

Intake Form

Admin Use Only

Scan Card #:	<input type="text"/>
Entered in CT:	<input type="text"/>
Entered In WFC:	<input type="text"/>

The information collected in this form will be kept confidential and will be used to help us provide services that best meet your employment-related needs. Please note that all fields marked with an asterisk (*) are required; all other information can be considered optional. We appreciate your efforts to fill out this form as completely as possible. Thank you for your cooperation.

Please initial here if you would like us to share this form with San Francisco Human Services Agency to assess eligibility for additional benefits and services such as cash aid, CalFresh, CalWORKs, and Medi-Cal.

Contact Information

Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	Middle Initial
Address*	<input type="text"/>	City	State <input type="text"/> Zip <input type="text"/>
Preferred Phone*	<input type="text"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Do not have
Secondary Phone:	<input type="text"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Do not have
Email Address: *	<input type="text"/>		
Social Security Number*	<input type="text"/>	Birthdate*	<input type="text"/> / <input type="text"/> / <input type="text"/>
			(MM) (DD) (YYYY)
Alternate/Emergency Contact Info.	Name <input type="text"/>	Phone	<input type="text"/>

Tell us about yourself ...

USCIS status*	<input type="text"/>	I am currently *	I am*
<input type="radio"/> Citizen			
<input type="radio"/> Noncitizen			
<input type="radio"/> Resident	A# <input type="text"/>		
Type of Address*			
<input type="radio"/> Owner			
<input type="radio"/> Renting			
<input type="radio"/> Friend			

Text 10

- ☐ Option
- ☐ Option
- ☐ Option
- ☐ Option
- ☐ Option

Text 10

- ☐ Option
- ☐ Option
- ☐ Option

Text 10

- ☐ Option
- ☐ Option
- ☐ Option
- ☐ Option
- ☐ Option
- ☐ Option
- ☐ Option

Need 8 lines