



Client Intake Form

Confidential

PHV Use Only	
DD214 reviewed _____	
Date Completed _____	
Date Entered _____	
Staff Initials _____	

Contact Information

Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Phone:	Email:	
Best Way to contact you: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		

Background Information

Date of Birth:	Gender Identity:	Race / Ethnicity:
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Veteran Status Information

Are you a military <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse (skip to next section)	Entry Date:	Discharge Date:
Branch of Service:	<input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard	
Are you registered with the VA ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Discharge Status:		
If other than honorable, please explain:		
Have you been deployed to combat areas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many times?
Do you have a disability rating? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, disability percentage:
If yes, explain:		

Please bring a copy of your DD214 with you to your appointment

Household Information

Avg Household Income	Marital Status	# of dependents
<input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$20,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$100,000 or more		
Do you have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education Information

Highest Level Completed:				
<input type="checkbox"/> GED	<input type="checkbox"/> High School	<input type="checkbox"/> Vocational	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Doctorate degree	<input type="checkbox"/> Other		
Are you eligible G.I. Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time		

Employment / Job Search Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		If yes, how long? _____	
Why did you leave your last job? <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Permanent Layoff <input type="checkbox"/> Injury / Disability <input type="checkbox"/> Termination / Fired					
<input type="checkbox"/> Quit Reason _____ <input type="checkbox"/> Still Employed <input type="checkbox"/> Other					
Previous Salary / Hourly Rate			Desired Salary / Hourly Rate		
Do you require a job with benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Family benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Civilian <input type="checkbox"/> Federal		Are you on LinkedIn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Industry of interest?					
Companies of interest?					
Position or occupation you are interested in or currently applying for?					
Do you have any limitations to employment?					

Please bring a copy of your current resume with you to your appointment

Criminal Background Information (Required) **Please note this does not disqualify you from receiving assistance with PHV**

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
If yes, please explain.			
Have you experienced any addiction issues in the last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.			

PHV Program Information

How did you hear about Pittsburgh Hires Veterans?		<input type="checkbox"/> Veteran Organization / Please Identify _____	
<input type="checkbox"/> Fellow Veteran	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair <input type="checkbox"/> School
<input type="checkbox"/> PHV Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Billboard	<input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____
Do you want your email address added to our mailing list for newsletters and updates?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What brings you to PHV?			

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____