Youth Services Universal Enrollment Form

PLEASE PRINT ALL INFORMATION AND DO NOT WRITE IN SHADED AREA

INTAKE AGENCY	NAME	ENROLLMENT DATE	ORIENTATION DATE
FUNDING ☐ WIA ☐ OTHER	INTAKE REFERRED TO	REFERRAL DATE	TEST DATE
TABE: READING	TABE: MATH	OTHER TEST SCORES (OPTIONAL)	
AUTHORIZATION NO.	DRIVER'S LICENSE NO.	OHIO ID NO.	
BIRTH CERTIFICATE NO.	OTHER (INDICATE NO. AND TYPE)		

SOCIAL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	AGE

GENDER	HISPANIC/LATINO	CIRCLE ALL THAT APPLY	ASIAN	AFRICAN AMERICAN	NATIVE AMERICAN	ALASKAN NATIVE	NATIVE HAWIIAN PACIFIC ISLANDER	WHITE	OTHER
☐M ☐F	☐YES ☐NO								

WARD NO	STREET ADDRESS	CITY	COUNTY

STATE	ZIP CODE	YOUR MAIN PHONE NO ( )	ALTERNATE PHONE NO ( )	EMAIL ADDRESS

UI STATUS AT INTAKE: ☐EXHAUSTEE: UNEMPLOYMENT INS. ☐NOT CURRENT CLAIMANT/EXHAUSTEE ☐ELIGIBLE CLAIMANT REFERRED BY WPRS ☐ ELIGIBLE CLAIMANT NOT REFERRED BY WPRS

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED	COLLEGE YEAR	LAST SCHOOL ATTENDED
6 7 8 9 10 11 12	1 2 3 4	

☐ STUDENT: H.S. OR LESS ☐ ATTENDING POST H.S. ☐ H.S. DROPOUT ☐ H.S. GRADUATE

MILITARY INFORMATION

MILITARY SERVICE	RECENTLY SEPERATED	START DATE	END DATE	DISABILITY %
☐ YES ☐ NO	☐YES ☐ NO			

VETERAN'S SPOUSE	VETERANS STATUS	CAMPAIGN SERVED	COMBAT BADGE
☐ YES ☐ NO			☐YES ☐ NO

	YES	NO	N/A		CASE NUMBER S. SERVICE NO.	MONTHLY AMOUNT
SCOTI				Youth 5% window		
				Registered for Selective Service		
				Selective Service Number		
Public Assistance Information				Household is receiving food stamps		
				Applicant is named on food stamp grant		
				Applicant is receiving OWF		
				Applicant is named on OWF grant		
				Applicant is receiving Refugee Status		
				Applicant is named on Refugee Status Grant		
				Applicant is receiving SSI		

FAMILY INCOME STATEMENT: LIST ALL FAMILY MEMBERS LIVING IN HOME, INCLUDING CHILDREN

FAMILY MEMBER NAME	RELATIONSHIP TO APPLICANT	INCOME SOURCE	MONTHLY INCOME AMOUNT	INCLUDE	EXCLUDE
	APPLICANT				

Family Size: _____ Applicant 6 Mos. Includable income: _____ Family 6 Mos. Includable Income_____

CITIZENSHIP: ☐US CITIZEN ☐REGISTERED ALIEN ☐REFUGEE ☐OTHER LEGAL ALIEN ☐OTHER

CHECK ALL BELOW THAT ARE "YES" ANSWERS

Documented Reason for Eligibility	☐	CASH/Public Assistance	☐	Homeless	☐	System Calculated Low Income
	☐	Food Stamps (rec. or eligible)	☐	Foster Child	☐	Disability/Individual Income
	☐	5% Window Override	☐	None		
Youth Barriers Documentation	☐	Basic Literary Skills Deficient	☐	School Dropout	☐	Homeless
	☐	Runaway	☐	Pregnant/Parenting Youth	☐	Offender
	☐	Requires Addl. Assistance	☐	Foster Child	☐	None
Barriers Data	☐	Disabled	☐	Single Parent	☐	Runaway
	☐	Behind Grade Level	☐	Basic Skills Deficient	☐	Basic Literary Skills Deficient
	☐	Homeless	☐	Offender	☐	Foster Child
	☐	Pregnant/Parenting Youth	☐	Requires Add'l. Assistance	☐	School Dropout
	☐	Faces Serious Barriers				
Other	☐	Under 18 & Emancipated	☐	Over 18 & Independent	☐	Younger Youth (14-18)
	☐	Older Youth (18-22)	☐	Adult (22 or older)	☐	Substance Abuse
	☐	TANF Recipient	☐	Mental Illness	☐	Needs Education or Job Assistance
	☐	Reading Level	☐	Math Level	☐	Poor Work History
Employment	☐	Employed	☐	Seeking full time job	☐	Seeking part time job
	☐	Seeking job training	☐	Seeking education	☐	RSDI/SSI Want to work
	☐	Temporarily Disabled	☐	Applied for benefits	☐	ADC/TANF Benefits
School	☐	Receiving Pell Grant	☐	Receive College Stipend		
Marital Status	☐	Single	☐	Married	☐	Divorced
	☐	Co-habitating	☐	Widow/widower	☐	Separated
Family Status	☐	Not a parent	☐	Single parent	☐	Parent in two-parent family
	☐	Live alone	☐	Live with other family member	☐	Family member with substance abuse
	☐	Family member with a disability	☐	Pregnant or parenting teen family member	☐	Other pregnant or parenting family member
	☐	Family member with mental illness	☐	Family member with a felony	☐	Family member that is a victim of domestic violence

ALTERNATE CONTACTS: PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

CONTACT FIRST NAME	LAST NAME	PHONE NO. ( )	ALTERNATE PHONE NO. ( )
RELATIONSHIP	STREET ADDRESS	CITY	STATE / ZIP

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I attest that the information stated above is true and accurate and understand that if the above information is misrepresented, it will be grounds for immediate termination from all organizations and agencies utilizing this form.

SIGNATURE OF APPLICANT _____ DATE _____ PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE _____

SIGNATURE OF CASE MANAGER _____ DATE _____ SIGNATURE OF REVIEWER _____ DATE _____

I have received a document describing my rights as a customer, which explains the types of complaints and the procedures for filing complaints.

SIGNATURE OF APPLICANT _____ DATE _____ PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE _____