

Intake Summary for Social Distancing

To respect and protect the health of all persons, please refer to this descriptive sheet to detail your intake packet for clarity. We are trying to limit person-to-person contact.

**On ALL pages please be as detailed as possible. This intake is confidential and simply allows us a full picture on you as a client regarding services we can provide, and other options available to you. The more detail you can provide the better we can understand how to help you as a potential employee.**

**Please sign ALL spots that say ‘applicants’ signature or client signature’**

**Pages 1-3- standard personal information.** Question 28- is asking if you have ever received services from us before at The Rhode Island Indian Council, Connecticut Indian Council, or NY/NJ Indian Council. WIOA is short for Workforce Innovation Opportunity Act- The funding legislation we operate under.

Page 4- any loose employment you can provide. Dates do not need to be specific. Month and year is fine.

Page 5-6- Grievance Procedure. Please read and sign. Should you have any official complaints about the WIOA program this is the resolving procedure.

Page 7- Indicate if you are Unemployed or UNDERemployed. ( part time or less then 12k a year) Sign.

Page 8-Initial only. No need at this time to complete.

Page 9- Permission Slip- Sign/include name and SS#. This page would be used should we be unable to contact you for information we need. (client loses/changes phone- there is information we still need to obtain- example: Verification from your supervisor you are working. Verification from your school that you are retaining a passing GPA.) Clients sometimes disappear and we cannot connect with them.

Page 10- Standard I-9 just fill out the indicated areas.

Page 11- last 3 recent work or training experiences. Loose information

\*\*Page 12- 15 Please be detailed in your answers. If it does not apply to you- please indicate N/A- these are important questions that we will create an IEP for your case file. (Individual Employment Plan.)

Page 16- Barriers- please check any areas you might identify with.

Page 17- No action needed from you. We complete this.