<mark>[STATE NAME]</mark> RETAIN Project

Retaining Employment & Talent after Injury/Illness Network

Participant Enrollment Information Form: Part One
TO BE COMPLETED BY PARTICIPANT

ALL FIELDS REQUIRED

1. **Full Name**

   _____
   FIRST   MIDDLE   LAST

2. **Mailing Address:**

   _____
   STREET (OR P.O. BOX)   CITY   STATE   ZIP

3. **Email address:**

   _____@_____

4. **Phone Number:**

   |___|___|___| - |___|___|___| - |___|___|___|___|

5. **Date of Birth:**

   |___|___| / |___|___| / |___|___|___|___|
   MONTH DAY   YEAR

6. **Social Security Number:**

   |___|___|___| - |___|___| -|___|___|___|___|

7. What language do you prefer to communicate in?

MARK ONE ONLY

☐ English

☐ Spanish

☐ Other language *(please specify)*

_____

8. What is your sex?

MARK ONE ONLY

☐ Male

☐ Female

9. Are you of Hispanic, Latino, or Spanish origin?

MARK ONE ONLY

☐ Yes

☐ No

10. What is your race?

MARK ALL THAT APPLY

☐ White

☐ Black or African-American

☐ American Indian or Alaska Native

☐ Asian

☐ Hawaiian or Pacific Islander

11. What is your highest level of educational attainment?

MARK ONE ONLY

☐ Less than a high school diploma

☐ High school diploma, GED or certificate of completion

☐ Occupational certificate/license or 2-year college degree

☐ 4-year college degree (bachelor's degree)

☐ Post-graduate degree (master's, doctorate, professional)

12. Do you currently have an injury or illness that limits the kind or amount of work you can do?

☐ Yes

☐ No

13. In general, would you say your current health is?

MARK ONE ONLY

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

14. In the last 12 months, did you work at a job that paid you more than $1,000 a month (before taxes and deductions)?

☐ Yes

☐ No

15. What best describes your current employment status…

MARK ONE ONLY

☐ Not employed

☐ Self-employed

☐ Employed at private company, non-profit, or government

16. How many hours per week did you usually work before your injury/illness?

_____

17. How long has it been since you last worked?

MARK ONE ONLY

☐ I worked today

☐ No more than a week ago

☐ More than a week ago but no more than a month ago

☐ More than a month ago but no more than three months ago

☐ More than three months ago but no more than six months ago

☐ More than six months ago

18. How long have you been continuously employed at your current job (or most recent job, if not currently employed)?

☐ No more than 6 months

☐ More than 6 months but no more than 1 year

☐ More than 1 year but no more than 2 years

☐ More than 2 years but no more than 5 years

☐ More than 5 years

19. Within the last 3 years, did you apply for or receive disability benefits from the Social Security Administration --- either Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)?

☐ Yes

☐ No

20. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

☐ Yes

☐ No

21. Are you now covered by any of the following types of health insurance?

MARK ALL THAT APPLY:

a. Private insurance plan through own employer ☐

b. Private insurance plan through family member's employer ☐

c. Private insurance plan not connected to any employer ☐

d. Medicare ☐

e. Medicaid ☐

f. Veteran's Health Plan ☐

g. Other *(please specify)* ☐

_____

22. Are you currently receiving income from any of the following sources?

MARK ONE PER ROW

	YES	NO	DON'T KNOW
a. Social Security disability (SSDI or SSI)?	☐	☐	☐
b. Veterans' benefits?	☐	☐	☐
c. Workers' compensation?	☐	☐	☐
d. Employer-provided or other private disability insurance?	☐	☐	☐
e. Other public programs *(specify)*			☐

	MARK ONE PER ROW		
	YES	NO	DON'T KNOW
_____	☐	☐	

Thank you for completing this form. Please return it to <mark>xxxx</mark>. If you have any questions, please contact <mark>xxxx</mark>.

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