

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: