/> Post HS (No Degree) <input type="checkbox"/> Student				
Highest Grade Completed: (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> 1 Year College (no degree) <input type="checkbox"/> 2 Years College (no degree) <input type="checkbox"/> 3 Years College (no degree) <input type="checkbox"/> 4 Years College (no degree) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Graduate Degree (Masters or Higher)							
Criminal Record Status: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Excluding Misdemeanor <input type="checkbox"/> Misdemeanor				Court Involvement: (check One) <input type="checkbox"/> None <input type="checkbox"/> Parole Officer <input type="checkbox"/> Traffic Court <input type="checkbox"/> Family Court			
Income: (Check all that apply) <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> ABAWD <input type="checkbox"/> Unemployment				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Certification (if applicable): <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> CNA <input type="checkbox"/> Computer Skills <input type="checkbox"/> Cosmetology <input type="checkbox"/> LPN <input type="checkbox"/> Security <input type="checkbox"/> Welder Other _____			Family Status: <input type="checkbox"/> Parent in 1- Parent Family <input type="checkbox"/> Parent in 2-Parent Family <input type="checkbox"/> Not a parent <input type="checkbox"/> Non Custodial Parent			CAO Special Allowances Received: (Check all that apply) <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Clothing	
Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have car insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered with Career Link: <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Works: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of children in household: Under 2 yrs _____ 2-6 yrs _____ 7-13 yrs _____ 4-18 yrs _____	
Number of children not in household: Under 2 yrs _____ 2-6 yrs _____ 7-13 yrs _____ 4-18 yrs _____		Youngest child's DOB: / /		For Data Use Only:			
Check here if no open AIMS referral: <input type="checkbox"/>		Date CAO contacted for referral: / /		Is the jc Work Support? <input type="checkbox"/> Yes <input type="checkbox"/> No			