



Client Intake Form – Confidential
Literacy Volunteers of Camden County
Basic Literacy Program

****Please complete in full****

*** Date:** _____ *** Seeking tutoring in (check one or both):** Reading Math

*** Student First Name:** _____ *** Last Name:** _____

*** Address:** _____ *** City:** _____ *** State:** _____ *** Zip:** _____

*** Phone Number:** _____ *** Alternate Phone Number:** _____

*** Email Address:** _____

*** SS#:** _____ *** Date of Birth:** ____/____/____ *** Age:** _____ *** Gender:** M F

*** Emergency Contact Name/Relationship and Phone Number:** _____

Availability (Please check <u>all</u> times you are available for tutoring) Please do not plan to bring children to tutoring sessions			
	Morning	Afternoon	Evening
Mon			
Tues			
Weds			
Thurs			
Fri			
Sat			
Sun			

*** Transportation Mode:** _____

*** Location Preference:** _____

*** Teacher Preference:** Male Female Either

*** Source of referral:** Library Friend/Family
 Unemployment Agency Other _____

*** Are you part of the Learning Link?** Yes No

Other One-Stop Program? _____

*** Ethnicity (choose one):** Hispanic/Latino Not Hispanic/Latino

*** Race (choose one or more):** American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Black or African American Asian White

*** Employment Status:** Employed Full Time Employed Part Time
 Unemployed Not Looking for Work Retired

*** Barriers to Employment(check all that apply):**

- Cultural Barriers Disabled Displaced Homemaker
- Low Income English Language Learner Ex Offender
- TANF exhausted Foster Care Youth Homeless
- Long Term Unemployment Low Literacy Levels
- Migrant/Seasonal Worker Single Parent/Guardian

* **Do you have a high school diploma/GED?** Yes No (Highest level of education: _____)

* **Education Location:** Attended school in the U.S. Attended school outside the U.S.

* **What are your goals? Check all that apply:** Get a job Get a better job Retain a job
 Obtain a high school diploma Enter college Enter job training Obtain citizenship Improve reading skills Leave public assistance Register to vote Increase involvement in your community
 Increase involvement in your child's education Pass TABE Test Pass HiSET

* **Student's signature:** _____ * **Date:** _____

Office Use Only

Tutor: _____

Notes: _____

One Stop Reading

One Stop Math

Referred to: _____

LOCAL DB:

BL Database

S/T Database

Access

LACES

Literacy Volunteers of Camden County

A ProLiteracy America Affiliate

Shyamoli De
Director

Charlotte Perez
Coordinator of Basic Literacy

Victoria Chisholm
Coordinator of English for Speakers of Other Languages

Release of Information Form

I (print name) _____, authorize **Literacy Volunteers of Camden County** to release my educational records, which include my name, social security number, student ID number, address and date of birth, to the New Jersey Department of Labor and Workforce Development, 1 John Fitch Way, Trenton, NJ and to Camden County College, which is our partner with the Department of Labor and Workforce Development, for the administration of our educational programs.

I understand that the use of my records is limited to and in connection with the audit and evaluation of federally supported education programs, or in connection with the enforcement of the federal legal requirements related to the WIA Title II grant program.

My signature is an acknowledgement that I have read and voluntarily consent to the release of the above-mentioned information.

Signature: _____

Date: _____

Social Security Number * _____

*SSN is used for data matching purposes only.

**Camden County
Vogelson Library**
203 Laurel Road
Voorhees, NJ 08043
(856) 772-1636 Ext. 7331

**Camden County
Resource Center**
2600 Mt. Ephraim Avenue
Camden, NJ 08104
(856) 968-4267

Email:
literacy@camdencountylibrary.org
Website:
<http://literacy.camdencountylibrary.org>