

Housing Intake Form*

Please fill in ALL parts:

Name: _____

Date: _____

Are you currently employed? Yes No

Are you between the ages of 18 and 24? Yes No

Are you currently homeless (couch surfing does not count)? Yes No

Do you currently have a Boston Address? Yes No

Are you looking for a room or apartment? Room Apartment

Are you interested in transitional housing? Yes No

What is your total monthly income? _____

What is your budget? _____

What neighborhood or town would you like to live in? _____

How many bedrooms would you like? Studio 1 2 3 4

Interested in applying for:

- BHA
- CHAMP
- Section 8
- Sober Home
- Re-entry Housing
- Private Housing

***Created with support from First Literacy**



Name: _____ Program Pathway _____

Charlestown Adult Education - Needs Assessment*

Wrap-Around Services needed:	yes	no
Will you need assistance securing MassHealth?		
Will you need assistance securing SNAP benefits (food stamps) or WIC?		
Do you need help getting a state ID, driver's license, birth certificate, or social security card?		
Do you need transportation assistance (MBTA)?		
Do you need help securing housing?		
Would you use our Thursday Food Pantry Delivery (free)?		
Do you need or want help with substance abuse prevention?		
Educational/Job Services needed:		
Do you have access to WiFi?		
Do you have a smartphone/tablet/computer to participate in remote classes/job trainings?		
Do you need HiSET prep courses and testing?		
Do you need ESL classes?		
Do you need help creating or updating your resume or with the job application process?		
Would you like to participate in a training program? If yes, what sector?		

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Re-entry Intake*

* Intake Date: _____ / _____ / _____
Month Day Year

* Last Name: _____

* First Name: _____

Middle Name/Initial: _____

* Transition House/Correctional Facility: _____

* Address: _____

Address 2 (Apt. or Suite #) _____

City (refer to neighborhood boundaries) _____

State _____ Zip Code _____

* Phone Number: _____

* Email address: _____

* Date of Birth: _____ / _____ / _____
month day year

* Gender: Male Female Transgender Other

* What is your Race/Ethnicity? (Check all that apply):

- Alaskan Native / American Indian
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other

*** Highest educational level completed on entry: (Check only one.)**

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> No Schooling | <input type="checkbox"/> Secondary School Diploma |
| <input type="checkbox"/> Grade 1-5 | <input type="checkbox"/> Secondary School Equivalent |
| <input type="checkbox"/> Grade 6-8 | <input type="checkbox"/> Some Postsecondary Education, No Degree |
| <input type="checkbox"/> Grade 9-12 | <input type="checkbox"/> Postsecondary or Professional Degree |

*** Household Size:** _____

*** Household Yearly Income:** _____

Please List all types of Income in the Household. Choose all that apply:

- Employment/Wages
- EAEDC

- SNAP (EBT/Food Stamps)
- SSI
- TAFDC (TANF)
- Unemployment Insurance
- WIC
- Other

Please List all that Apply: Choose one or more if "yes":

- MassHealth
- CORI
- Housing Voucher
- Homeless/New Homeless

Do you have a construction trade certificate?

- Yes
- No

If so, which one(s)? _____

Needs discussed:

- Employment
- Training Opportunities
- ID
- Social Security Card

- Birth Certificate
- Housing
- Filing Taxes
- Transportation Assistance
- SNAP benefits
- Applying for health insurance

Additional Notes:

***Created with support from First Literacy**



FY2023 Adult Education Student Intake Form

* **Intake Date:** ____ / ____ / ____
 Month Day Year

* **Social Security Number:** _____ — _____ — _____ Not Provided

* **Last Name:** _____

* **First Name:** _____

Middle Name/Initial: _____ Not Provided

Suffix: (ex. Junior)

* **Service (Check the one that best applies):**

- ABE
- ESOL
- Transition to Community College (668)
- Workplace
- Spanish HSE

* **Secondary Service:**

- IELCE (Fund Code 359)
- No Secondary Service

* **Date of Birth:** ____ / ____ / ____
 month day year

* **Gender:** Male Female

* **Are you Hispanic/Latino?** Yes No

* **What is your Race? (Check all that apply):**

- Alaskan Native / American Indian
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

