Clear Form

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;*

07701

Site

Yakima County Dept. of Corrections

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)

077

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)
Cont'd

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

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
- ☐ Physical/Mobility Impairment
- ☐ Mental or Psychiatric Disability
- ☐ Vision-related disability
- ☐ Hearing-related disability
- ☐ Learning Disability
- ☐ Cognitive/Intellectual 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)**

☐ SSDA ☐ 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
- ☐ Individual Supported Employment
- ☐ Group Supported Employment
- ☐ Sheltered workshop
- ☐ Combination of two or more settings
- ☐ 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
- ☐ Developed a customized employment search plan
- ☐ Employer negotiation services
- ☐ Secured employment as a result of receiving customized employment services and extended support services
- ☐ No CES services
- ☐ Not Employed

f. Individual With a Disability - Financial Capability
*(Required if 'Yes' is selected in Question 26)**

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

26. 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.

☐ Living with Family
☐ Own/rent apartment, room or house
☐ Transitional house
☐ Residential Treatment
☐ Homeless
☐ Staying at someone's apartment, room or house (unstable)
☐ Monitored home confinement
☐ 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

☐ Yes <= 180 days
☐ Yes, Eligible Veteran
☐ Yes, Other Eligible Veteran
☐ 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

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

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

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
☐ Claimant Referred by WPRS
☐ Claimant not Referred by RESEA or WPRS
☐ Exhaustee
☐ Claimant is Exempt
☐ 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
☐ Migrant Farmworker Adult
☐ MSFW Youth
☐ Dependent Adult
☐ Dependent Youth
☐ No

WIOA AND OTHER PROGRAM

WIOA and Other Program Information (Existing Program Enrollment Information)

54. Dislocated worker (WIOA)

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

55. Other WIOA of non-WIOA programs

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

56. Apprenticeship program

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

57. Recipient of incumbent worker training

☐ Statewide 15% and/or Rapid Response 25% only
☐ Local Formula only (20%)
☐ Both Statewide and Local Formula
☐ H-1B funded grant
☐ Dislocated Worker Grant (DWG) funded grant
☐ National Farmworker Job Program (NFJP) funded grant
☐ Apprenticeship appropriated 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
☐ Drug Crime
☐ Public Order Crime
☐ Other Offenses
☐ Information not available

63. Employment status at incarceration

☐ Unsubsidized Employment
☐ Registered Apprenticeship
☐ Military
☐ Unknown
☐ Not employed

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