

LCSC PROFESSIONAL TECHNICAL EDUCATION CENTER - INTAKE FORM FY2012

TODAY'S DATE: _____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX- _____

FIRST: _____ M: _____ LAST: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK/MSG PHONE: _____

GENDER: FEMALE MALE BIRTH DATE: _____ EMAIL: _____

A AGE:

<17 18-21 22-24 25-34 35-44 45-54 55-64 >65

B ETHNICITY:

White Black Hispanic Native American Asian/Pacific Islander Other Nationality

C CURRENT GROSS ANNUAL HOUSEHOLD INCOME:

<\$5,000 \$5,001 - \$10,000 \$10,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000
 >\$25,001

D DISABILITY: Check if you have a disability that may interfere with employment / education

E SOURCES OF INCOME: (PLEASE CHECK ALL THAT APPLY)

- Wages / Salary
- Alimony / Spousal Maintenance
- Child Support
- Welfare / TAFI
- Food Stamps
- Social Security
- SSI – Disability/Survivors
- Medicare / Medicaid
- Unemployment
- Other Public Assistance
- Other Income

F EDUCATIONAL HISTORY (CHECK HIGHEST LEVEL COMPLETED)

- 1st – 8th Grade
- 9th – 11th Grade
- High School Graduate
- GED Graduate
- Some College
- Some Technical
- Associate Degree
- Bachelor's Degree
- Master's Degree

G STUDENTS:

- Please check if you are currently a student.
- Please check if you are entering, or are enrolled in a **Professional-Technical Program** at LCSC.
If so, What Program? _____

H EMPLOYMENT STATUS:

- Homemaker Self-Employed Employed Full-Time Employed Part-Time Unemployed
- Not looking for Work/Retired



I DEPENDENT STATUS (SP):

Please check if you **have custody/or share** custody of your children. Please write the **NUMBER** of Children you have in each AGE category below.

#: _____ **0-5 Years Old** #: _____ **6 to 18 Years Old** #: _____ **> 19 Years Old**

J MARITAL STATUS:

- Divorced
- Married, Spouse with income
- Married, Spouse without income
- Married, Spouse disabled
- Married, not living with Spouse
- Widowed
- Legally Separated
- Never Married

K Check if in section ‘**J**’ you checked box *Divorced, Spouse disabled, or Widowed* (DH)

L Please check if you are a **Single Parent** (SP)

M NON-TRADITIONAL TRAINING / EDUCATION

Check if you checked box ‘**G**’ **AND** in your class environment $\frac{3}{4}$ (75%) or more of your peers are the opposite gender.

N NON-TRADITIONAL EMPLOYMENT

Check if in your work environment $\frac{3}{4}$ (75%) or more of your co-workers are the opposite gender.

O MANY OF OUR PROFESSIONAL TECHNICAL PROGRAMS REQUIRE THE FOLLOWING:

- Valid Driver’s License
- Drug Free Work Environment
- Ability to Lift Over 50Lbs

CHECK IF YOU HAVE A BARRIER TO OR ARE UNABLE TO MEET ANY OF THE ABOVE CRITERIA.

FOR OFFICE USE ONLY:

COUNSELOR / ADVISOR: **MUNA** **KAREN** **TAMI**

- | | |
|---|---|
| <input type="checkbox"/> PC (Personal) | <input type="checkbox"/> PT Student |
| <input type="checkbox"/> CC (Career Counseling) | <input type="checkbox"/> Referred to ALC for _____ |
| <input type="checkbox"/> MCC (Marriage/Couples) | <input type="checkbox"/> ADAD <input type="checkbox"/> ADTA <input type="checkbox"/> ADCT <input type="checkbox"/> ADRP |
| <input type="checkbox"/> EC (Educational Counseling) | <input type="checkbox"/> SD 192 College Success |
| <input type="checkbox"/> FM (Financial Management Counseling) | <input type="checkbox"/> Completed PTEC intake process, Released for Admittance |
| <input type="checkbox"/> RH (Resume’ help) | <input type="checkbox"/> GO <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> IN PROCESS |
| <input type="checkbox"/> WorkKeys/KeyTrain | |
| | <input type="checkbox"/> PT Student did not complete PTEC |

OTHER: _____

