

Christian Women's Job Corps® Intake Application

(All information on this Application is **Strictly Confidential**)



Today's Date: _____

Name: _____

Date of Birth: _____

How did you hear about CWJC? _____

How can CWJC help you? _____

What is the biggest reason you are here right now? _____

Who would you say is the person you are closest to right now: _____ Relation: _____

Do they know you are here today? Yes No

What makes you think you are ready to start this "New Chapter" in your life? _____

What do you want to change in your life? _____

Phone#: _____ This is: work# your own# family member's#

If a family member's # please give us their name & relation: _____

If a friend's # please give us his/her name: _____

E-mail address: _____

Housing Arrangement: Do you live in a: house apartment move from place to place
(living with different family members or friends) homeless shelter mobile home/trailer

What is your address: _____

How long have you lived there? Months: _____ Years: _____

Unless it is a shelter, Who lives at the address with you?

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Do you feel safe in the place you are housed: yes no

If you answered "NO" what makes you feel unsafe? _____

Have you ever applied for and received Pell Grant money? yes no If "yes" do you owe money on that grant: yes no If "yes" how much is owed: \$ _____

At any time if you were receiving housing assistance did you:

1. Break a lease? yes no
2. Owe back rent that is still not paid? yes no If "yes" the amount owed: \$ _____
3. Have a child arrested for drug related charges? yes no If "yes" the year _____

Do you have a job? yes no If "yes" where: _____

temporary full time part time permanent How long employed there: _____

Job history:

Employer	Your Job Title	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of all the jobs you've had, which ones did you like the best and why? _____

If you are NOT currently employed, do you have any form of income: yes no If "yes" where does this income come from? _____

Do you have transportation? yes no

If "yes" is the vehicle: borrowed your own the family car

Do you have a current driver's license? yes no If "yes" State: _____ #: _____

Parent's Names:

(City & State)

Mother: _____

Lives in: _____

Father: _____

Lives in: _____

How often are you in contact with your parents in a month? Mother: _____ Father: _____

Brothers/Sisters:

Name: _____

Lives in: _____

Name: _____

Lives in: _____

Name: _____

Lives in: _____

Children:

Name: _____ Age: ____ Shirt size: ____ Pants: ____ Lives with: _____
 Name: _____ Age: ____ Shirt size: ____ Pants: ____ Lives with: _____
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 Name: _____ Age: ____ Shirt size: ____ Pants: ____ Lives with: _____

Do you any of your children have special needs? _____

Which one(s)? _____

What are the needs? _____

Do you have safe, affordable care for them? yes no

Are you: single separated/divorced married widowed

If married, spouse's name: _____

City & State he lives in: _____

Did you graduate from High School? yes no If "no" what was the last grade completed? _____

Do you have a GED? yes no Would you be interested in taking classes toward your GED? _____

What training programs have you attended/completed	Date(s)
_____	_____
_____	_____
_____	_____

Have you ever been arrested? yes no Ever been in prison? yes no

Do you have any upcoming or pending rulings of the court, parole, court dates or community service?
 yes no

If "yes" the dates if you know them: _____

City & State you were born in: _____ Grew up in: _____

Are you a US Citizen? yes no If "no", do you have a green card? _____

Do you go to church: yes no If "yes" where? _____

Who is your priest/pastor/rabbi? _____

Favorite Color: _____ Favorite Food: _____ Favorite Dessert: _____

Favorite Season: _____ Favorite Thing about yourself: _____

In ONE word what is something you want in your life right now? _____

What are your clothes sizes: Shirt: _____ Pants: _____ Dress: _____ Coat/Jacket: _____ Shoe: _____

Do you have a hobby, or what do you think you would enjoy as a hobby? _____

What other interests or skills do you have? _____

Who should be contacted in case of an emergency?

1) Name: _____ Relation: _____ #: _____

2) Name: _____ Relation: _____ #: _____

Do you have NOW, or have you EVER had a problem with any of the following? Circle all that apply

- | | |
|-------------------------------------|---------------------------------|
| 1 Heart | 16 Mental Disorders |
| 2 High Blood Pressure | 17 Cancer |
| 3 Kidney/Bladder/Urinary Tract | 18 Bones/Joints |
| 4 Stomach/Intestines | 19 Nerves/Anxiety |
| 5 Anemia/Blood Disorder/Sickle Cell | 20 Nervous System |
| 6 Stroke | 21 Head Injury |
| 7 Diabetes | 22 Back Injury |
| 8 Asthma | 23 Skin |
| 9 Allergies | 24 Frequent headaches/Migraines |
| 10 Seizures | 25 Genital Herpes |
| 11 Lungs/TB | 26 Teeth/Mouth |
| 12 HIV Infection | 27 Eyes or Vision |
| 13 Venereal Disease | 28 Learning Disorder |
| 14 High-risk Pregnancy | 29 Other STD |
| 15 Ear | 30 Other |

Please explain each item you circled. Give item # and explanation in blanks provided.

- _____
- _____
- _____
- _____
- _____
- _____

List your current medications:

When was your last general doctor visit or check-up? _____ gyn? _____ dentist? _____

Have you ever been treated, or referred for treatment of emotional problems? yes no If "yes" list:

Dr's Name: _____ Address, Phone#: _____ Date(s) of treatment: _____

Was it hard for you to answer these questions? yes no

Is there anything else you'd like to share about yourself, your life, your family, your health or your hope for your future? _____

Please sign here: _____