



Community Food For Jobs Program
Intake/Initial Assessment

CC _____
Date of Intake _____
County (circle one): Chemung
Schuyler

Name _____ Male / Female DOB ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell Phone _____ Other _____

Email Address: _____

Veteran: Yes No If yes, what Branch? _____

What is your Primary Means of Transportation? _____

IMMEDIATE GOALS:

Education _____

Career Path _____

Education/Training Needed _____

Support Service Needs _____

Other Advocacy Needs _____

ATTESTATION

I, _____, agree to enroll in the Community Food for Jobs Program. I understand that enrollment is voluntary, and that participation may not be mandated to meet other service eligibility requirements.

I have been given a copy of my rights and responsibilities. I understand this and agree to abide by the stated rights and responsibilities.

I will work toward the goals I have established with my Care Coordinator. I understand the goal plan to be flexible and subject to periodic review for revision and/or updates.

I understand that pictures and/or videos of me may be used on our website, social media and printed materials. Please Initial _____

Print Participant Name

Participant Signature

Date