

CVES Intake Form

Personal History

Name: _____

Date: _____

Birthdate: _____ Age: _____

What is your disability?

Did you take medication today? Yes / No (circle one)

If, yes, prescription name: _____

Are you right or left-handed? R L (circle one)

Where were you born? _____

Where were you raised? _____

How long have you lived in _____? _____ years

Do you plan to relocate? Yes / No (circle one) When? _____

Where? _____

Marital Status: Single Married Separated Divorced Widowed
(circle one)

Do you have children? Yes / No Do they live with you? Yes / No

Their ages: _____

Do you have childcare available if you go to work? Yes / No

Is English your primary language? Yes / No If no, the primary is _____

Are you bilingual? Yes / No What languages? _____

Social Activities/Hobbies

(Check all that apply)

I regularly attend church: Yes / No (circle one)

I am a member of a club: Yes / No Type _____
(car/motorcycle, sports, hobby, veteran, etc.)

I volunteer: Yes / No Type _____
(Church, Habitat for Humanity, Children's sports, advocacy, etc.)

I socialize with family ___ friends ___ I prefer to avoid social activities _____

My hobbies and interests include _____

Personal Adjustment

(Check all that apply)

I feel I need referral for supportive counseling _____

I currently receive counseling _____

Type _____ Where _____

Do you have a problem with alcohol or drug abuse? Yes / No (circle one)

Did you have one in the past? Yes / No (circle one)

If yes, how long have you been clean/sober? _____

Income:

Your current sources of income: circle all that apply

- | | | |
|----------|--------------------|--------------|
| Wages | Spouse's wages | Unemployment |
| SSI/SSDI | General Assistance | Retirement |
| Parents | Other: _____ | None |

(Check all that apply)

I am meeting my expenses with my current income _____

I cannot meet my expenses on my current income _____

I need a referral for financial counseling _____

Legal

(Check all that apply)

Back Taxes _____ Unlicensed vehicles _____ Outstanding warrants _____

Outstanding/unpaid tickets _____ Bankruptcy _____ Year filed _____

Have you ever been convicted of a felony? Yes / No (circle one)

If you answered yes:

When? _____

Charge: _____

Are you on probation or parole? _____

When will it end? _____

Housing

Buying/own _____ Renting _____

I do not have adequate housing because _____
(Not accessible, living with friends/family, homeless, etc.)

Transportation

Do you have reliable transportation? Yes / No

Do you have access to public transportation? Yes / No

Do you have a valid driver's license? Yes / No

If no, can you get a valid driver's license? Yes / No

Education History Information

I completed High School. Yes / No If yes, Year completed _____

I have a GED? Yes / No. If yes, When received? _____

I have college credit without a degree. Yes / No Total # of credits _____

I have a degree(s) in: _____

Have you ever been treated for or diagnosed with:

1. A learning disability? Yes / No (circle one)
2. Attention Deficit Disorder? Yes / No (circle one)
3. Dyslexia? Yes / No (circle one)
4. A reading disorder? Yes / No (circle one)
5. A math disorder? Yes / No (circle one)

Employment: Job Development or Training Needs

(Check all that apply)

My job or career goal is: _____

I prefer working with: Data/Information People Things (circle one)

I prefer to: learn on the job or have formal training (circle one)

If you want formal training, where? _____
(community college, technical school, job corps, university)

I am not currently employed _____

I need job placement services to obtain alternative employment _____

Military Service Information

Did you serve in the military? Yes / No (circle one)

If you answered yes:

Branch _____ NEC/AFSC/MOS _____ # of years in Service _____

Date Entered: ____/____/____ Date discharged/retired: ____/____/____

Rank _____ Service Connected Disability ____%

Work History (start with your most recent job first)

Job title: _____

Duties: _____

Dates: _____ Wage: _____

Reason for leaving: _____

Job title: _____

Duties: _____

Dates: _____ Wage: _____

Reason for leaving: _____

Job title: _____

Duties: _____

Dates: _____ Wage: _____

Reason for leaving: _____

Job title: _____

Duties: _____

Dates: _____ Wage: _____

Reason for leaving: _____

Skills

Do you have skills and/or experience in any of the following areas?

(Check all that apply)

___ Office Machines

___ Computers

___ Typing

___ Bookkeeping

___ Electronics

___ Supervising

___ Teaching/Instructing

___ Mechanical

___ Machine Shop tools

___ Management

___ Sales

___ Criminal Justice

___ Transportation Equipment

___ Construction Equipment

___ Communications

___ Human Resource/Personnel

___ Medical

___ Other Skills, list type _____

Limitations Checklist

Indicate responses with a check mark

No

Prob Diff Cannot (if "Difficult" or "Cannot", please explain)

- Walking (distance _____)
- Standing (length of time _____)
- Sitting (length of time _____)
- Standing from seated position
- Climbing a step
- Climbing a flight of stairs
- Climbing a ladder
- Bending/Twisting at the waist
- Crouching
- Kneeling
- Crawling
- Balance/Stability
- Lifting (maximum weight _____)
- Carrying
- Pushing
- Pulling
- Gripping
- Finger dexterity
- Writing by hand
- Typing
- Reaching forward
- Reaching above the shoulders
- Memory
- Focus/Concentration
- Endurance/Conditioning
- Smelling
- Hearing
- Vision Near Far Depth Perception Color
- Sleeping
- Breathing

Environmental Conditions or Work Situations you must avoid due to your disability/ies.

- Inside Work
- Outside Work
- Sudden Temperature Change
- Wet
- Humid
- Dry
- Noise
- Vibration
- Cluttered Floors
- Slippery Surfaces
- High Places

- Confined/Tight Places
- Near Moving Objects
- Hazardous Machinery
- Electrical or Burn Hazards
- Explosives
- Poor Ventilation
- Fumes
- Dust and Pollen
- Poor Lighting

- Variety of Duties
- Repetitive Work
- Fast Pace
- Following Instructions
- Exacting Performance
- Meeting Emergencies
- Competitive Work
- Working Alone
- Working Around Others
- Working Closely With Others

Comments: