RETRAINING PROGRAM FOR IMMIGRANT ENGINEERS
Intake Form

General Information

Date of Intake: _____/_____/_____

Name: (print) _____ _____
First Last

Address: _____ _____
Street Apartment

_____ _____ _____
City State Zip Code

Phone number: _____ _____
cell e-mail address

Social Security Number: _____-_____- _____ **Alien / INS #** _____

Eligibility Immigration Status: Asylum ____ Refugee ____ Green Card ____ Other citizen____

Country of Origin: Former Soviet Union ___yes_____ Eastern Europe _____ Other _____

Date of entry to USA: _____ _____ _____
Month Day Year

1. How did you hear about this program? ❑ 1. Flyer

❑ 2. Word of mouth

❑ 3. Referral, from where? _____

❑ 4. Media, source? _____

❑ 5. Other, what? _____

2. Gender: o 1.Male o 2.Female **3. Birth date:** ____/ ____/ _____ **4. Age:** _____

Term: _____ **Courses:**

Family and Children

5. Total number of people in household including yourself: ____
Marital Status: o 1. Single o 2.Married o3. Separated o 4. Divorced o 5. Widowed

6. Do you have any children? ❑ 1. Yes ❑ 2.No (If *NO*, skip to question #7)

6a. If *YES*, how many children live with you now? _____

6b. Of the children who live with you, what are their ages? ____, ____, _____, _____,

General Employment History

7. Have you ever been employed in USA? 1. Yes ❑ 2. No *(if NO, skip to question #9 on next page)*

7a. If yes, list other jobs you have held (with dates):

1. _____

2._____

7b. Last job wages: _____per year_____ (hour, day, week, month, year)

7c. How long has it been since your last job?
- ❑ 1. Within the last 6 months
- ❑ 2. Between 6 months and less than 1 year (6 to 11 months)
- ❑ 3. Between 1 and 5 years ago
- ❑ 4. More than 5 years ago

7d. How long were you at your last job?_____ months OR _____ years

7e. Reason for leaving last job:

7f. What is the longest time that you have held a job?_____ months OR ____ years

7g. What other skills or experience do you have? _____

Education

8. Highest education completed:

❑ 1. Some college/vocational ➞ **Graduated?** ❑ 1. Yes ❑ 2. No ➞ **Area of study?**_____
❑ 2. College degree - Yes
❑ 3. More than college

9. Have you received any other educational training? ❑ 1. Yes ❑ 2. No

10a. If *YES*, what? (specifics)_____

10. Have you attended any other job training programs? ❑ 1. Yes ❑ 2. No **If *YES*, how many?** _____

11a. Were these other programs… ❑ Job Readiness programs, and/or
❑ Specific skill programs, **What skill?**

11b. Did you finish these other programs? ❑ 1. All ❑ 2. Some ❑ 3. None

11c. Reasons for not finishing programs:_____

Housing and Finances

11. Housing at intake:
❑ 1. Renting apartment/house
❑ 2. Bought apartment/house- yes
❑ 3. Family/friends ➞ **Doubled up?** ❑ 1. Yes ❑ 2. No
❑ 4. Homeless ➞ **Where are you currently staying?** _____
❑ 5. Other, **What?** _____

12. Have you ever received TANF or Safety Net? ❑ 1. Yes, TANF ❑ 2. Yes, Safety Net ❑ 3. Yes, both ❑ 4. No

13. Are you *currently* receiving TANF or Safety Net? ❑ 1. Yes, TANF ❑ 2. Yes, Safety Net ❑ 3. No

14. What other sources of income are you receiving? (check all that apply)
❑ SSI/SSD ❑ Food stamps ❑ Unemployment ❑ No other sources
❑ Child support ❑ VA benefits ❑ Spouse/family income
❑ Other, **What?** _____

15. What type of health insurance do you have for yourself?
❑ 1. None
❑ 2. Medicaid
❑ 3. Private/other insurance, what? _____

16. What type of health insurance do you have for your children?
❑ 1. Doesn't have children/children don't live with client/children are older
❑ 2. None
❑ 3. Medicaid
❑ 4. Child Health Plus
❑ 5. Private/other insurance, what?

Barriers to Employment

Limited English

17. Do you have any problem with speaking, writing, or understanding English? o 1.Yes o 2. No

18a. If *YES*, what?_____

18. Have you attended any ESL program? o 1.Yes o 2. No

19a. If *YES,* how long? _____

19. Do you need additional technical English practice? o 1.Yes o 2. No

Lack of education or skills needed for job

20. Do you need additional professional education or training? o 1.Yes o 2. No

21a. If *YES,* what? _____

Physical Health

21. Do you have any medical issues that you are currently being treated for? ❑ 1. Yes ❑ 2. No

22a. If *YES,* what? _____

22. Do you have any health issues that may affect work? ❑ 1. Yes ❑ 2. No

22a. If *YES,* what? _____

Children's Health

23. Do your children have any serious health issues that they are currently being treated for (issues that might cause you to miss work)? ❑ 1. Yes ❑ 2. No ❑ 3. Doesn't have children

24a. If *YES*, what? _____

Mental Health

24. Have you ever been hospitalized for any psychiatric issues? ❑ 1. Yes ❑ 2. No

25a. If *YES*, reason:_____

25. Do you have a history of any other mental health issues? ❑ 1. Yes ❑ 2. No

25a. If *YES*, what?_____

26. Are you currently receiving outside therapy or counseling? ❑ 1. Yes ❑ 2. No

27. Were you ever a victim of abuse or domestic violence? ❑ 1. Yes ❑ 2. No

Transportation

28. How will you get to the program from your home?_____

29. Approximately how long does it take you to get to the program from home? _____ minutes