



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

*a. Legally Entitled to Work in the U.S.

Yes No

*b. Post-Release Residence within target area?

Yes (Yakima, Chelan, or Douglas County) No

6. Phone 1

7. Phone 2

8. Email

9. **Date of Program Entry**

10. **Address 1**

10a. **Address 2**

11. **City**

12. **Zip**

13. **State**

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

Personal/Emergency Contact Information

Enter information of a relative or contact of the participant

15. **Name**

16. **Phone**

17. **Email/Social Media/Other**

Additional Personal/Emergency Contact Information

18. **Name**

19. **Phone**

20. **Email/Social Media/Other**

DEMOGRAPHIC

Demographic Information

21. **Sex**

If 'Male' is selected then answer question 23a

- Male Female Did not self-identify

21a. **Date Verified Selective Service Registration** *(Required if 'Male' is selected in Question 21)**

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. Enter date of case manager's verification.

22. **Ethnicity: Hispanic/Latino**

- Yes No Did not self-identify

23. **Did Participant Identify Race**

If 'No' is selected then skip to question 26

- Yes No

23. Race (Select all that apply)

- American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Asian White
 Black/African American

24. Individual with a Disability

If 'No' or 'Did not self-identify' is selected then skip to question 26

When Individual with a disability is Yes, select at least one applicable disability in the fields from 25a to 25f.

- Yes No Did not self-identify

25. Category of Disability (Required if 'Yes' is selected in Question 24)*

- Physical/Chronic Health Condition Hearing-related disability
 Physical/Mobility Impairment Learning Disability
 Mental or Psychiatric Disability Cognitive/Intellectual disability
 Vision-related disability Participant did not disclose type of disability

a. Individual with a disability - State Developmental Disabilities Agency (SDDA) Services

*(Required if 'Yes' is selected in Question 26)**

- SDDA No

b. Individual with a disability - Local or State Mental Health Agency (LSMHA) Services

*(Required if 'Yes' is selected in Question 26)**

- LSMHA No

c. Individual with a disability - Medicaid Home and Community Based (HCBS) Services

*(Required if 'Yes' is selected in Question 26)**

- HCBS No

d. Individual With a Disability - Work Setting

*(Required if 'Yes' is selected in Question 26)**

- Competitive Integrated Employment Sheltered workshop
 Individual Supported Employment Combination of two or more settings
 Group Supported Employment Not Employed

e. Individual With a Disability - Type of Customized Employment Services (CES) Received

*(Required if 'Yes' is selected in Question 26)**

- Discovery assessment services Secured employment as a result of receiving customized employment services and extended support services
 Developed a customized employment search plan No CES services
 Employer negotiation services Not Employed

f. Individual With a Disability - Financial Capability

*(Required if 'Yes' is selected in Question 26)**

- Benefit planning services Benefit planning services and financial capability/asset development services
 Financial capability/asset development services No

g. Cultural barriers at program entry

- Yes No Did not self-identify

26a. Foster care youth status at program entry (WIOA)

- Yes No

26b. Driver's License

- Yes, at program entry Yes, during participation No

27. Single parent at program entry

- Yes No Did not self-identify

28. Alcohol/drug abuse at enrollment

- Yes No Did not self-identify

29. Health issues

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

30. Housing status at enrollment

If enrolled while confined/incarcerated, report housing status prior to confinement. When 'Homeless' option selected, then '31-homeless participant' must also be Yes.

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

31. Homeless participant

(Only, 'YES' if 'Homeless' was selected in question 30)

- Yes No

32. Veteran status

- Yes No Status unknown

33. Eligible veteran or other eligible person

- | | |
|--|--|
| <input type="checkbox"/> Yes <= 180 days | <input type="checkbox"/> Yes, Other Eligible Veteran |
| <input type="checkbox"/> Yes, Eligible Veteran | <input type="checkbox"/> No |

34. Homeless veterans' reintegration program participant

If 'Yes' is selected, then question 35 is required.

- Yes No

35. Homeless veterans' reintegration program grant

*(Required if 'Yes' is selected in Question 34)**

EMPLOYMENT EDUCATION

Employment/Education Information

36. Employment status at program entry

- | | |
|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Not in labor force |
| <input type="checkbox"/> Employed, but Received Notice of Termination of Employment or Military Separation is pending | <input type="checkbox"/> Unemployed |

37. 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.*

38. Highest school grade completed at program entry

Enter the highest school grade completed from K-12

39. Highest educational level completed at program entry

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

40. School Status at Program Entry

- In-school, Postsecondary school or less Not attending school, or Secondary School Dropout
 In-school, Alternative School Not attending school, _____

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

- Current IEP Previous IEP Not Applicable

42. English language learner at program entry

- Yes No

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

- Yes No

PUBLIC PROGRAM

Public Program Information

44. Temporary Assistance to Needy Families (TANF)

- Yes No

45. 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

46. Supplemental Nutrition Assistance Program (SNAP)

- Yes No

47. Other public assistance recipient

- Yes No

48. Low income status at program entry

- Yes No

49. Unemployment Compensation (UC) eligible status

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

50. Long-term unemployed at program entry

- Yes, Unemployed ≥ 27 consecutive weeks No

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

- Yes No Not Applicable

52. Displaced homemaker at program entry (WIOA)

- Yes No

53. 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)

54. Dislocated worker (WIOA)

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

55. Other WIOA of non-WIOA programs

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

56. Apprenticeship program

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

57. 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

58. Direct referral from the justice system

- Yes No

59. Incarcerated at program entry

- Yes

60. Offender status at enrollment

- Adult Jail

61. In work release program

- Yes No

62. Most recent type of offense

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

63. Employment status at incarceration

- Unsubsidized Employment Unknown
- Registered Apprenticeship Not employed
- Military

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

65. For participants that are incarcerated, you must enter the release date from incarceration (65a) and from a correctional facility or placed on probation (65b) after the release

a. Date released from incarceration

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

66. Criminal Justice ID/Inmate number (Do not enter into GPMS)

67. 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