**CLIENT INFORMATION**

**PLEASE FILL THIS FORM OUT AS COMPLETELY AS POSSIBLE**

**Today’s Date**

**Last Name**

**First Name**

**Middle Name**

**AKA** (*Other name by which you are called, if not by your first name*)

**DHS Case Number**

**Start Date**

**Probation End**

Returning Same Year Returning Student Previous Year

TANF NON TANF

**Student ID** *(To Be Filled in by HIRE Staff)*

**Case Worker Name**

**DHS County Office**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**City** **State** **Zip Code**

**Social Security Number**

**Limited English Proficiency**: *(Check One)* Yes No

**Marital Status**: *(Check One)*

S – Single M – Married D – Divorced

P – Separated W - Widowed

**Single Parent**: *(Check One)* Yes No

**Pregnant**: *(Check One)* Yes No

**Names and ages of your children**: Please note with an asterisk next to child’s age if child is not on TANF case and/or not in the home.

Name (*First & last)* Age

Name (*First & last*) Age

Name (*First & last)* Age

Name (*First & last)*  Age

Name (*First & last)* Age

Name (*First & last)* Age

**Date of Birth**

**Age**

**Gender**: *(Check one)* Male Female

**Race**: *(Check One)*

0 - Native American 1 - African American

2 - Hispanic 3 - Caucasian 4 - Asian

**Home Phone (Including Area Code)**

**Mobile Phone (Including Area Code)**

**E-mail Address**

**Secondary E-mail Address**

**Emergency Contact**s - ***Please provide four (4).***

**1) Name** **Relationship**

**Phone Number**

**2) Name** **Relationship**

**Phone Number**

**3) Name** **Relationship**

**Phone Number**

**4) Name** **Relationship**

**Phone Number**

**Daycare Name**

**Daycare Number**

**Number of Other Dependents** \_\_\_

**Disabilities**: *(Check One)*

0 – Not disabled 1 – Mental retardation

2 – Hearing impaired, including deafness

4 – Speech or language impaired

5 – Visually impaired, including blindness

6 – Seriously emotionally disturbed

7 – Orthopedically impaired 8 – Other health impairment

9 – Specific learning disability B – Autism C – Head injuries

**Adult Offender**: *(Check One)* Yes No

**Juvenile Offender**: *(Check One)* Yes No

**Secondary Educatio**n: *(Check One)*

1 – Received high school diploma 2 – Received high school equivalency

3 – Did not receive high school diploma or equivalent

**Post Secondary Education**: *(Check One)*

1 – None 2 – Some 3 – Associate

4 – Baccalaureate 5 – Masters 6 – Doctoral

**Schools Attended (Post High) and training received:**

**List any volunteer work and note if it was through DHS** \_\_\_\_\_\_

**List below the employment information of your last two jobs, starting with the most recent first.**

**1)** Employer

Start Date End Date

Job Title Supervisor

Reason for Leaving

**2)** Employer

Start Date End Date

Job Title Supervisor

Reason for Leaving

**What was the best job you have ever had and why?**

**What job did you like the least and why?**

**What kind of work would you like to do and why?**

**What skills do you have?**

**If you were talking to an employer, what would you tell him about yourself? Why should he/she hire you?**

Has **the doctor placed any limits on your ability to work? If so, what are the limitations?**