



## PARTICIPANT INTAKE FORM – ADULT

### PROGRAM AND PARTICIPANT

#### Program Identification

##### C-OBS Number

The Observation (OBS) Number is a unique identifier for each participant record in output data files. It must be a unique nine integer number for each record. Use this format: The first 3 digits are the County Code: 007-Chelan or 077-Yakima; the next 2 digits are the Subrecipient Code: PFP-01 or SkillSource-02; and the final 4 digits are the last four digits of the participant's social security number. For example: 077011234.

**\*\*See below for C-OBS Number format to use if SSN is withheld.**

**\*\* Use this format ONLY when SSN is withheld:**

- The first 4 digits are from an assigned number range sequence:
  - **PFP:** Assign the participant a number from **3000-3999**
  - **SkillSource:** Assign the participant a number from **4000-4999**
- The next 3 digits are the County Code: 007-Chelan or 077-Yakima; and
- The last 2 digits are the Subrecipient Code: PFP-01 or SkillSource-02;

##### Site

##### Case Manager

##### Partner Case Manager

#### Participant Identification

##### 1. First Name

##### 2. Middle Initial

##### 3. Last Name

##### 4. SSN

The SSN must contain exactly 9 characters. Please enter "999999999" if SSN has been requested, and the participant does not wish to provide their SSN.

##### 5. Date of Birth

##### 6. a Legally Entitled to Work in the U.S.

Yes  No

##### 6b. Post-Release Residence within target area?

Yes (Yakima, Chelan, or Douglas County)  No

##### 7. Phone 1

##### 8. Phone 2

##### 9. Email

10. **Date of Program Entry**

11. **Address 1**

12. **Address 2**

13. **City**

14. **Zip**

15. **State**

16. **County Code\* (077 – Yakima County; 007 – Chelan County)**

**Personal Contact Information**

*Enter information of a relative or contact of the participant*

17. **Name**

18. **Phone**

19. **Email/Social Media/Other**

**Additional Personal Contact Information**

20. **Name**

21. **Phone**

22. **Email/Social Media/Other**

**DEMOGRAPHIC**

**Demographic Information**

23. **Sex**

*If 'Male' is selected then answer question 23a*

- Male       Female       Did not self-identify

a. **Date Verified Selective Service Registration** *(Required if 'Male' is selected in Question 23)\**

*If the person is of age 26 or above, failed to register, and the grantee has determined that his failure to register was not knowing and willful, report the date that the grantee determined this and explain this in the case file.*

24. **Ethnicity: Hispanic/Latino**

- Yes       No       Did not self-identify

25. **Did Participant Identify Race**

*If 'No' is selected then skip to question 26*

- Yes       No



**32. Alcohol/drug abuse at enrollment**

- Yes       No       Did not self-identify

**33. Health issues**

- Yes, significant health issues       No, significant health issues       Did not self-identify

**34. Housing status at enrollment**

*If enrolled while confined/incarcerated, report housing status prior to confinement. When 'Homeless' option selected, then '35-homeless participant' must also be Yes.*

- Living with Family       Homeless  
 Own/rent apartment, room or house       Staying at someone's apartment, room or house (unstable)  
 Transitional house       Monitored home confinement  
 Residential Treatment       Halfway house/residential re-entry center

**35. Homeless participant**

*(Only, 'YES' if 'Homeless' was selected in question 34)*

- Yes       No

**36. Veteran status**

- Yes       No       Status unknown

**37. Eligible veteran or other eligible person**

- Yes <= 180 days       Yes, Other Eligible Veteran  
 Yes, Eligible Veteran       No

**38. Homeless veterans' reintegration program participant**

*If 'Yes' is selected, then question 39 is required.*

- Yes       No

**39. Homeless veterans' reintegration program grant**

*(Required if 'Yes' is selected in Question 38)\**

**EMPLOYMENT EDUCATION**

**Employment/Education Information**

**40. Employment status at program entry**

- Employed       Not in labor force  
 Employed, but Received Notice of Termination of Employment or Military Separation is pending       Unemployed

**41. Occupational code of most recent employment prior to participation (if available)**

*Record the 8-digit occupational code that best describes the participant's employment using the O\*Net classification system (<https://www.onetonline.org/find/>). This must be based on the most recent job held prior to participating in the program and only applies to adults, and dislocated workers. If all 8 digits of the code are not collected, record as many digits as are available. If the participant had multiple jobs, use the occupational skills code of the job with the highest gross wage.*

