

## Immigrant and Refugee Services Client Intake Form

**Program:** ☐ Refugee ☐ Citizenship ☐ Language Services Classes

**Client, please complete page 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email address \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (circle one): Male/ Female

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ A# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Refugee? Yes/No

Green Card Date of Issue \_\_\_\_\_ Green Card Date of Expiration \_\_\_\_\_

Country of Origin \_\_\_\_\_ Date of Entry to U.S. \_\_\_\_\_ Years in U.S. \_\_\_\_\_

**Race:** (please choose one or more.)

American Indian (A person having origins in any of the original people of North, Central and South America)	
Asian (Origins in any of the peoples of the Asian continent, the Indian subcontinent or the islands of the Indian Sea)	
Black or African American (A person having origins in the peoples of the African subcontinent)	
Native Hawaiian or Pacific Islander (A person having origins in the peoples of Hawaii, Guam, Samoa, Polynesia or other Pacific Islands)	
White (Having origins in the peoples of Europe, the Middle East or North Africa)	

**Ethnicity:** (please check one only)

Hispanic/ Latino (Of Spanish-speaking culture or origin, regardless of race)	
Not Hispanic/ Latino	

**Employment Status:** (Please check one only)

☐ Employed full time ☐ Employed Part-time ☐ Unemployed and looking for work

☐ Not looking for work ☐ Retired ☐ Unavailable/Unable to work

**Highest Degree of Education Completed:**

☐ No Schooling ☐ Grades 1-5 ☐ Grades 6-8 ☐ Grades 9-12 (No Diploma) ☐ High School Diploma or credential ☐ Some College, no degree ☐ College/Professional Degree ☐ Unknown

**Education Completed Location:** ☐ U.S. Based ☐ Non-U.S. Based

**Public Assistance:** ☐ DHS ☐ SSI ☐ Catholic Charities ☐ Other

I authorize the Oklahoma State Department of Career and Technology Education to Release my social security number, assessment results, or other collected data for education or employment research and/or reporting purposes as long as my identity is never revealed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**YWCA Employee complete this page 2.**

**Class Placement**

**Pre-Assessment Information**

Assessment Type: \_\_\_ BEST Plus \_\_\_ BEST Literacy [Form\_\_\_ ] \_\_\_ TABE [Form\_\_\_ Level\_\_\_ ]  
 Assessment Date: \_\_\_\_\_ Administered by: \_\_\_\_\_  
 Scale Score: \_\_\_\_\_ Educational Functioning Level: \_\_\_\_\_

ESL Class (circle): Entry 1 Entry 2 Level 1 2 3 4 5 Computer-Based Intermediate Advanced

Citizenship Class: Level 1 Level 2 Distant Learning

Time: AM AFTN PM

Location (circle): YWCA Riverpark Apts SHUMC Jenks FEMC Other: \_\_\_\_\_

Teacher \_\_\_\_\_

**Project Citizenship Eligibility Verification**

**1. Physical Presence:**

Have you lived in this area for at least 3 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been physically present in the U.S. for the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you traveled outside the U.S. for periods longer than 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Good Moral Character:**

Any criminal record, arrest, citations, traffic tickets? Yes \_\_\_\_\_ No \_\_\_\_\_

Removal/ Exclusion/ Deportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Selective Service (If applicable) Yes \_\_\_\_\_ No \_\_\_\_\_

Any divorces? Yes \_\_\_\_\_ No \_\_\_\_\_

Child Support? Yes \_\_\_\_\_ No \_\_\_\_\_

Income tax issues? Yes \_\_\_\_\_ No \_\_\_\_\_

**3. English Proficiency: (see above)**

Referred to Citizenship/Civics class? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes (circle): Level 1 Level 2 AM PM Teacher \_\_\_\_\_

Review of Document List? Yes \_\_\_\_\_ No \_\_\_\_\_

**Client qualifies for PC Workshop? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YWCA Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_