

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).*

**Your Household Size** \_\_\_\_\_

**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

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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...".

**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

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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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