



201 MELBY STREET • WESTBY, WISCONSIN 54667 • PHONE: 608-634-3104 • FAX: 608-634-3134 • WWW.COULEECAP.ORG

General Intake Enrollment Form

This form contains permanent information and should be completed when a new participant enters the program.

Program ID: _____ Site ID: _____

Date of Enrollment: _____

Participant ID: _____

Participant first name: _____

Participant last name: _____

Address line 1: _____

Address line 2: _____

City: _____ State/Province: _____ Zip/Postal code: _____

County: _____ Country: _____

Phone number: _____

Alternate phone number: _____

Please provide the name and address of a relative who would definitely know where you live even if you move:

Relative first name: _____

Relative last name: _____

Address line 1: _____

Address line 2: _____

City: _____ State/Province: _____ Zip/Postal code: _____

County: _____ Country: _____

Phone number: _____

Gender of Participant: _____ Female _____ Male

Year of Birth of Participant: _____

Are you a citizen of the United States? (Circle one) YES NO

If NO, how long have you been in the country?

- _____ 0-2 Years
- _____ 2-4 Years
- _____ 5 or More Years

Date of entry into the United States: _____

Ethnicity of Participant:

- _____ African American
- _____ Caucasian
- _____ Latino or Hispanic
- _____ Asian, Pacific Islander
- _____ Native American
- _____ Other (Please specify) _____

Refuge Proof of Status (If applicable) _____

Copy of Alien Status (INS) Card: _____ (Staff Initials)

Would you like an interpreter? (Circle) YES NO

Are you a single parent? (Circle) YES NO

Please circle the total number of individuals residing in your household, including yourself, and then circle the amount that best reflects your total (all members residing in household) gross family income, monthly and annually.

Income documentation received _____ (Staff initials)

Household Size	Monthly Gross Family Income 150% of Poverty*	Annual Gross Family Income 150% of Poverty*
1	\$1,163.75	\$13,965.00
2	1,561.25	18,735.00
3	1,958.75	23,505.00
4	2,356.25	28,275.00
5	2,753.75	33,045.00
6	3,151.25	37,815.00
7	3,548.75	42,585.00
8	3,946.25	47,355.00
9	4,343.75	52,125.00
10	4,741.25	56,895.00

For Families with more than 10 members, add \$3,140 for each additional member.

*As determined by the United States Department of Health and Human Services Federal Register FFY 2004

Are you receiving any public assistance, such as: (Mark all that apply)

- Food Stamps
- Childcare Subsidy
- Medical Assistance
- Badger Care

Are you enrolled in: (Mark all that apply)

- W2
- TANF
- FSET

Are you currently employed? YES NO If YES, list name and address of current employer. _____

What is your average rate of pay? Per week \$ _____ Per month \$ _____

How many hours to you average per week? _____

List names and addresses of former employers.

Do you have any physical limitations or medical restrictions? (Circle one) YES NO
If YES, list:

In case of emergency contact:
(Name/City) _____ Telephone _____

Did you have an existing relationship with the organization prior to this enrollment? (Circle one)
YES NO UNKNOWN

Were you referred to this program by another organization? (Circle one)
YES NO UNKNOWN List referral source: _____

I have provided the above information in good faith and believe the information to be true and correct to the best of my knowledge. I also understand and agree that the information contained on this document will be treated in confidence and shared only with funding source of the services that I receive. I also understand and agree that my business and picture may be used in conjunction with press releases or advertising campaigns for my business and/or the Business Development Programs at Couleecap, Inc.

SIGNATURE _____ DATE _____

Form Revised 03/10/04
Westby Network Lori May File