

FFT™ Intake
(Required elements are underlined.)

CLIENT DETAILS

Name (last, first, middle initial) _____

Birthdate (month/day/year) _____

Mailing Address:

Street _____

City _____ **State** _____ **Zip** _____

Personal Email _____

Preferred Phone: Home Work Mobile

Home Phone _____ **Mobile Phone** _____ **Work Phone** _____

Gender: Female Male Transgender Other Client declined to answer

Race: African American/Black American Indian/Alaskan Native Asian Bi-racial
 Caucasian/White Hawaiian/Pacific Islander Multi-racial Other
 Client declined to answer

Ethnicity: Hispanic Non-Hispanic Client declined to answer

Primary Language (the language most often spoken at home):

English Spanish Polish Chinese Arabic Other Client declined to answer

Highest Grade Completed (If you completed education in another country, estimate the equivalent education in the U.S. Note to staff: Note the difference in a case note or employment/education assessment.):

No High School Diploma/Equivalency High School Equivalency (GED, HiSet, TASC)
 High School Diploma Some College College Certificate (non-credit bearing)
 College Certificate (credit bearing) Associate Degree Bachelor's Degree
 Master's Degree Doctoral Degree Client declined to answer

Vocational Training/Bridge Program History: No vocational training/bridge program history

Some vocational training/bridge program(s) Completed vocational training/bridge program(s)

Client declined to answer

Military Status: Active Duty Veteran Spouse of Active Duty Member
 Spouse of Veteran Never Served Client declined to answer

Criminal Convictions:

Convicted of Misdemeanor(s) only Convicted of Felony(ies) No Convictions Client declined to answer

Marital Status: Single (never married) Married living together Married living separately

Widowed Separated Divorced Domestic Partner

Common Law Client declined to answer

Household Role: Self Spouse/Partner Child Parent Stepparent Foster parent

Grandparent Sibling Aunt/Uncle Other Client declined to answer

A household is 1 or more heads of household & their dependents. This may include people who don't live together (e.g. child at college, parent in nursing home). People living together may not be in the same household (e.g. roommates who don't blend finances).

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Your Household Size _____

Living Arrangement (If you are incarcerated or in an institution (such as a rehabilitation facility or a group home) and do NOT pay rent, please select “Household stays...for free...”.):

- House/apt. is owned by household member
- House/apt. is rented by household member – subsidized
- House/apt. is rented by household member – unsubsidized
- Household stays in the house/apt./room for free (no lease)
- Household is homeless (without a roof) or in a shelter
- Client declined to answer

Health Insurance Status (primary insurance only):

- Insured through a government program (e.g. Medicaid, Medicare, SCHIP)
- Private insurance through a household member’s employer
- Private insurance (not through a household member's employer), unsubsidized
- Private insurance (not through a household member's employer), partially or completely subsidized
- No insurance at all
- Client declined to answer

- Primary Interest at Program Entry** (select one):
- | | |
|--|--|
| <input type="checkbox"/> Job Placement/Career Development | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Digital Literacy/Computer Instruction | <input type="checkbox"/> Income Supports/Public Benefits |
| <input type="checkbox"/> Financial Education/Counseling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Client declined to answer | |

Working at program entry? (Please create an Employment record for current job.)

- | | |
|---|---|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Employed full time AND Student |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Employed part time AND Student |
| <input type="checkbox"/> Unemployed and looking for work | <input type="checkbox"/> No |
| <input type="checkbox"/> Unable to work due to disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Stay-at-home caregiver or parent | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Client declined to answer |
| <input type="checkbox"/> Student | |

In school/training at program entry?

- Yes (Please create an Education/Training Program record for current school/training.)
- No Client declined to answer

For past 12 mos, earned income after tax _____

This ONLY includes earned income (wages, salaries, tips, etc.). Report your actual earned income over the last 12 months. Note that this is different from the later question about gross annual household income.

For past 12 mos, # of full months worked _____

A full month refers to either (1) the calendar month, or (2) any 4 continuous weeks.

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HOUSEHOLD DETAILS

Your Gross Household Income: _____

Estimate household income for past 12 months. Only include wages/salaries/tips, business, interest/dividend, unemployment/disability, welfare assistance, alimony/child support, pension/retirement, regular gifts from non-household members & armed forces.

CASE DETAILS

Enrolled Date _____

HOUSEHOLD MEMBERS

First Name	Last Name	Middle Initial	Birthdate	Household Role <i>(see roles above)</i>	Gender
					F M T O
					F M T O
					F M T O
					F M T O
					F M T O
					F M T O
					F M T O

ORIENTATION

Orientation Attended Yes* No *If yes, Orientation Date _____

BRIDGES TO CAREER OPPORTUNITIES

Is this client part of the Bridges to Career Opportunities SIF grant? Yes* No

*If yes, BCO Start Date _____

FOC Assigned Staff

Coaching agreement signed? Yes* No *If yes, Coaching Agreement Date: _____

Career Coach: _____

Employment Coach: _____

Financial Coach: _____

Income Support Coach: _____

Other FOC Staff: _____

CONSENT TO PARTICIPATE IN RESEARCH

Consented to participate in research? ___ Yes* ___ No *If yes, Date Consent Signed: _____

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INBOUND REFERRAL INFORMATION

Referral Date _____ **Referred From Contact** _____

Referred From Organization _____

PROGRAM EXIT SUMMARY

Exit Date _____

Reason for Exit: Asked to leave Incarceration Left voluntarily Moved Noncompliance
 No service for 12 months Not known Other*

***If other reason, please specify** _____

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