Congratulations on exploring the next step in your early childhood education career! Please complete the entire packet and return to John Boner Neighborhood Centers’ Front Desk staff.

First Name: ____________________________________      Last Name:  ____________________________________

Email: _______________________________________         Phone: (____) ______-_________

What kind of CDA are you applying for? (check one)
☐ Center-Based Infant/Toddler CDA (ages: birth-3)         ☐ Center-Based Preschool CDA (ages: 3-5)
☐ Family Child Care/Home-Based CDA                     ☐ Undecided

Are you 18 years or older?               Yes                        No

Do you have a high school diploma or GED/HSED?                Yes                        No

On a separate sheet of paper, answer ALL of the following questions:

1. Why are you interested in pursuing a CDA right now?

2. What challenges/obstacles have you faced when pursuing educational opportunities? What challenges/obstacles are you anticipating while in this Program? What supports do you have in place to help you be successful in this Program?

3. What skills, knowledge and personal attributes do you most hope to grow in the next two to four years? How could this training opportunity contribute to that growth?

Return completed application with supplemental documentation to JBNC Front Desk Staff

Please continue on next page ➔
**John Boner Neighborhood Centers**  
**Customer Intake Form**

Staff Initials: __________

### SECTION A – Personal Information

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Social Security Number</th>
<th>Birth Date (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address or PO Box</th>
<th>Home Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>E-Mail Address</th>
<th>Work Phone Number</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Emergency Contact Number</th>
<th>Emergency Contact Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status (circle one)</th>
<th>Ethnicity (circle one)</th>
<th>Race (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single (never married)</td>
<td>Hispanic</td>
<td>African-American / Black</td>
</tr>
<tr>
<td>Common Law</td>
<td>Non-Hispanic</td>
<td>American Indian / Alaskan Native</td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td>Asian</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Disabled (circle one)</td>
<td>Bi-racial</td>
</tr>
<tr>
<td>Married living together</td>
<td>Yes</td>
<td>Caucasian /White</td>
</tr>
<tr>
<td>Married living separately</td>
<td>No</td>
<td>Hawaiian / Pacific Islander</td>
</tr>
<tr>
<td>Separated</td>
<td></td>
<td>Multi-racial</td>
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<tr>
<td>Widowed</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

| Gender (check one) | |
|--------------------|-----------------
| □ Female            | □ Male          |
| □ Transgender       | □ Other         |

### SECTION B – Household Income Information

Income Sources (check all that apply and include dollar amounts)

- No Income
- Employment Wages $__________
- Child Support $__________
- Food Stamps $__________
- Pension $__________
- Social Security $__________
- SSI Disability $__________
- TANF $__________
- Unemployment Compensation $__________

Total Monthly Income $ __________

Annual Income: For Past 12 Months, Your **Earned** Income (After taxes) $ __________

For Past 12 Months, Your Household Income (Gross) $ __________

### SECTION C – Assistance Request Information

What are you interested in? (circle primary interest)

- Education / Training
- Financial Education / Counseling
- Digital Literacy / Computer Instruction
- Income Supports / Public Benefits (rental / utility financial assistance, clothing, food)
- Job Placement / Career Development
- Other: __________________________
### SECTION D – Household Information

**Head of Household** *(Single individual with financial responsibility for household that includes dependents)*

<table>
<thead>
<tr>
<th>(circle one)</th>
<th>No</th>
<th>Yes – Female</th>
<th>Yes – Male</th>
</tr>
</thead>
</table>

Number in Household _________ Number of adults _________ Any children ages 0-17? Yes No If Yes, how many _________

**Household Members (Include yourself)**

<table>
<thead>
<tr>
<th>Names</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Age</th>
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<tbody>
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</tbody>
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**Living Arrangement (circle one)**

- Homeless
- Living with Relatives/Friends *(for free)*
- Permanent Housing: Renting *(subsidized)*
- Permanent Housing: Renting *(unsubsidized)*
- Permanent Housing: Owns Home

**Primary Insurance (circle one)**

- Private insurance through household member’s employer
- Insurance through government program
- Private insurance NOT through household member’s employer: ___Unsubsidized ___Subsidized (partially or fully)
- No insurance at all

**Primary Language Spoken in the Home (circle one)**

- Arabic
- Chinese
- English
- Polish
- Spanish
- Other: __________________________

### SECTION E – Education Information

**Highest Grade Completed (circle one)**

- No High School Diploma
- High School Diploma
- GED
- Some College
- Associate Degree
- Bachelor’s Degree
- Master’s Degree
- Doctoral Degree

**Vocational Training / Bridge Program History (circle one)**

- No Vocational Training /Bridge Program History
- Some Vocational Training / Bridge Program History
- Completed Vocational Training / Bridge Program

In School / Training Program at time of completing intake form? *(circle one)*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

### SECTION F – Employment Information

Are you working at time of completing intake form? *(circle one)*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

If you are currently employed, is this the longest you stayed at one job? *(circle one)*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

If not working, was your last job the job you held the longest? *(circle one)*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

For past 12 months, number of months worked? __________

**Military Status (circle one)**

- Never Served
- Active Duty
- Veteran
- Spouse of Active Duty Member
- Spouse of Veteran

**Criminal convictions?** □ No Convictions □ Convicted of Misdemeanor(s) □ Convicted of Felony(ies) □ Unknown
SECTION G – General Release and Confidentiality Statement

John Boner Neighborhood Centers collects basic information to meet reporting requirements of various funding sources. Your information is combined with information from other center participants and is not reported with your name attached to it. However, staff work as a team at the Boner Center, so some information may be shared among Boner Center staff in order to serve you. We pledge to do our best to maintain confidentiality.

Sometimes we are required to release some information from your file. We realize what you share is important, and you do have the right to ask us not to share information from your file. Please understand that this may affect our ability to enroll you in certain programs and /or provide a service(s). With that in mind, please review the statements below. Please review giving us your permission to release information.

- Crisis assistance – Discuss your bills, status of payments with utility companies, landlords, mortgage company(ies), etc.
- Landlord verification - Verify past rent due, late fees, etc.
- Health related issues - Discuss with your doctor, physical, or mental health as it relates to participation in one or more of our programs
- Financial assistance issues - Credit reports and scores are required to participate in some programs for savings, credit repair, and financial coaching.
- Employment and income verification - Verify your employment, your earnings, hours, and retention. Some programs can only enroll people who are below certain income levels.
- Aggregated data collection - Center participates in national demonstration projects that request the sharing of summary data on Boner Center program customers. In these instances, your name or identifying information is not shared.
- Other: _____________________________________________________________________________

I have read this general release and confidentiality statement, and I agree to let the John Boner Neighborhood Centers share information as necessary to provide me with better service(s). I understand that this agreement will be in effect for the duration of my participation in services with the center. I further understand that upon my request this release of information and confidentiality can and will be amended.

______________________________________________                    ___________________
Customer Signature                      Date

The John Boner Neighborhood Centers is a not-for-profit organization. Through our annual reporting process, the Boner Center is asked to share aggregated data for those served by the Centers’ many programs. The Boner Center will only share aggregated demographic information with our funders and partners. The aggregated demographic information is not linked to any personally identifiable information that can be used to identify any one person. Out of respect for our customers’ privacy, we present the option to “opt out” of the aggregate data sharing. Please check the box below that corresponds to your willingness to participate.

☐ I Opt IN  ☐ I Opt OUT