INTAKE SET UP FORM

Last Name	First Name	Middle		Suffix	
Sailing Address	City	County	State	Zip	
hysical Address	City	County	State	Zip	
Iome Phone	Cell Phone	Cell Phone		E-mail Address	
Employer				Position	
Employer Address	City	State	Zip	Phone #	
□Full Time □Part Tin	ne □Seasonal □Stu	dent, Retired, Home	emaker, Disabled	□Unemployed	
DOB: □Male □Female	□Asian □			Highest Grade Completed: I have a: (check all that apply) □GED □ HS Diploma □2 Year College Degree □4 Year College Degree	
Hair: Eyes: Height:		Citizenship: □US □Mexico □Other		Marital Status: □Single □Married Separated □Divorced □Widow	
Weight: SS#:	Place of Birth: State Co			# of Dependents:	
DL# / ID#: ———————————————————————————————————	Military: Type of Discharge:	Military: Type of Discharge:		Language: □English □Spanish □Other:	
Motor Vehicle:					
Make:	Model: License Plate #:	2 Door 4 Do Van State:	or SUV Truck	Color:	
Were you employed at the tin	•		currently in a gang?	□Yes □ No	
References: Name	Address		Phone #	Relationship	
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