**Literacy Chippewa Valley Intake Form 2024-2025** Type of Learner: ABE Pre-GED Corrections Family Literacy ELL GED/HSED Career Readiness Other \_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: Cell Home Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth (if not USA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered United States: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeless: Yes No Currently Incarcerated: Yes No Ex-Offender: Yes No Veteran: Yes No Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will you be attending classes: Family Literacy EC Corrections Chippewa Corrections Dunn Corrections EC County Chippewa County Dunn County

Male \_\_\_\_\_ Female \_\_\_\_\_

Have you attended other learning programs: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about us? Family Friend Walk-In Website Referral Advertisement Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Literate in primary language: Yes No Refugee: Yes No

**Citizenship:** Circle one

US citizen Eligible legalized alien Refugee Foreign student Immigrant

**Household Income:** Circle one**:**

**Marital Status:** Circle one Single Married Separated Divorced Widowed

**Race\Ethnicity:** Circle **all** that apply**.** African American Asian Latin American Native American US Caucasian Hispanic Hmong Asian/Pacific Islander Other

$0-$9999 $10,000-$14,999 $15,000-$24,999 $25,000-$36,999 $37,000-$49,999 $50,000-$74,999 $75,000+ Number of People in Household: \_\_\_\_\_\_\_ Number of dependents: \_\_\_\_\_\_\_\_

**Do you or your children use one of the following?**

Badgercare Free/Reduced Lunch W-2 Wisconsin Shared Childcare DVR WIC Workforce Resource Foodshare SSI Medical Assistance **If you are TANF eligible: circle “yes” YES**

**High School Credential:** Circle One No

(if No, Highest Grade Completed) \_\_\_\_\_\_\_\_\_

High School Diploma GED HSED Technical College University

**Work Status:** Circle one Employed, full-time

Employed, part-time

Unemployed, seeking work Self-employed

Not in labor market

Retired

**Barriers to Employment: Circle all that apply**

Low Income

Displaced Homemaker

Ex-Offender Cultural Barriers Single Parent

English Language Learner

**Current Employer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been diagnosed with a learning or physical disability?** Yes No **If Yes, which disability or disabilities were you diagnosed with? Please circle all that apply.** Autism Deaf Hard of Hearing Mobility/Orthopedic Disability Other Health Impairment Psychological Disability Specific Learning Disability Speech or Language Disability Traumatic Brain Injury Visual Disability Dyslexia Hearing Aid Wears Eyeglasses

**GOALS**

**GOAL:**

1 = GED/HSED 5 = JOB SEARCH

2 = CERTIFICATE PROGRAM 6 = CITIZENSHIP

3 = FINANCIAL LITERACY 7 = ELL

4 = HEALTH LITERACY 8 = TECHNOLOGY LITERACY

**AVAILABILITY:**

MONDAY: AM PM EVENING TUESDAY: AM PM EVENING WEDNESDAY: AM PM EVENING THURSDAY: AM PM EVENING FRIDAY: AM PM EVENING SATURDAY: AM PM EVENING SUNDAY: AM PM EVENING

AM = 8:00AM—12:00PM

PM = 12:00PM—5:00PM

EVENING: 5:00PM—9:00PM

**OFFICE USE ONLY**

Entered in Google Database \_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ **EC \_\_\_\_\_\_ CC \_\_\_\_\_\_ DC \_\_\_\_** FAMILY LIT \_\_\_\_\_\_

1 TO 1 \_\_\_\_\_\_

JAIL \_\_\_\_\_\_

TUTOR MATCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DO YOU AGREE THAT WE MAY USE ANY **TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED** MEDIA OBTAINED OF YOU DURING YOUR **IS TRUE AND CORRECT.** TIME WITH US? **STUDENT SIGNATURE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_ Will you be on probation? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_ NO \_\_\_\_\_\_ Name of Probation Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR OFFICE USE ONLY |
| **Services Provided:** |

1 = Improve NRS level

2 = Obtain Employment

3 = Retain Employment

4 = Enter Post-Secondary Education 5 = Obtain GED/HSED

6 = Partially Pass GED

7 = Earned a Credential (Servsafe, etc) 8 = Computer Skills

9 = Obtain Citizenship

10 = Obtain Citizenship Skills

11 = Health Literacy

12 = Financial Literacy

13 = Job Search Skills

14 = Adult Basic Education

15 = Creative Writing

16 = Workforce Certificate—Customer Service Manufacturing