



Neighbor Intake Form

Date: _____

___ GED ___ ESL ___ College ___ Literacy ___ Other: _____

Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ Zip Code: _____

Work Phone: () _____ - _____ Cell Phone: () _____ - _____ Can we text you? ___ Yes ___ No

Email: _____ Driver's License: _____

Descriptors: ___ Male ___ Female ___ Married ___ Single ___ Divorced ___ Other _____

Name of Spouse or Fiancé: _____

Ethnicity/Race (choose all that apply): Hispanic: ___ Yes ___ No

___ American Indian ___ Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander

___ White ___ Other: _____

What is the last grade you completed? _____

Are you a student? ___ Part Time ___ Full Time School: _____

Where do you work now? _____

How many hours per week do you work? _____ **How much do you make per month?** \$ _____

What kind of jobs have you had? _____

What services do you receive? ___ WIC \$ ___ SNAP ___ Medicaid ___ Medicare ___ CCMS

___ HUD ___ FIT ___ WIOA ___ PCS \$ ___ SSI \$ ___ SSD ___ SP4K \$ ___ Child Support

Case Management _____ \$ ___ Other Income \$ _____ **Total Income**

Where do you live? ___ Shelter ___ In Vehicle \$ ___ Buying \$ ___ Renting _____ Other

Do you have any disabilities? _____

What is your plan for your future? _____

Emergency Contact: _____ Phone: () _____ - _____

Referred by: _____



Neighbor Intake Form Continued

Children:

Name	Gender	Age	Birth Date	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



CONSENT FOR RELEASE AND DISCLOSURE OF INFORMATION

I, _____, hereby authorize Cal Farley's to release information from my participant file, including but not limited to assessment, identification, verification of benefits, attendance and participation information. Participant information may be released to any of the following entities: Texas Health and Human Services Commission, Texas Workforce Commission, Texas Department of Assistive and Rehabilitative Services, Texas Department of Family and Protective Services, Texas Attorney General, Texas Department of Criminal Justice, local/county corrections departments, Region XVI Education Service Center, Panhandle Regional Planning Commission, City of Amarillo, Texas Tech, Amarillo College, Canyon ISD and/or other agencies, governmental authorities involved in the coordination of services and benefits to the extent necessary for the proper administration of the program rules and the law.

I, _____, hereby authorize and request that the following indicated records and information be made available for use by Cal Farley's in connection with my application and participation in programs and activities sponsored under Cal Farley's. I hereby release those holding such information from any and all legal responsibility and liability that may arise from the release and disclosure of information pursuant to this consent.

- _____ 1. Public and /or private school records, results of individual student performance on basic skills assessment tests, GED tests, college placement scores, instruments including NAPT, CAT and other such tests and instruments, and other scores of results of achievement evaluation.
- _____ 2. Medical records including but not limited to records of injury, disability and/or physical/mental limitations. Documentation of a learning disability or other limitation that may interfere with learning in a traditional classroom setting, and could be a potential barrier to future employment.
- _____ 3. Release of employment information (including wages) from current or previous employer.
- _____ 4. Release of status, limitations, and conditions of probation or parole from the Texas Department of Criminal Justice and local/county corrections departments, criminal background checks, and Social Security Verification.
- _____ 5. Release of information concerning benefits and services which I receive or am eligible to receive from social service agencies including but not limited to TANF, SNAP E&T, CHOICES, NCP, Child Care program services, child support, spousal support, alimony, employment, worker's compensation, unemployment insurance, social security, housing & utility assistance.

Release of this information is to facilitate the evaluation and participation of said person in the Cal Farley's program. This release will expire: _____

Applicant/Participant Signature

Applicant/Participant Name (PRINT)

Date



Community Engagement Center Handbook

I hereby acknowledge I have received the client handbook and I have had the opportunity to discuss it with the staff.

Client Signature

Date

Community Engagement Staff Signature

Date