



Intake Form

Today's Date: _____

Personal Data		
Name (Last, First, Middle)		
Student ID #	Date of Birth	Age
Street Address		
City	State	Zip
Home Phone Number	Cell Phone Number	E-mail Address
Disability:		
DOR Counselor:		
DSPS Counselor:		

Circle All That Apply									
Benefits:	SSI \$ _____ month	SSDI \$ _____ month	Unemployment \$ _____ month	EBT	Financial Aid	PASS Plan	Ticket to Work	Work Study	
	Section 8	Medi-Cal	Medi-Care	None	Other				
Transportation:	Bike/Walk	Bus/Trolley	Drive	Paratransit	Taxi				
	Relies on Others	Other: _____							

Requested Services from WorkAbility III		
Circle all that apply:		
Vocational Counseling	Career Exploration	Internship Experience
Work Experience	Worksite Monitoring	On-The-Job Accommodations
Interview/Professional Clothing	Application Assistance	Goal Setting
Time Management	Internet Job Search Strategies	Assistive Technology
Job Search Resources	Job Seeking Skills Training	Resume/Cover Letter
Employer Outreach		

Career & Employment Information
Have you ever seen a vocational specialist or career counselor before? Yes No
If yes please describe briefly: _____

What do you hope to gain from working with us? _____

Please describe your :
 Short Term Goals: _____

Long Term Goals: _____

Please describe what type of job you are seeking: _____

What type of work are you looking for? Circle all that apply to you.	Part-Time	Paid	Internship	Volunteer
	Full-Time			

Total available hours available to work per week: _____

Are you available to work evenings? Yes No Weekends? Yes No

What types of jobs have you had in the past? _____

Please describe your challenges in finding and keeping a job: _____

Have you ever been terminated from a job? Yes No

If yes, please describe here: _____

Have you ever discussed your disability with an employer? Yes No

Please explain any accommodations or aids used in the past to perform a job: _____

Have you experienced difficulty with learning a new job? Yes No

Please describe: _____

Disability Information

Please describe any limitations or restrictions you currently have: _____

Are you currently taking prescription medications? Yes No

Please list any side effects of medications: _____

Please describe any additional barriers to employment: _____

Other Background Information

Have you been convicted of a felony in the past seven (7) years?* Yes No

If yes, provide details including date, location (city), nature of offense and disposition: _____

Please describe your ethnicity:

Languages: **ASL** **English** **Spanish** **Other:**