



GWJJD DBP
CHEROKEE NATION®
CAREER SERVICES
Central Intake/Referral Form

Staff Name: _____

Date: _____

1. LAST NAME				FIRST NAME		MIDDLE INITIAL		MAIDEN NAME		2. SOCIAL SECURITY NUMBER			
3. STREET ADDRESS				CITY		STATE		ZIP CODE		4. COUNTY			
5. MAILING ADDRESS (if different than #3)								6. HOME PHONE () ()		7. MESSAGE PHONE () ()			
8. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		9. DATE OF BIRTH		10. AGE		11. MEMBER OF FEDERALLY RECOGNIZED TRIBE? <input type="checkbox"/> Yes <input type="checkbox"/> No				12. EDUCATIONAL STATUS <input type="checkbox"/> Student <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Post High School <input type="checkbox"/> Dropout – Grade _____			
						DEGREE OF BLOOD:		TRIBE:					
13. HOUSING <input type="checkbox"/> Own <input type="checkbox"/> Free Housing <input type="checkbox"/> Rent <input type="checkbox"/> Homeless			14. CN HOUSING AUTHORITY RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			15. IS YOUR HOUSING ADEQUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____							
16. PUBLIC ASSISTANCE <input type="checkbox"/> Food Stamps <input type="checkbox"/> Donated Foods <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> SSDI <input type="checkbox"/> Other: _____			17. VETERAN STATUS <input type="checkbox"/> Vietnam Era (August 1964-May 1975) <input type="checkbox"/> Recently Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Other <input type="checkbox"/> Not a Veteran			19. BARRIERS TO EMPLOYMENT <input type="checkbox"/> School Dropout <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Offender <input type="checkbox"/> Basic Skills Deficient (less than 9 th grade or lower than grade level) – Reading Score _____ Math Score _____ <input type="checkbox"/> Public Assistance Recipient <input type="checkbox"/> Homeless, runaway, or foster child <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Transportation <input type="checkbox"/> Single Head of Household w/dependent under age 18 – Number of Dependents Under Age 18 _____							
												18. SELECTIVE SERVICE <input type="checkbox"/> Registered # _____ <input type="checkbox"/> Not Registered <input type="checkbox"/> Exempt <input type="checkbox"/> Not Applicable	
20. DO YOU HAVE ANY OTHER BARRIERS TO EMPLOYMENT? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No													
21. EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed <input type="checkbox"/> Long-Term Unemployed (15 of past 26 Weeks)				22. PREVIOUS WAGES (Most recent wages in past 6 months)				23. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced					
24. TRANSPORTATION Mode of Transportation: Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Dependable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No													
25. CHILD CARE <input type="checkbox"/> Not Applicable <input type="checkbox"/> Need – Number of Children Under Age 12: _____ <input type="checkbox"/> Currently Have				26. TYPE OF CURRENT CHILD CARE <input type="checkbox"/> Center <input type="checkbox"/> Provider Home <input type="checkbox"/> In Home <input type="checkbox"/> Relative				27. SOCIAL SERVICE NEEDS <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____		28. TRAINING NEEDS <input type="checkbox"/> Basic Skills <input type="checkbox"/> GED <input type="checkbox"/> Skills Upgrade <input type="checkbox"/> College <input type="checkbox"/> Vocational: _____		29. EMPLOYMENT NEEDS <input type="checkbox"/> Job Search <input type="checkbox"/> Employment Referral <input type="checkbox"/> Work Experience <input type="checkbox"/> Other: _____	
30. REFERRALS <input type="checkbox"/> Child Care Services <input type="checkbox"/> Health Services <input type="checkbox"/> Family Assistance Services <input type="checkbox"/> Housing Authority <input type="checkbox"/> Education Services (Higher Education) <input type="checkbox"/> Food Distribution <input type="checkbox"/> Other: _____													
31. POSSIBLE CAREER SERVICES REFERRAL: <input type="checkbox"/> 102-477 <input type="checkbox"/> Adult Education/Literacy Center <input type="checkbox"/> Employment Assistance <input type="checkbox"/> Native American Vocational Technical Education <input type="checkbox"/> Talking Leaves Job Corps <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Career Tech Grant <input type="checkbox"/> ROSS <input type="checkbox"/> TERO				32. INCOME (Provide the requested information of the applicant's family members who is receiving or has received income):									
				Name		Relationship		Income Source		Time Frame		Amount of Income	
				APPLICANT		SELF							
										Total Family Income:			

Shaded areas are for office use only.

(Central Intake/Referral Form continued)

33. HOUSEHOLD MEMBERS (List everyone living in the home)					
Name	Relationship	Date of Birth	Age	Educational Level	SS Number
1) APPLICANT	SELF				
2)					
3)					
4)					
5)					
6)					

34. WORK EXPERIENCE (list most recent employment first)		
Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties
Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties
Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties

35. SPOUSE'S WORK EXPERIENCE		
Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties
Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties
Company Name	Address	City, State, Zip Code
Job Title	Date Started	Date Ended
Hourly Wage	Reason for Leaving	Job Duties

36. CERTIFICATION	
I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I understand that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may be required to provide documents to support this application. I hereby authorize release of this information for verification purposes, understanding all information is confidential and will not be released to any other agency, office, or individual unless the information is necessary to provide me with comprehensive services. I further understand that a determination of eligibility is not a guarantee of services.	
Signature of Applicant:	Date:
Signature of Program Specialist:	Date: