

eKART/SITE Referral Intake Form

FULL REGISTRATION FORM

BASIC DEMOGRAPHICS

Name _____ DOB _____ SSN _____

Do you have a State issued identification card/driver's license? ☐ Yes ☐ No Social Security Card? ☐ Yes ☐ No

Gender ☐ Male ☐ Female ☐ Not Disclosed Registered for Selective Service(Males 18 & over) ☐ Yes ☐ No

Physical Address _____

Mailing Address (if different) _____

County _____ Email _____

Primary Phone # _____ Secondary Phone # _____

Alternate Contact Name _____ Relationship _____

Address _____ Phone # _____

Preferred Language to Speak and Write ☐ English ☐ Spanish ☐ Other (specify) _____

Are you a Runaway? ☐ Yes ☐ No Are you in Foster Care? ☐ Yes ☐ No Are you Homeless? ☐ Yes ☐ No

Parent/Legal Guardian Name (if under 18) _____

Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander
☐ Unknown ☐ White ☐ Not Disclosed Hispanic, Latino, or Spanish Origin? ☐ Yes ☐ No

Ethnic Categories ☐ Central American ☐ Cuban ☐ Dominican ☐ Mexican ☐ Puerto Rican ☐ South American

US Citizen/Authorized to Work in US? ☐ Yes ☐ No Resident Alien? ☐ Yes ☐ No

EMPLOYMENT STATUS

Are you currently employed? ☐ Yes ☐ No Have you been employed in the past? ☐ Yes ☐ No

Any cultural barriers to employment? ☐ Yes ☐ No Do you have subsidized employment? ☐ Yes ☐ No

Do you receive unemployment insurance benefits? ☐ Yes ☐ No Do you receive Trade funds? ☐ Yes ☐ No

Reason for unemployment? ☐ Terminated ☐ Laid Off ☐ Natural Disaster ☐ Economic Conditions
☐ Terminated/Self Employment ☐ Quit ☐ Laid Off Due to Foreign Trade

Do you have a Trade petition number? ☐ Yes ☐ No If yes, Trade Petition Number _____

Do you have a Rapid Response number? ☐ Yes ☐ No If yes, Rapid Response Number _____

Are you receiving Supported Employment Services? ☐ Yes ☐ No

WORK HISTORY

Employer _____ Phone # _____

Address _____

Job Title _____ Job Duties _____

Employment Dates _____ - _____ Hourly Wage _____ Hours Per Week _____

Reason for Leaving _____ Supervisor _____

Employer _____ Phone # _____

Address _____

Job Title _____ Job Duties _____

Employment Dates _____ - _____ Hourly Wage _____ Hours Per Week _____

Reason for Leaving _____ Supervisor _____

EDUCATION STATUS

Are you currently in school? ☐ Yes ☐ No Are you an English language learner? ☐ Yes ☐ No

Highest Level of School Completed ☐ Less than High School, Grade Completed _____ ☐ High School Diploma ☐ GED
☐ Vocational Certificate ☐ Associate Degree ☐ Bachelor Degree ☐ Master Degree ☐ Doctorate Degree

List Certifications/Degrees _____

Do you have a Driver's License? ☐ Yes ☐ No Do you have a Commercial Driver's License? ☐ Yes ☐ No

Driver's License Endorsements ☐ Passenger Transport ☐ Motorcycle ☐ Doubles/Triples ☐ Air Brakes
☐ Hazardous Materials ☐ Tank Hazard ☐ Tank Vehicle ☐ School Bus

VETERAN INFORMATION

Are you a veteran? ☐ Yes ☐ No Are you the spouse of a veteran? ☐ Yes ☐ No
Service Dates _____ - _____ Current Housing Situation ☐ Own ☐ Rent ☐ Homeless
Discharge Reason ☐ Honorable ☐ Dishonorable Military Branch _____
Are you a transitioning veteran? ☐ Yes ☐ No Are you a campaign veteran? ☐ Yes ☐ No
Were you disabled while in military service? ☐ Yes ☐ No Disability Start Date _____
Do you receive services from the VA? ☐ Yes ☐ No Do you have a disability rating from the VA? ☐ Yes ☐ No
Current Active Duty? ☐ Yes ☐ No Any deployments? ☐ Yes ☐ No Any family on Active Duty? ☐ Yes ☐ No

DISABILITY INFORMATION

Do you acknowledge a disability? ☐ Yes ☐ No Do you receive services from Vocational Rehab? ☐ Yes ☐ No
Disability Type ☐ Physical/Mobility Impairment ☐ Physical/Chronic Health Condition ☐ Vision Related
☐ Mental/Psychiatric ☐ Hearing Related ☐ Learning Related ☐ Cognitive/Intellectual ☐ Not Disclosed

HOUSEHOLD INFORMATION

Total Household Gross Income in Last 6 Months \$ _____ # of Dependents Providing Care For _____

Family Relationship	Age	Full Name	Gross Income/Month	Sources of Income
SELF	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How satisfied are you with your current living conditions? ☐ Very Satisfied ☐ Satisfied ☐ Neutral
☐ Dissatisfied ☐ Very Dissatisfied

Are you a seasonal farm worker? ☐ Yes ☐ No Are you a migrant farm worker? ☐ Yes ☐ No
Are you pregnant or parenting? ☐ Yes ☐ No Are you a single parent? ☐ Yes ☐ No
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Living Together/Partner ☐ Widowed ☐ Legally Separated
Are you a school dropout? ☐ Yes ☐ No Do you receive Public Assistance? ☐ Yes ☐ No
Public Assistance Program ☐ TANF ☐ Food Stamps ☐ SSI ☐ SSDI ☐ KTAP ☐ Other _____

Challenges or Stressors that Would Hinder Employment

<input type="checkbox"/> No High School Diploma/GED	<input type="checkbox"/> No Valid Driver's License	<input type="checkbox"/> Lack of Basic Needs (Food, Shelter, Utilities, Etc.)
<input type="checkbox"/> Poor Work History	<input type="checkbox"/> No Reliable Transportation	<input type="checkbox"/> No Child/Dependent Care Assistance
<input type="checkbox"/> Unpaid Student Loan	<input type="checkbox"/> No Car Insurance	<input type="checkbox"/> No Working Telephone
<input type="checkbox"/> Financial or Credit Issues	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Well-Being Limitations
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Felony/Misdemeanor Record	<input type="checkbox"/> Special Household Needs
<input type="checkbox"/> No Family/Friend Support	<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Health Problems

Are you receiving any of the following services? WIOA ☐ Yes ☐ No Office of Vocational Rehabilitation ☐ Yes ☐ No

Are you interested in the following services? WIOA ☐ Yes ☐ No Office of Vocational Rehabilitation ☐ Yes ☐ No
IPS Supported Employment Program ☐ Yes ☐ No

SUBSTANCE ABUSE/BEHAVIORAL BACKGROUND INFORMATION

Treatment client? ☐ Yes ☐ No Recovery client? ☐ Yes ☐ No Length of time in Recovery? _____
Do you have the following? ☐ Treatment Plan ☐ Aftercare Plan
☐ Medical Assisted Treatment Documentation ☐ Counseling/Group Documentation
Opioid Use Disorder diagnosis in the past 30 days? ☐ Yes ☐ No
Screened for co-occurring mental health and substance abuse disorders? ☐ Yes ☐ No

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS eKART/SITE REFERRAL INTAKE FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Revised 01/2022