

Instructor: \_\_\_\_\_ Location: \_\_\_\_\_

DATE: \_\_\_\_\_ CWDS # \_\_\_\_\_

### PA Women Work New Choices Intake Form

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



**ASSISTANCE PROGRAMS:**

**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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
SNAP/Food Stamps (per month)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women Infants and Children	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF/Cash Assistance (per month)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation Income (per week)	\$ <input type="checkbox"/> Yes --Amount _____ <input type="checkbox"/> No
Unemployment Compensation (per week) Are you nearing exhaustion of Unemployment benefits?	\$ <input type="checkbox"/> Yes --Amount _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability Income (per month)	<input type="checkbox"/> Yes --Amount _____ <input type="checkbox"/> No
Supplemental Security Income (Per Month)	<input type="checkbox"/> Yes --Amount _____ <input type="checkbox"/> No

**Optional Demographic Data: This information is de-identified and aggregated for program funding purposes only.**

<b>Citizenship status?</b>	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Other Status
<b>What is your country of Origin?</b>	



## **Pennsylvania Women Work**

### **Photo/Video Release Form**

#### **AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL**

**Pennsylvania Women Work takes pictures of events to use in various ways, including on the organization's newsletter and website.**

I, \_\_\_\_\_, hereby

Pennsylvania Women Work to use, reproduce, and/or publish photographs and/or video that may pertain to me — including my image, likeness and/or voice. I understand that this material may be used in various publications, including the organization's newsletter, website or other medium the organization deems appropriate for publicity or as part of PA Women Work's marketing/public relations materials.

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_