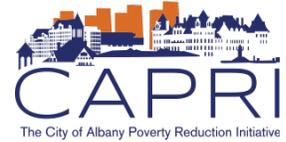


# CAPRI Information Form



Please complete this questionnaire about yourself. This information will be used to see how we can improve our programs, and to show that these programs help people improve their lives and their families' lives so we can maintain the funding to offer them. None of this information will be publicly shared with your name, but we might use it to offer you assistance (for example, help obtaining health insurance). Otherwise, we will only use it to describe program participants as a whole (for example, how many participants graduated from high school). If there are any questions you are not comfortable answering, write "Refused" next to the question.

Name: \_\_\_\_\_ Do you live in the city of Albany?  Yes  No

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact (name and phone): \_\_\_\_\_

Gender:  Woman  Man  Something else  Prefer not to say

What is your ethnic/racial background? Check all that apply.

- Black/ African American  Hispanic/ Latino  
 White  Asian/ Pacific Islander  
 Native American/ American Indian/ Alaska Native  Other (please specify) \_\_\_\_\_

What languages do you speak?  English  Spanish  Chinese (Cantonese/ Mandarin)  
 Other (please specify) \_\_\_\_\_

Are you literate in English?  Yes  No Are you a military veteran?  Yes  No

Do you have a:

- High school diploma/GED?  Yes  No If no, last grade completed? \_\_\_\_\_  
Associate's degree?  Yes  No Fields: \_\_\_\_\_  
Bachelor's degree?  Yes  No Fields: \_\_\_\_\_  
Graduate degree?  Yes  No Fields: \_\_\_\_\_  
Certification programs?  Yes  No Specify: \_\_\_\_\_

Are you currently in school (Specify school/ program)?

Yes  No School: \_\_\_\_\_ Program: \_\_\_\_\_

Have you previously participated in a work training program?

Yes  No If yes: Which one? \_\_\_\_\_

Which of the following sources are you personally receiving income from currently? Check all that apply.

- Employment  Child or spousal support  General Public Assistance  
 SSI  TANF  Other  
 SSDI/Veteran's Disability Payments  Unemployment Benefits  
 Pension  Private Disability Insurance

Taking into account all of the above income sources, what is your approximate monthly personal income?

\$\_\_\_\_\_ per month

Again taking into account all income sources, what is your approximate household income?

\$\_\_\_\_\_ per month

Do you receive any non-cash benefits? (SNAP, housing subsidy, WIC, Housing Energy Assistance Program, etc.)

Yes  No

Do you currently have health insurance?  Yes  No

How many people currently live in your household? (Include people who live there part-time.) \_\_\_\_\_

How old are each of them? \_\_\_\_\_

How many children are currently in your custody? \_\_\_\_\_

How old are each of them? \_\_\_\_\_

Do any of the below make finding employment more difficult for you? Check all that apply.

- Addiction
- Criminal history
- Transportation difficulties
- Mental illness
- Currently on probation/parole
- Pending legal issues
- Disability
- English not first language
- None of these
- Child care needs
- Homelessness

Are you currently employed?  Yes  No How many hours per week? \_\_\_\_\_

Have you ever held a paying job?  Yes  No

If yes, when were you last employed? \_\_\_\_\_

What was your income from your last job (or current job if still working)? \$\_\_\_\_\_ per month

What is your goal for/motivation to join this program?

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