



# WORKFORCE ENTERPRISE EMANCIPATORS INITIATIVE INTAKE APPLICATION FORM



Date of Intake Application Interview: \_\_\_\_\_

## GENERAL INFORMATION

Name: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your current address? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:  M  F Race: \_\_\_\_\_

In case of an emergency who can we contact? Name/Relationship: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ APT. \_\_\_\_\_ STATE \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

Do you currently have a Roots Health Navigator?  Yes  No

Are you currently receiving other Roots services? If so, (MARK ALL THAT APPLY)  Yes  No

Healthy Measures  Medical Clinic  Legal Barrier Removal  Counseling

Do you have a valid driver's license?  Yes  No

Do you have an automobile available for use?  Yes  No

Do you receive CalFresh \$ \_\_\_\_\_  Yes  No Pension, benefits or social security Include disability, pensions, retirement, veteran's benefits, GA, SSI & workers' compensation  Yes  No \$ \_\_\_\_\_

## VETERAN INFORMATION

Are you a veteran?  Yes  No • If yes, specify BOS and DOE? \_\_\_\_\_

Were you honorably discharged?  Yes  No • Do you have a valid DD 214 in your possession?  Yes  No

## EDUCATION/TRAINING

Circle Grade Completed • Grade 1 2 3 4 5 6 7 8 9 10 11 12 • G.E.D. • College 1 2 3 4 Masters  Doctorate

Location of School

Degree/Course of Study

Date Completed

Certificates/Licenses: \_\_\_\_\_

Computer Proficiency:  No Experience  Beginner  Intermediate:  Advanced:

Are you currently in school or a training program?  Yes  No  Specify: \_\_\_\_\_

Are you interested in getting a GED, college degree, technical (certification) degree or education in general?

Specify: \_\_\_\_\_

If no, why not? (MARK ALL THAT APPLY)

Don't Want To Pursue It

Had Difficulty In School

I Didn't Like School

I Didn't Do Well When I Was In School

Not Ready To Discuss It

Other, specify:

## LEGAL STATUS

Have you been in a controlled environment in the past **30** days?  Yes  No

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Treatment     | <input type="checkbox"/> Jail/Prison               |
| <input type="checkbox"/> Psychiatric Treatment | <input type="checkbox"/> Alcohol or Drug Treatment |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> How many days? _____      |

Are you on probation/parole?  Yes  No

If so, Name of Parole/Probation Agent \_\_\_\_\_

How many months/years were you incarcerated in your life? \_\_\_\_\_

Are you presently awaiting charges, trial, or sentence?  Yes  No

If yes, specify \_\_\_\_\_

Are you interested in receiving help with any legal problems?  Yes  No

## FINANCIAL HEALTH

Check your top 3 concerns or issues happening right now in your life. Finish this sentence – I often struggle with:

- |   |  |
|---|--|
| <input type="checkbox"/> Finding a job (or a better job) that will support me/my family | <input type="checkbox"/> Getting and/or keeping insurance (health, life, disability, home or auto) |
| <input type="checkbox"/> Paying bills on time   | <input type="checkbox"/> Paying my mortgage or rent on time  |
| <input type="checkbox"/> Paying off debts (loans, credit cards, medical bills, etc.)    | <input type="checkbox"/> Finding the money to make major repairs or replace broken appliances      |
| <input type="checkbox"/> Negative or no credit  | <input type="checkbox"/> Other   |

Every Month I struggle to pay this on time:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> Child Support | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Credit Cards  | <input type="checkbox"/> Alimony       | <input type="checkbox"/> Utility Debt  |
| <input type="checkbox"/> Payday Loans  | <input type="checkbox"/> Restitution   | <input type="checkbox"/> Car Loan/Note |

If you have a bank account, is it currently “frozen” or being garnished because of a debt?  Yes  No

If you had an emergency and needed \$1,000, where would you get the money?

- |  |   |
|--|---|
| <input type="checkbox"/> My savings  | <input type="checkbox"/> Borrow from family |
| <input type="checkbox"/> Sell or cash out my assets, such as car or retirement account |   |

Check your top 3 goals you would like to work on:

- |   |   |
|---|---|
| <input type="checkbox"/> Getting a job (or a better job) in order to support myself/my family | <input type="checkbox"/> Getting insurance (health, life, disability, home or auto) |
| <input type="checkbox"/> Managing my finances better  | <input type="checkbox"/> Buying a home  |
| <input type="checkbox"/> Paying my bills on time  | <input type="checkbox"/> Starting my own business                                   |
| <input type="checkbox"/> Paying off debts   | <input type="checkbox"/> Going to college, vocational training or other education   |
| <input type="checkbox"/> Improving my credit  | <input type="checkbox"/> Having more money for leisure activities                   |

