

APPENDIX B
INTAKE FORMS

STUDY ELIGIBILITY CHECKLIST

WIA Adult and Dislocated Worker Programs | **Gold Standard Evaluation**

This form must be completed for all customers who are eligible for intensive services.

Date: _____	
LWIA Name: (Pre-Printed) _____	
Center Name: _____	Staff Name: _____
Customer Name: _____	
First	M.I.
Last	

MARK ONE BOX FOR EACH		
	<u>Yes</u>	<u>No</u>
IS THIS CUSTOMER UNDER 18 YEARS OF AGE?	<input type="checkbox"/>	<input type="checkbox"/>
IS THIS CUSTOMER A VETERAN OR A COVERED SPOUSE OF A VETERAN?	<input type="checkbox"/>	<input type="checkbox"/>
HAS THIS CUSTOMER BEEN REFERRED BY AN EMPLOYER FOR AN OJT SLOT?	<input type="checkbox"/>	<input type="checkbox"/>
IS THIS CUSTOMER PARTICIPATING IN:		
– Trade Adjustment Assistance Program?	<input type="checkbox"/>	<input type="checkbox"/>
– An Incumbent Worker Program? [SITE SPECIFIC EXAMPLE]	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to ANY question is YES, this customer is NOT eligible for the study and should NOT complete any other study forms OR be submitted for random assignment.

If the answer to ALL questions is NO, ask the customer to complete the consent form.

MARK HERE IF THE CUSTOMER HAS SIGNED THE CONSENT FORM

If the customer DID sign the consent form, this customer is eligible for the study and should complete the study registration and contact information forms and be entered into the Random Assignment System.

If the customer did NOT sign the consent form, this customer should NOT participate in the study and should NOT complete any other study forms OR be submitted for random assignment. They are eligible only for core services.

Please send this Study Eligibility Checklist to Mathematica for all customers found eligible for intensive services.

FOR COUNSELOR USE ONLY:

Study ID #: _____

STUDY REGISTRATION FORM

Use a black or blue ink to complete this form. Make heavy dark marks that fill the square completely.

Correct Mark

Incorrect Marks

Please PRINT where applicable. Enter only one number per box. | 1 | 9 |

1. **Today's Date:** |__|_| / |__|_| / | 2 | 0 | |__|_|
Month Day Year

2. **Name:**

First Name MI Last Name

2a. **Maiden Name:**

3. **Address:**

Street Apt. #

City State ZIP Code

4. **Date of Birth:** |__|_| / |__|_| / | 1 | 9 | |__|_|
Month Day Year

5. **Social Security Number:**
|__|_| - |__|_| - |__|_|

6. **Gender:**

- 1 Male
- 2 Female

7. **Home Phone Number:**

IF NONE, MARK HERE →
(|__|_|) - |__|_| - |__|_|
Area Code

Under whose name is that phone listed?

- 1 My own name
- 2 Someone else's name (Write in):

First Name Last Name

8. **Cell Phone Number:**

IF NONE, MARK HERE →
(|__|_|) - |__|_| - |__|_|
Area Code

9. **Email Address:** _____

10. **Are you of Hispanic, Latino, or Spanish origin?**

- 1 Yes
- 0 No

11. **What is your race?**

MARK ONE OR MORE BOXES

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian
- 5 Native Hawaiian or Pacific Islander

12. **What is your primary spoken language?**

MARK ONE BOX

- 1 English
- 2 Spanish
- 3 Other (Write in): _____

13. **What is your marital status right now?**

MARK ONE BOX

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never married

CONTINUE ON BACK ►

FOR COUNSELOR USE ONLY

A. **LWIA Name:** _____

B. **Center Name:** _____

C. **WIA Counselor's Name:** _____
First Name MI Last Name

D. **Customer's Qualification status:** 1 D
2 A

E. **Training:** 1 VL 2 SL 3 SU 4 VU
F. **Provider:** 1 C.C./T.C. - 2-yr. 2 P 3 U/C - 4-yr. 4 O (Write in): _____

14. **INCLUDING YOURSELF, how many people live with you? (Please include babies, small children, people who are not related to you, and people who are temporarily away.)**

____ # OF PEOPLE LIVING WITH YOU, INCLUDING YOU

15. **Which of the following degrees, diplomas, or certificates have you received?**

MARK ALL THAT APPLY

- 1 None
- 2 Elementary, Middle, or Junior High diploma
- 3 High School Diploma
- 4 Adult Basic Education (ABE) certificate
- 5 General Educational Development (GED)
- 6 Vocational/Technical degree or certificate
- 7 Business degree/certificate
- 8 Associates degree (AA)
- 9 Bachelor's degree or equivalent (BA/BS)
- 10 Master's degree or equivalent (MA/MS)
- 11 Doctor's degree (MD, Ph.D.)
- 12 Other professional degree/certificate
- 13 Other (Write in): _____

16. **Do you have any health problems—mental, physical, or emotional—or substance abuse problems that limit the kind or amount of work or training that you can do?**

- 1 Yes
- 0 No

17. **Have you had a job in the past five years?**

- 1 Yes
- 0 No → GO TO #24

18. **Are you currently working?**

- 1 Yes → GO TO #20
- 0 No

19. **In what month and year did your last job end?**

____ / 20____ → GO TO #20
Month Year

ANSWER QUESTIONS 20-23 ABOUT YOUR CURRENT OR MOST RECENT JOB. (If you currently have more than one job or had more than one job recently, give answers about your job with the most hours.)

20. **What is the name of your current or former employer?**

1 Self-employed

21. **What are (or were) your main duties at this company? PLEASE BE SPECIFIC**

22. **How many hours per week do (or did) you usually work at your main job?**

____ HOURS PER WEEK

23. **What was your current or most recent rate of pay, before taxes and deductions at your main job?**

\$ _____, _____ • _____ PER
Dollars Cents

(if pay varies, enter an average amount)

MARK ONE BOX

- 1 Hour
- 2 Week
- 3 Every 2 weeks
- 4 Twice per month
- 5 Year
- 6 Other (Write in): _____

24. **Do you or anyone in your household currently receive assistance from any of the following programs?**

MARK ALL THAT APPLY

- 1 TANF (Cash assistance)
- 2 SSI or SSDI
- 3 General Assistance
- 4 SNAP (Food Stamps)
- 5 Unemployment Compensation
- 6 Other (Write in): _____
- 0 IF NONE, MARK HERE

25. **In the past, have you ever used services at this Center or one similar to it?**

- 1 Yes
- 0 No

Thank you for completing this form. Please return it to your WIA counselor.

Public Burden Statement

Completing this document, which seeks to help the U.S. Department of Labor understand the effects of WIA-funded services on customers' employment-related outcomes, is voluntary. The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Development and Research, U.S. Department of Labor, Room N5641, 200 Constitution Avenue, NW, Washington, DC 20210.