**42. Highest school grade completed at program entry**

*Enter the highest school grade completed from K-12*

**43. Highest educational level completed at program entry**

- Attained secondary school diploma       Attained a postsecondary technical or vocational certificate (non-degree)  
 Attained a secondary school equivalency       Attained an Associate's degree  
 The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)       Attained a Bachelor's degree  
 Completed one of more years of postsecondary education       Attained a degree beyond a Bachelor's degree  
       No Educational Level Completed

**44. School Status at Program Entry**

- In-school, secondary school or less       Not attending school or Secondary School Dropout  
 In-school, Alternative School       Not attending school, within age of compulsory school attendance

**45. Individual with a disability Individualized Education Program (IEP) participant**

- Current IEP       Previous IEP       Not Applicable

**46. English language learner at program entry**

- Yes       No

**47. Basic skills deficient/low levels of literacy at program entry**

- Yes       No

**PUBLIC PROGRAM**

**Public Program Information**

**48. Temporary Assistance to Needy Families (TANF)**

- Yes       No

**49. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)**

- SSI       SSDI and Ticket Holder  
 SSDI       Both SSI and SSDI and A Ticket Holder  
 Both SSI and SSDI       No  
 SSI and Ticket Holder

**50. Supplemental Nutrition Assistance Program (SNAP)**

- Yes       No

**51. Other public assistance recipient**

- Yes       No

**52. Low income status at program entry**

- Yes       No

**53. Unemployment Compensation (UC) eligible status**

- Claimant Referred by RESEA       Exhaustee  
 Claimant Referred by WPRS       Claimant is Exempt  
 Claimant not Referred by RESEA or WPRDS       Neither Claimant nor Exhaustee

**54. Long-term unemployed at program entry**

- Yes, Unemployed  $\geq$  27 consecutive weeks       No

**55. Exhausting TANF within 2 years at program entry (WIOA)**

- Yes       No       Not Applicable

**56. Displaced homemaker at program entry (WIOA)**

- Yes       No

**57. Eligible migrant and seasonal farmworker status (WIOA sec. 167)**

- Seasonal Farmworker Adult       Dependent Adult  
 Migrant Farmworker Adult       Dependent Youth  
 MSFW Youth       No

**WIOA AND OTHER PROGRAM**

**WIOA and Other Program Information (Existing Program Enrollment Information)**

**58. Dislocated worker (WIOA)**

- Yes, Local Formula       Reportable Individual  
 Yes, Statewide       No  
 Yes, Both Local Formula and Statewide

**59. Other WIOA of non-WIOA programs**

- Yes, Other WIOA or Non-WIOA Programs  No
- I/DD, MH or other disability programs

**60. Apprenticeship program**

- Registered Apprenticeship (RAP)  Other
- Industry-Recognized Apprenticeship Program (IRAP)  None

**61. Recipient of incumbent worker training**

- Statewide 15% and/or Rapid Response 25% only  Dislocated Worker Grant (DWG) funded grant
- Local Formula only (20%)  National Farmworker Job Program (NFJP) funded grant
- Both Statewide and Local Formula  Apprenticeship appropriated funded grant
- H-1B funded grant  No

**CRIMINAL JUSTICE**

**Criminal Justice Information**

**62. Direct referral from the justice system**

- Yes  No

**63. Incarcerated at program entry**

- Yes

**64. Offender status at enrollment**

- Adult Jail

**65. In work release program**

- Yes  No

**66. Most recent type of offense**

- Property Crime  Other Offenses
- Drug Crime  Information not available
- Public Order Crime

**67. Employment status at incarceration**

- Unsubsidized Employment  Unknown
- Registered Apprenticeship  Not employed
- Military

**68. Date of anticipated release from incarceration (must be within 20-270 days)**

\_\_\_\_\_

69. For participants that are incarcerated, you must enter the release date from incarceration (69a) and from a correctional facility or placed on probation (69b) after the release

**a. Date released from incarceration**

\_\_\_\_\_

**b. Date released from a correctional facility or placed on probation**

\_\_\_\_\_

**70. Criminal Justice ID/Inmate number**

\_\_\_\_\_

**71. Post-release status at enrollment**

- Parole  Probation  Bail  Without Conditions

**Probation or Parole Officer's Contact Information**

**a. Name**

\_\_\_\_\_

**b. Phone**

**c. Email**

## SIGNATURE COLLECTION

### Applicant Signature

*I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from the Pathway Home 6 program.*

**Signature**

**Date**

### Case Manager Signature

*I certify that the individual whose signature appears above provided the information recorded on this form.*

**Signature**

**Date**

### Program Administrative Reviewer Signature

*I certify that I have verified the information recorded on this form.*

**Signature**

**Date**