

# 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

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

**Ethnicity:**  Hispanic  Non-Hispanic

**Primary Language** (the language most often spoken at home):  English  Spanish  Polish  
 Chinese  Arabic  Other

**Highest Grade Completed:**  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

*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.)*

**Vocational Training/Bridge Program History:**  No vocational training/bridge program history  
 Some vocational training/bridge program(s)  Completed vocational training/bridge program(s)

**Military Status**  Active Duty  Veteran  Spouse of Active Duty Member  
 Spouse of Veteran  Never Served

**Criminal Convictions:**  Convicted of Misdemeanor(s) only  Convicted of Felony(ies)  No Convictions

**Marital Status:**  Single (never married)  Married living together  Married living separately  
 Widowed  Separated  Divorced  Domestic Partner  Common Law

**Household Role:**  Self  Spouse/Partner  Child  Parent  Stepparent  Foster parent  
 Grandparent  Sibling  Aunt/Uncle  Other

*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).*

**Living Arrangement:**  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  
*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..."*

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**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

**Primary Interest at Program Entry (select one):**     Job Placement/Career Development     Education/Training

- Digital Literacy/Computer Instruction     Income Supports/Public Benefits
- Financial Education/Counseling     Other: \_\_\_\_\_

**Working at program entry?**     Yes     No    (*Please create an Employment record for current job.*)

**In school/training at program entry?**     Yes     No    (*Please create an Education/Training Program record for current school/training.*)

**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.*

## 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
					F M T O

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## 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: \_\_\_\_\_

## 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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