Other: \_\_\_\_\_

\_\_\_\_\_

Sending my child (children) to college

Improving my housing situation

Do you have a checking/savings account?  Yes  No

If yes, how much do you have saved and name of bank? \_\_\_\_\_

Do you currently have any fines, fees, and court ordered debt or restitution to pay?  Yes  No

Do you know your credit score?  Yes  No

# CLEAN 360 EMANCIPATOR INITIATIVE APPLICATION

<b>APPLICANT'S NAME</b>			EMAIL ADDRESS	
<b>(LAST)</b>	<b>(FIRST)</b>	<b>(MI)</b>		
			PHONE # ( ) -	
ADDRESS		STREET	S.S. CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	STATE	ZIP	VALID I.D./DL <input type="checkbox"/> YES <input type="checkbox"/> NO	

## EDUCATION

Circle Grade Completed • Grade 1 2 3 4 5 6 7 8 9 10 11 12 • College 1 2 3 4 • Masters  • Doctorate

Name of School	Location of School	Degree/Course of Study	Date Completed

## PRIOR WORK EXPERIENCE – Begin With Your Most Recent Job. List Each Job Separately

Job Title	Dates Worked: From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
ADDRESS:		
CITY	STATE	ZIP
PHONE # ( ) -	Reason For Leaving:	
DUTIES PERFORMED:		

Job Title	Dates Worked: From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
ADDRESS:		
CITY	STATE	ZIP
PHONE # ( ) -	Reason For Leaving:	
DUTIES PERFORMED:		

Job Title	Dates Worked: From _____ To _____	Pay \$ _____ Per _____
Name of Employer		Name of Supervisor
ADDRESS:		
CITY	STATE	ZIP
PHONE # ( ) -	Reason For Leaving:	
DUTIES PERFORMED:		

LANGUAGES YOU READ, WRITE OR SPEAK FLUENTLY OTHER THAN ENGLISH:

SPECIAL SKILLS:

Have You Ever Been Convicted Of A Crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Typing Speed: _____ WPM
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## PROFESSIONAL REFERENCES

List The Names Of Two 3 References That We May Contact

1). NAME:	PHONE # ( ) -	RELATIONSHIP:
ADDRESS:		CITY STATE ZIP
2). NAME:	PHONE # ( ) -	RELATIONSHIP:
ADDRESS:		CITY STATE ZIP
3). NAME:	PHONE # ( ) -	RELATIONSHIP:
ADDRESS:		CITY STATE ZIP

**NEED(S) (MARK ALL THAT APPLY)**

- |   |  |
|---|--|
| <input type="checkbox"/> Housing /Living Arrangements                       | <input type="checkbox"/> Residential/Outpatient Treatment        |
| <input type="checkbox"/> Income/Financial Situation/G.A./CalFresh           | <input type="checkbox"/> Medical/Mental Health Status/Counseling |
| <input type="checkbox"/> Educational/Vocational                             | <input type="checkbox"/> Family Relationships/ Social Support    |
| <input type="checkbox"/> Transportation                                     | <input type="checkbox"/> CA ID/Driver's License                  |
| <input type="checkbox"/> Activities of Daily Living/Recreation/Leisure Time | <input type="checkbox"/> Social Security Card                    |
| <input type="checkbox"/> Legal Barrier Removal                              | <input type="checkbox"/> Health Navigator                        |
| <input type="checkbox"/> Medical/PCP/Medi-Cal                               | <input type="checkbox"/> Other Identified Need (S)               |

Please use the chart below to determine Clean 360 Emancipator Initiative income eligibility requirements.

**2017 FEDERAL POVERTY GUIDELINES  
48 CONTIGUOUS STATES & THE DISTRICT OF COLOMBIA**

Size of Family Unit	100% of Federal Poverty Level Monthly Income	100% of Federal Poverty Level Annual Income
1	<b>\$1,005.00</b>	<b>\$12,060</b>
2	\$1,353.33	\$16,240
3	<b>\$1,701.67</b>	<b>\$20,420</b>
4	\$2,050.00	\$24,600
5	\$2,398.33	\$28,780
6	\$2,746.67	\$32,960
7	\$3,095.00	\$37,140
8	\$3,443.33	\$41,320
For Families/households with more than 8 persons, add \$4,180 for each additional person.		

**INTERVIEWERS COMMENTS**

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Participant Signature      Date: \_\_\_\_\_

Interviewer/Coordinator Signature      Date: \_\_\_\_\_