



Kenaitze TERO Office Intake Form

Instructions

Complete information for the prospective client. For families, fill in the information for the primary contact. Complete the information on subsequent pages for each family member to receive services.

Date of Intake : _____

Participant Name: _____

Last Name

First Name

M.I.

Maiden/Other Name(s): _____

Birth Date: _____

Gender: M F

Rent Own Staying w/Relatives or Friends

Home Address: _____

Mailing Address Same Physical

If not provided, Due to Homelessness? No Yes

Have You Moved to the Kenai Peninsula in the Past 3 Years? No Yes

If Yes, From Where? _____

Mailing Address: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Email Address: _____ Work Home

Registered for Selective Service Yes No



Kenaitze TERO Office Intake Form

Alaska Native Ethnicity:

- | | | | |
|------------------------------------|---|--|----------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Alutiiq | <input type="checkbox"/> Athabascan | <input type="checkbox"/> Eyak |
| <input type="checkbox"/> Haida | <input type="checkbox"/> Inupiat | <input type="checkbox"/> Siberian Yup'ik | <input type="checkbox"/> Tlingit |
| <input type="checkbox"/> Tsimshian | <input type="checkbox"/> Yup'ik / Cupik | <input type="checkbox"/> Don't Know | |

Regional Corporation Affiliation:

- | | | | | |
|--------------------------------------|--|--|---|--------------------------------------|
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Family Member | <input type="checkbox"/> Descendant of | | |
| <input type="checkbox"/> Ahtna | <input type="checkbox"/> Aleut | <input type="checkbox"/> ASRC | <input type="checkbox"/> Bering Straits | <input type="checkbox"/> Bristol Bay |
| <input type="checkbox"/> Calista | <input type="checkbox"/> Chugach | <input type="checkbox"/> CIRI | <input type="checkbox"/> Doyon | <input type="checkbox"/> Koniag |
| <input type="checkbox"/> NANA | <input type="checkbox"/> Sealaska | <input type="checkbox"/> 13 th Region | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |

Employment Status:

Currently Working:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Part-Time |

Main Occupation:

- | | |
|--|--|
| <input type="checkbox"/> Architecture & Engineering | <input type="checkbox"/> Arts, Design, Entertainment, Sports & Media |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Business & Financial Services |
| <input type="checkbox"/> Cleaning & Maintenance | |
| <input type="checkbox"/> Community & Social Services | <input type="checkbox"/> Computer & Mathematical |
| <input type="checkbox"/> Construction & Extraction | <input type="checkbox"/> Education, Training & Library |
| <input type="checkbox"/> Farming, Fishing & Forestry | <input type="checkbox"/> Food Preparation & Related |
| <input type="checkbox"/> Healthcare Practitioners | <input type="checkbox"/> Healthcare Support |
| <input type="checkbox"/> & Technical | |



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Installation, Maintenance

Legal

& Repair

Life, Physical & Social

Management

Science

Military Specific

Office & Administrative Support

Personal Care & Services

Production

Protective Services

Sales & Related

Student

Transportation & Material Moving

Other _____

If Unemployed, Last Date of

Estimated

Employment _____

Never Worked

Education Status:

Last Grade Level Completed:

Grade K-12th: _____ Completion Year: _____

Highest level of college completed: None _____ Trade School _____ Certificate _____

AA/AAS _____ BA/BS _____ M.A. _____ PhD. _____

Examples: CNA, First Aid, Forklift, Microsoft Office.

Certification/Degree Title: _____



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Barriers:

- Childcare Clothing Criminal Record Disabilities
 Meals Housing Lack of Skills & Training Transportation

Specify:

Personal Goals

Examples: Full-Time Employment, Education, Career, Interview Training, Work Force development.

Specify:

Interests:

Examples: Business, Heavy Machinery, Medical, Laborer.

Specify:



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Emergency Contact Information:

Emergency Contact Name:

Last: _____ First: _____ M.I.: _____

Emerg. Contact Number: _____ Home Cell Work

Emerg. Contact Email: _____

Initial Program/Service Requested

_____ Employment & Training (TERO Job Pool)

_____ Educational Services (Scholarship/Grants for College or GED)

_____ Resume Drafting and /or Interview Skills Training

_____ Background Check Variance Assistance

_____ Child Care Assistance

_____ Internship/Apprenticeship Program

_____ Business Pool Registration

I understand that the information that I have provided the Kenaitze TERO Office on this Intake form will be used to assist Kenaitze in providing me an offering of appropriate services. I consent to receive services from Kenaitze TERO Office and understand that I can accept or decline any of the programs that Kenaitze Indian Tribe offers to me.

Participant Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____



Kenaitze TERO Office Intake Form

For Internal Use Only

Form of ID Provided:

- Drivers License
- State ID
- Military ID
- Tribal Enrollment Card
- Shareholder/Descendant Card
- CIB Card

Mov Level: _____



Kenaitze TERO Office Intake Form

Additional Household Member Information

Please complete these questions for each family member in Participant's home.

<u>Name:</u> First, M.I., Last	<u>Relation to You:</u> If not related, write NR	<u>Birth-Date:</u>	<u>Sex:</u> M = Male F = Female	<u>Social Security #:</u> Last 4 digits only

Please Email completed form to:
ALStroman@kenaitze.org

Drop off at the front desk or mail to:
150 N. Willow St
Kenai, AK 99611