



Bnai Zion Foundation
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BNAI ZION & COOPER UNION RE-TRAINING PROGRAM Intake Form

General Information		
Date of Intake: ____/____/____	ID#: _____	
Cycle: _____	Start Date: ____/____/____	
Name: (print) _____		
First	Last	
Address: _____		
Street	Apartment	
_____	_____	
City	State	Zip Code
Phone number: _____		
Home	Work	Cell
Social Security Number: ____ - ____ - ____ Alien / INS # _____		
Eligibility Immigration Status: Asylum ____ Refugee ____ Green Card ____ Other ____		
Country of Origin: Former Soviet Union _____ Eastern Europe _____ Other _____		
Date of entry to USA: ____/____/____		
Month	Day	Year
1. How did you hear about this program? <ul style="list-style-type: none"> <input type="radio"/> 1. Flyer <input type="radio"/> 2. Word of mouth <input type="radio"/> 3. Referral, from where? _____ <input type="radio"/> 4. Media, source? _____ <input type="radio"/> 5. Other, what? _____ 		
2. Gender: <input type="radio"/> 1. Male <input type="radio"/> 2. Female	3. Birth date: ____/____/____	4. Age: _____

Term: _____

Courses: _____

Family and Children

5. Total number of people in household including yourself: _____

Marital Status: 1. Single 2. Married 3. Separated 4. Divorced 5. Widowed

6. Do you have any children? 1. Yes 2. No (If NO, skip to question #7)

6a. If YES, how many children live with you now? _____

6b. Of the children who live with you, what are their ages? _____, _____, _____, _____, _____, _____

General Employment History

7. Have you ever been employed in USA? 1. Yes 2. No (if NO, skip to question #9 on next page)

7a. If yes, list other jobs you have held (with dates):

1. _____

2. _____

3. _____

4. _____

7b. Last job wages: _____ per _____ (hour, day, week, month, year)

7c. How long has it been since your last job?

1. Within the last 6 months

2. Between 6 months and less than 1 year (6 to 11 months)

3. Between 1 and 5 years ago

4. More than 5 years ago

7d. How long were you at your last job? _____ months OR _____ years

7e. Reason for leaving last job: _____

7f. What is the longest time that you have held a job? _____ months OR _____ years

7g. What other skills or experience do you have? _____

8. With previous employment, have you ever had any trouble with the following issues (check all that apply):

Absenteeism

Punctuality

Getting along with supervisors or coworkers

Transportation to work

Discrimination

Lack of skills needed for job

Lack of education

Limited English

Limited reading skills

Health problems

Family health problems

Substance use

Mental health issues

Child care issues

Criminal record

Other, what? _____

Education

9. Highest education completed:

- 1. Less than high school ↑ **Last grade completed?** _____
- 2. High school diploma
- 3. GED
- 4. Some college/vocational ↑ **Graduated?** 1. Yes 2. No ↑ **Area of study?** _____
- 5. College degree
- 6. More than college

10. Have you received any other educational training? 1. Yes 2. No

10a. If YES, what? (specifics) _____

11. Have you attended any other job training programs? 1. Yes 2. No **If YES, how many?** _____

11a. Were these other programs... Job Readiness programs, and/or
 Specific skill programs, **What skill?** _____

11b. Did you finish these other programs? 1. All 2. Some 3. None

11c. Reasons for not finishing programs: _____

Housing and Finances

12. Housing at intake:

- 1. Renting apartment/house
- 2. Bought apartment/house
- 3. Family/friends ↑ **Doubled up?** 1. Yes 2. No
- 4. Homeless ↑ **Where are you currently staying?** _____
- 5. Other, **What?** _____

13. Have you ever received TANF or Safety Net? 1. Yes, TANF 2. Yes, Safety Net 3. Yes, both 4. No

14. Are you currently receiving TANF or Safety Net? 1. Yes, TANF 2. Yes, Safety Net 3. No

15. What other sources of income are you receiving? (check all that apply)

- SSI/SSD Food stamps Unemployment No other sources
- Child support VA benefits Spouse/family income
- Other, **What?** _____

16. What type of health insurance do you have for yourself?

- 1. None
- 2. Medicaid
- 3. Private/other insurance, what? _____

17. What type of health insurance do you have for your children?

- 1. Doesn't have children/children don't live with client/children are older
- 2. None
- 3. Medicaid
- 4. Child Health Plus
- 5. Private/other insurance, what? _____

Barriers to Employment

Limited English

18. Do you have any problem with speaking, writing, or understanding English? 1. Yes 2. No
18a. If YES, what? _____
19. Have you attended any ESL program? 1. Yes 2. No
19a. If YES, how long? _____
20. Do you need additional technical English practice? 1. Yes 2. No

Lack of education or skills needed for job

21. Do you need additional professional education or training? 1. Yes 2. No
21a. If YES, what? _____

Physical Health

22. Do you have any medical issues that you are currently being treated for? 1. Yes 2. No
22a. If YES, what? _____
23. Do you have any health issues that may affect work? 1. Yes 2. No
23a. If YES, what? _____

Children's Health

24. Do your children have any serious health issues that they are currently being treated for (issues that might cause you to miss work)? 1. Yes 2. No 3. Doesn't have children
24a. If YES, what? _____

Mental Health

25. Have you ever been hospitalized for any psychiatric issues? 1. Yes 2. No
25a. If YES, reason: _____
26. Do you have a history of any other mental health issues? 1. Yes 2. No
26a. If YES, what? _____
27. Are you currently receiving outside therapy or counseling? 1. Yes 2. No
28. Were you ever a victim of abuse or domestic violence? 1. Yes 2. No

Juvenile History

29. While growing up, did you spend time in ...
29a. Foster care? 1. Yes 2. No
29b. A group home? 1. Yes 2. No
29c. Juvenile incarceration? 1. Yes 2. No

Transportation

30. How will you get to the program from your home? _____
31. Approximately how long does it take you to get to the program from home? _____ minutes

Please send completed form, your resume, and copies of documents by mail to:

Larisa Akerman
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