* **Were you ever enrolled in MA public education (K12, Adult Education, Community College)?** Yes No

* **Highest educational level completed on entry: (Check only one.)**

- No Schooling
- Grade 1-5
- Grade 6-8
- Grade 9-12
- Secondary School Diploma or Alternate Credential
- Secondary School Equivalent
- Some Postsecondary Education, No Degree
- Postsecondary or Professional Degree

* **Where did you receive your highest level of education? (Check only one.)**

- U.S. Based Schooling
- Non-U.S. Based Schooling

* **Employment Status at Program Entry: (Check the one that best applies.)**

- Employed** – (a) is currently performing any work as a paid employee
(b) is currently performing any work at his/her own business, profession, or farm
family
(c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the
illness,
(d) is not working, but currently has a job or business from which he/she is temporarily absent because of
bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer
for time off, and whether or not seeking another job.
- Employed – Multiple Jobs**
- Employed with Separation Notice**
- Unemployed** – not employed but seeking employment, making a specific effort to find a job, and is available for work.
- Retired**
- Unavailable for work**
- Not looking for work**

* **Barriers to Employment** (Check all that apply. Must select at least either “English Language Learner” or “Low Literacy Levels”)

- Cultural Barriers** – a person who perceives him/herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.
- Disabled Individual** – a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.
- Displaced Homemaker** – a person who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income or is the dependent spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- Low-income Individual** – a person who meets either of the following:
 1. Who within six months has received income-based assistance, such as housing supplement or food stamps (Persons receiving public assistance or a housing supplement within last six months meet this criteria.)
 2. Whose total family income is below 70 percent of the lower living standard income level.
- English Language Learner** – a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.
- Ex-offender** – a person who either has been subject to any stage of the criminal justice process or requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
- Exhausting TAFDC (TANF)** – a person within two years of exhausting lifetime eligibility.

- Foster Care Youth** – a person who is currently in foster care or has aged out of the foster care system.
- Homeless Individual** – a person without a fixed, regular and adequate nighttime residence or a run-away youth.
- Long-term Unemployed** – a person unemployed for 27 or more consecutive weeks (approx. six months, or more).
- Low Literacy Levels**
- Migrant Farmworkers** – a person who meets either of the following:
 1. A low-income individual who for the 12 consecutive months out of the 24 months prior to program entry has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment **and** faces multiple barriers to economic self-sufficiency.
 2. A dependent of the individual described as a seasonal or migrant seasonal farmworker above.
- Seasonal Farmworkers** – a person who meets either of the following:
 1. A seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.
 2. A dependent of the individual described as a seasonal or migrant seasonal farmworker above.
- Single Parent or Guardian** – a person who is single, separated, divorced or widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant.

* **Address 1:** _____
Address 2: _____
 * **Zip Code:** _____ **City:** _____
County: _____
State: _____

***Country of Birth:** _____

Mail preference: No Mailings Any Newsletters only Flyers only

Which of the following do you have at home so we can contact you and/or connect you to services? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Computer with Camera | <input type="checkbox"/> Headset with Microphone |
| <input type="checkbox"/> Computer without a Camera | <input type="checkbox"/> Mobile Phone |
| <input type="checkbox"/> Webcam | <input type="checkbox"/> Home Phone |
| | <input type="checkbox"/> Internet Access |
| | <input type="checkbox"/> Printer |
| | <input type="checkbox"/> Scanner |

* **Telephone:** (____) _____ (____) _____ (____) _____

At least one

Home

Mobile

Work

*** Email:** _____

Contact Preference: Any phone any time Home phone only Mobile phone only
 Text message (mobile) Email

****Correctional:** No Yes - County Yes - State Yes - Federal

****Institutional:** No Yes

Apparent or Disclosed Disability:

Specific Learning Disability: No Yes - Observed/Disclosed Yes - Documented

Official Letter of Withdrawal on File (if under 18 at enrollment):

Public Assistance: Choose one or more if "yes":

- EAEDC
- MassHealth
- Other
- SNAP (EBT/Food Stamps)
- SSI
- TAFDC (TANF)
- WIC

*** Is there a signed *FY22 Confidentiality Release of Information Form* on file?** Yes No