



Intake Assessment

Name of Participant: _____ Date: _____

Accepted in Culinary Program: Yes No Start Date: _____

1. What is your career choice/interest in the Culinary/Food Industry Field? _____

2. Are/Have you registered with Selective Service? Yes No If no, reason why: _____

3. Were you ever a member of the Armed Forces? Yes No If yes, dates : _____ to _____

What branch? _____

Discharge: Honorable _____ General Under Honorable _____ Dishonorable _____ Veteran? Yes No

4. Are you currently receiving employment services from any other agencies? _____

5. Indicate below the identification and documentation that you brought with you today:

- | | | |
|--|--|--|
| <input type="checkbox"/> SS card | <input type="checkbox"/> Voter Registration card | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Commercial Driver's License (CDL) | <input type="checkbox"/> State ID | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Food Stamp/TANF Award Letter | <input type="checkbox"/> Letter of Homelessness/Referral | |

6. What is your current housing situation? Please check one box:

- | | |
|---|--|
| <input type="checkbox"/> Non-housing (street, park, car, bus station, etc.) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Transitional housing for homeless persons | <input type="checkbox"/> Domestic violence situation |
| <input type="checkbox"/> Living with relatives/friends | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Other, please explain: _____ | |

7. How long can you stay at current housing? _____

8. If currently homeless, when did you become homeless? _____

9. What caused your homelessness? _____

10. Were you employed when you became homeless? Yes No _____

11. Did you live with someone prior to becoming homeless? Yes No _____

12. What was the reason for leaving? _____

13. Were you asked to leave or evicted? _____

14. Where did you live before becoming homeless? Please check one:

- | | |
|---|--|
| <input type="checkbox"/> Non-housing (street, park, car, bus station, etc.) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Transitional housing for homeless persons | <input type="checkbox"/> Psychiatric Facility |
| <input type="checkbox"/> Substance abuse treatment facility | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Jail/Prison | <input type="checkbox"/> Domestic violence situation |
| <input type="checkbox"/> Living with relatives/friends | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Other, please explain: _____ | |

During the last 6 months...

15. Have you used alcohol or other drugs?*(Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants) Yes No Please note that this will not disqualify you from any of our services.
16. Have you ever felt that you use too much alcohol or other drugs? Yes No
17. Have you tried to cut down or quit using alcohol or other drugs? Yes No

The next questions are about your lifetime experiences.

18. Have you ever had a drinking or other drug problem? Yes No
19. Do you feel that you are having a drinking or drug problem now? Yes No
20. In the past five years have you been treated for **psychological, emotional, physical abuse or sexual abuse** concerns? Yes No

Location of Treatment _____ Reason for treatment _____

21. In the past five years have you been hospitalized overnight for any reason? Yes No
22. Do you have health insurance? Yes No
- Type of health insurance: Medicare Medicaid Private Other: _____
- Are you receiving medical services through the military? Yes No
- Do you know where to go to receive health/medical services? Yes No
23. Are you currently taking medication or receiving treatment for injury/illness? Yes No
Please specify including type of illness/injury and treatment:

24. Have you been diagnosed as having a physical, visual or hearing impairment? Yes No
Please specify:

25. Have you been diagnosed as having a physical, visual or hearing impairment? Yes No
Please specify:

26. What is your source of income?

27. Do you receive any of the following?

TANF: \$_____ SSI: \$_____ SSDI: \$_____ Medicaid: \$_____

Food stamps: \$_____ Unemployment: \$_____ No Income: _____

28. How do you currently provide for your transportation needs?

29. Marital status? Married Never Married Partnered Separated Divorced Widowed

NOTES:

CLIENT STATUS: Accepted Denied* Acceptance Pending**

Start date: _____

** Explain below why acceptance is pending:

Staff Signature: _____