

New Participant Intake/Needs Assessment

Name:			Today's date
First Middl	le	Last	
What name do you prefer to	be called?		
Preferred Pronouns:		(example: he/h	nim, she/her, they/them etc)
Vocational Pathway: Constru	uction	Culinary	Nursing
Where did you hear about th	e YouthBui	ld Program?	
General Information Mailing Address:			
City/State/Zip:			· · · · · · · · · · · · · · · · · · ·
County:			
			· · · · · · · · · · · · · · · · · · ·
Email:			
Date of Birth: (M/D/Y)			
Age:			
Gender: Male Female			
Social Security Number:	/_		_
Emergency Contact Inform			
Name:			
Relationship:			······
Address:			
City/State/Zip	-		
Tolophono: (Homo)		(Coll)	



Do you have any allergies or medical conditions we should know about? ×Yes ×No If yes, please explain: Shirt Size: xS xM ×L ×XL ×2XL ×3XL Racial or Ethnic Origin Please indicate all that apply to you: × Non Hispanic × Hispanic × Native American/Alaskan Native × African American × Asian/Pacific Islander × White × Hispanic/Latinx × Other (Specify) **Selective Service** Are you registered with the Selective Service (Only applies to males 18 or older) ☐ Yes □ No **Driver's License/ID** Do you have a valid driver's license or state ID? ×Yes ×No *A photo ID is a requirement for High School Equivalency tests. If you do not have an ID, your advisor will help you with the process of obtaining one as soon as possible. **Voter Status** Are you registered to vote? ×No ×Yes

Eligibility

Please indicate all that apply to you:

- ×Member of a low-income family
 - (recipient of food stamps, Medicaid, or other public assistance, or meet income eligibility requirements)
- ×A youth in foster care (or aging/aged out of foster care)
- ×Involved in juvenile/criminal justice system
- ×An individual with a disability
- ×A child of an incarcerated Parent
- ×A migrant individual

Education History

	Yes	No
Do you have a high school diploma?		
Do you have a GED		
Have you attempted the GED or Adult high school before this?		
What is the highest grade level you have completed?		

Work Experience

	Yes	No
Are you currently employed?		
If so, where do you work?		
When did you start your current position?		
Number of hours per week/Pay rate		
Have you been employed in the last 12 months?		
If so, where did you work?		
Number of hours per week		



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Pay rate per hour			
Did you receive benefits? Benefits may include things like paid time off or health insurance			
Dependents, Housing, and Public Assist	ance	Yes	No

	res	NO
Do you live by yourself		
Do you live with your parents (either mother, father, or both		
Do you have any dependents?		
If you have dependents, how many do you have?		
Do you live with your own child or children?		
Do you receive public assistance?		
Do you receive SNAP (Food Stamps)		
Does anyone you live with receive public assistance?		
Do you receive Medicare or Medicaid		

Correctional System Experience

	Yes	No
Have you ever been arrested?		
If yes, how many times		
Have you ever been incarcerated?		
Juvenile Detention		
Adult Detention		

List offenses that resulted in your incarceration:	
Dates of incarceration	
Have you ever been on probation?	
Are you currently on probation?	
When do you get off probation/conditional release:	
Do you have any court dates scheduled?	
When?	
Have you ever been convicted of a felony?	
Name of Probation Officer	
Phone Number	
Have you ever been convicted of a misdemeanor?	
Are either of your parents currently incarcerated?	

Substance Abuse History

	Yes	No
Do you have a history of alcohol abuse?		
If yes, are you currently undergoing treatment?		
Are you currently using any of the following subs	tances:	
Marijuana		
Cocaine		
Heroin		



Opioids/prescription medicines			
Other illegal substances			
If yes, are you currently undergoing sub abuse treatment?	stance		
Have you ever had substance abuse treatment?			
Support Survey Below are some common reasons stude education. Please check any that apply t		t complete a tradition	al high school
×Missed too many days	×	To care for a member	of the family
×Did not like school	× Marrie	d or plan to marry	
×Could not keep up with school work	×	Got a job	
×Thought completing a GED would be e	asier ×	Became a parent	
×Could not get along with teachers	×	Had to support family	y
×Did not feel a sense of belonging	×	Expelled	
×Could not get along with others	×	Suspensions	
Briefly describe any other factors that yo	u feel cor	ntributed to you leavin	g school:

¹ http://dropoutprevention.org/resources/statistics/quick-facts/why-students-drop-out/



Check areas that you would like assistance with:

×Study Skills × Communication Skills

×Time Management × Test Taking Strategies

×Computer Skills × Learning about College

×Improve attitude toward Academics × Career Planning

×Financial Literacy and Planning × Improve Reading skills

xConfidence/Social Skills
x Improve Vocabulary

×Note Taking Skills × Improve Math Skills

×Other

Please indicate how much the following items might impact your success in the program:

	Not at all	A little	A lot
Child Care	1	2	3
Housing	1	2	3
Problems at home	1	2	3
Financial difficulties	1	2	3
Transportation	1	2	3
Substance Abuse	1	2	3
Personal medical issues	1	2	3
Family medical issues	1	2	3
Mental health issues related to yourself	1	2	3
Mental health issues related to a child or other dependent	1	2	3



Lack of family support	1	2	3
Lack of access to technology/internet access	1	2	3

Please briefly describe a few of the traits you possess that will make you a successful YouthBuild Participant: