Instructor:		Location:	
DATE:	CWDS #		

PA Women Work New Choices Intake Form

How did you hear about PA Women Work?	☐ Friend/Family ☐ Television ☐ Radio ☐ Re-entry Program	□ Social Media □ Flyer □ Referred by: □ Other:
First Name		
Middle Name		
Last Name		
Full Address		
Cell Phone		
Home Phone		
Work Phone		
Email		
Date of Birth (required)		
Do you want to receive texts from PA Women Work?	□ Yes □ No	
Are you a US Veteran?	□ Yes □ No	
How do you identify your Gender?		
Do you have any criminal convictions?	□ Yes □ No	
Are you experiencing homelessness?	□ Yes □ No	
Are you enrolled in Medicaid (MA)?	□ Yes □ No	
Ethnicity/Race: Check all that Apply		Hawaiian Native/Pacific Islander □ Caucasian/White □ Multiracial □ Hispanic/Latinx □ Non-Hispanic/Latinx
Is English your 1st language?	□ Yes □ No	
Are you looking for full or part time work?	☐ full time ☐ part time	
Are you an individual with a disability?	□ Yes □ No	
Marital Status?	☐ Married ☐ Divorced ☐ Separated☐ Common Law ☐ Single ☐ Single ☐	

How many children under					
18 depend on you for					
support?					
List the ages of your	Child 1	Child 2	Child 3	Child 4	Child 5
dependent Children	Child 6	Child 7	Child 8	Child 9	Child 10
Do you have a partner					
living with you?	□ Yes □ No				
Are there any other people	Age	Relationship:			
living in your household	Age				
besides those you have	Age				
listed above?	Age	Relationship:			
Emergency Contact Phone					
- '					
Emergency Contact Name					
WORK & EDUCATIONA	L DATA				
Are you currently attending	□ Yes		□ No)	
school?	What School?				
	What Program?				
Highest Education Level		☐ H.S. Diploma/G	ED		
Attained		•		□ Master's □	Doctorate/Professional
	Technical	,	,		
	Name of Instituti	ion(s):			
	Major/Degree(s)	• •			
List any Professional	, , , ,				
Certifications or Credentials					
Are you CURRENTLY	□ Yes	□ No			
employed/working?	□ Part time				
	□ Full time				
	How many hours per week (average)?				
	What is your (Civ	rcle one) hourly w	ogo or wookly/	manthly/yearly	realamy 3 - ¢
	wriat is your (Cir	rcie one) nourly w	rage or weekly/	monthly/ yearly	Salary: 5
Do you have an updated	□ Yes □ No				
resume?					
INCOME DATA: Please	list amount in	each box. Pl	ease write 0	in ALL categ	ories that do not
apply to you					
Partner's Earned Income (mo	onthly)	\$			
Tartier 3 Earned meetine (me	,,,,,	7			
Income from All Other Source	es (per month): Co	uld \$			
include retirement, investme	••	-			
other countable income you receive regularly.					
Partner/Child Support (per m	ionth)				

ASSISTANCE PROGRAMS:

Origin?

If the answer is yes to any type of assistance listed below, please write the amount received per month.

**Reentry clients should enter 0's for these categories.

Refugee Cash Assistance (per month)		□ Yes			
Housing Assistance		□ Yes			
Trousing / issistance		□ No			
SNAP/Food Stamps (per month)		□ Yes			
(ре)		□ No			
Women Infants and Children		□ Yes			
		□ No			
TANF/Cash Assistance (per m	onth)	□ Yes			
		□ №			
Workers' Compensation Income (per week)		\$\propto YesAmount			
		□ No	□ No		
Unemployment Compensation	n (ner week)	\$\propto\text{YesAmount }\	□ No		
Are you nearing exhaustion o	•	□ Yes □ No	□ 1 10		
benefits?	Tonemployment	1163 1110			
belletits!					
Social Security Disability Income (per month)		☐ YesAmount			
		□ No			
Supplemental Security Incom	e (Per Month)	☐ YesAmount			
		□ No			
<u>Optional</u> De	mographic Data:	: This information is de-identified and	d aggregated for		
	prograr	m funding purposes only.			
			Refugee Non-US Citizen		
Citizenship status?	□ Other Status	·	-		
What is your country of					



Pennsylvania Women Work

Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

Pennsylvania ' newsletter an	-	res of events to use in variou	us ways, including on the orga	anization's
	l,		, hereby	
me — inclu publication	uding my image, likeness a	and/or voice. I understand the	ographs and/or video that manaterial may be used in other medium the organization rketing/public relations mater	n various on deems
Name (prii	nted):			
Signature:				

Date:_____