



Building Bridges Intake Form

Basic Information

Name		Gender
Address:		
City	State	Zip
Phone	Last 5 Numbers of SS#	
Email		
Birthdate	Marital Status	
Emergency Contact	Contact Phone	
Name of Spouse or Partner (if applicable)		

Number of Children in Household

Name	Gender	Ethnicity	DOB	Grade
Name	Gender	Ethnicity	DOB	Grade
Name	Gender	Ethnicity	DOB	Grade
Name	Gender	Ethnicity	DOB	Grade
Name	Gender	Ethnicity	DOB	Grade

Number of Adults in Household

Name	Gender	Ethnicity	Date of Birth
Name	Gender	Ethnicity	Date of Birth
Name	Gender	Ethnicity	Date of Birth
Name	Gender	Ethnicity	Date of Birth

Number of Seniors in Household

Name	Gender	Ethnicity	Date of Birth
Name	Gender	Ethnicity	Date of Birth

Monthly Income \$	Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Refused
Ethnicity	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused
Education	<input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Nursery School to 4th Grade <input type="checkbox"/> 5th or 6th Grade <input type="checkbox"/> 7th or 8th Grade <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary Education <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Refused
Military	<input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Refused

I verify that all of the information I provided is true and accurate to the best of my knowledge.

Signature:

Date:

Program Information

Type of Report

- | | |
|--|---|
| <input type="checkbox"/> Before Getting Ahead Report | <input type="checkbox"/> After Getting Ahead Report |
| <input type="checkbox"/> Six-Month Report | <input type="checkbox"/> 12-Month Report |
| <input type="checkbox"/> 18-Month Report | <input type="checkbox"/> 24-Month Report |
| <input type="checkbox"/> 30-Month Report | <input type="checkbox"/> 36-Month Report |
| <input type="checkbox"/> 48-Month Report | <input type="checkbox"/> 60-Month Report |

Program

Tier 1

- | | |
|---|---|
| <input type="checkbox"/> Getting Ahead | <input type="checkbox"/> Investigations |
| <input type="checkbox"/> GA in Workplace | <input type="checkbox"/> Getting Out |
| <input type="checkbox"/> Bridges Out of Poverty | |

Tier 2

- | | |
|--|--|
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Building Social Capital |
| <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Eleven Resources | |

Tier 3

- | | |
|--|--|
| <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Planned Giving |
| <input type="checkbox"/> Philanthropic | |

Completed

- | | |
|--|---|
| <input type="checkbox"/> Tier Completion | <input type="checkbox"/> Moved Out Service Area |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Dropped Voluntarily |
| <input type="checkbox"/> Dropped Involuntarily | |

Financial Information

Educational Benefits

Monthly Amount

- | | |
|-------------------------------------|--|
| Pell Grant | |
| Student Loan (as income source) | |
| Military Veterans Educational Award | |

Assets

Total Amount

- | | |
|---|--|
| Checking Account(s) Balance | |
| Savings Account(s) Balance | |
| Other investments, home ownership or account(s) balance | |
| Individual Development Account | |

Monthly Household Income and Sources:

\$

Below 200% Federal Poverty Level?

- No Household Income
- Only Public Cash Benefits, No Earned Income for Any Household Member
- More than 50% Public Cash Benefit, with Some Earned Income
- More than 50% Earned Income, with some Public Cash Benefits
- Earned Income, with No Public Cash Benefits for any Household Member

Higher Education Information

What, if any, education do you have beyond high school? (mark only the highest level completed)

- No Education Beyond High School
- Some college or technical training, incomplete
- Completed technical training
- Completed 2 year college degree
- Completed 4 year college degree
- Some graduate education (post Bachelor's)

Are you currently enrolled in an education or training program?

- Yes No

If Yes Then...

What field are you studying?

How long does the program last? (months)

How much have you completed?

- 25% 50% 75% 100% N/A

What diploma, degree, or certificate will you receive when you complete the program?

- GED or High School Diploma
- Professional License
- Certificate of Completion - *non-academic program*
- Certificate awarded by a trade school for credits completed after High School
- Diploma awarded by a trade school for credits completed after High School
- 2 Year Degree (AA, AS, Associate Degree)
- 4 Year Degree (BA, BS, Bachelor's Degree)
- Graduate Degree
- Program Does Not Award a Credential
- N/A

Have you completed an education or training program in the last 6 months?

- Yes No

If Yes Then...

What did you study?

- GED or High School Diploma
- Professional License
- Certificate of Completion - *non-academic program*
- Certificate awarded by a trade school for credits completed after High School
- 2 Year Degree (AA, AS, Associate Degree)
- 4 Year Degree (BA, BS, Bachelor's Degree)
- Graduate Degree
- Program Does Not Award a Credential
- N/A

Employment Status

- | | |
|--|---|
| <input type="checkbox"/> Working Less Than 15 hrs/Week | <input type="checkbox"/> Working 15-19 hrs/Week |
| <input type="checkbox"/> Working 20-24 hrs/Week | <input type="checkbox"/> Working 25-29 hrs/Week |
| <input type="checkbox"/> Working 30-34 hrs/Week | <input type="checkbox"/> Working 35-40 hrs/Week |
| <input type="checkbox"/> Working More Than 40 hrs/Week | |

Child Support

- Eligible, no income benefit Eligible, partial or irregular income
 Eligible, receives full amount of income ordered
 Not eligible/not applicable

Other Information

In times of trouble I have the following number of friends or family members I can count on for help (people outside of my household)

- None One Two Three Four Five Six or More

As of today: (Note: If this is an initial report, answer as if this is your first day of involvement in Bridges)

Do you have:

a. A plan of how you are going to reach your goals and become self-sufficient?

- Yes No Not Applicable

b. An individual Development Account or savings plan to help you build assets?

- Yes No Not Applicable

c. A safe and stable place to live?

- Yes No Not Applicable

d. A reliable means of transportation?

- Yes No Not Applicable

e. A currently valid driver's license?

- Yes No Not Applicable

Insurance Information

As of today, do you have health insurance **for yourself**? (Note: If this is an initial report, answer as if this is your first day of involvement in Bridges)

- Yes No

If Yes Then...

- Only Private Insurance (job-based, COBRA or private pay)
 A mix of public and private insurance
 Only Public Insurance N/A

Do all of the minor children in the household have health insurance?

- Yes, all children are insured No, some children are not insured

If Yes Then...

- Only Private Insurance (job-based, COBRA or private pay)
 A mix of public and private insurance
 Only Public Insurance N/A

Life Issues

Have you ever participated in any drug/alcohol treatment program?
(If yes, describe below)

Have you ever participated in any mental health treatment/counseling program?
(If yes, describe below)

Have you ever been charged or convicted of a felony?
(If yes, describe below)

Do you currently have any legal matters or fines/costs?
(If yes, describe below)

Life Issues

The most important goals I have set for myself as part of Building Bridges **in the next 6 months** are:

During the **last 6 months**, I have accomplished the following goals that I identified as part of my involvement with Building Bridges. (Skip if this is an initial report)