

Intake Screening Form

RCRECSH Community ESL Program

Complete this form to determine eligibility for Glocally Connected's Riverside County Refugee and Ethnic Community Self-Help (RCRECSH) Community ESL Program, funded by the Office of Refugee Resettlement, an office of the Administration for Children & Families under the U.S. Department of Health and Human Service. All services are free to eligible program participants.

Today's Date: _____

Name of Person Filling Out This Form: _____

_____ Husband Wife Unmarried
Prospective Participant (Primary Adult #1) – Write full legal name in this format: "LAST, First"

DOB (mm/dd/year): ____ / ____ / ____

Age _____

Location of Birth (City / District / Province / State / Country) _____

USCIS Alien Number _____

I-94 Number _____

Passport/National ID Number _____

Location of Most Recent Arrival in U.S. (Port of Entry) _____

Date of Arrival _____

First Time

Previously Admitted

Legal status on the date of most recent arrival in the United States for Participant #1 (check one below):

Tourist Business Visa Asylee/Refugee SIV LPR OAR Parolee (after 07/31/21)

CURRENT LEGAL STATUS: Temporary Legal Permanent Resident/Green Card Holder U.S. Naturalized Citizen

EDUCATION RECEIVED TO DATE (list most recent first):

Formal Name & Type of Institution _____

Location of Institution _____

Yrs/Dates Attended _____

Formal Name & Type of Institution _____

Location of Institution _____

Yrs/Dates Attended _____

Formal Name & Type of Institution _____

Location of Institution _____

Yrs/Dates Attended _____

EMPLOYMENT HISTORY (list most recent first):

Formal Name & Type of Institution _____

Location of Institution _____

Yrs/Dates Attended _____

Formal Name & Type of Institution _____

Location of Institution _____

Yrs/Dates Attended _____

Formal Name & Type of Institution _____

Location of Institution _____

Yrs/Dates Attended _____

For Internal Use Only

Type of CASAS and relevant Assessment(s) Conducted: _____

Date of Assessment (mm/dd/year): ____ / ____ / ____

Person who Conducted Assessment(s): _____

Location of Assessment(s): _____

Assessment Scores:

Reading Score _____

Writing Score _____

Listening Score _____

Speaking Score _____

ESL Level Assigned: Level 1 Beginning Literacy

Level 2 Low-Beginning ESL

Level 3 High-Beginning ESL

Level 4 Low-Intermediate ESL Notes: _____

II. Prospective Participant's Household Data & Contact Information:

Mobile Phone No. _____ E-mail Address _____ Married Adult Age 25+ Single Adult Age 25+

Street Address and Apt # _____ City _____ State _____ Zip Code _____

Type of Household: *Where do you live in?* Home Apartment Other Do you or your spouse own it? Yes / No

Household Size: *How many total people live (or sleep overnight) in the home?* Circle one: 1 2 3 4 5 6 7 8 9 10+

Household Composition: *Does that include only you and your immediate family, or does more than one family live together?*

Other Members: *List in order of age (oldest to youngest) the identity and relationship of each person in your immediate family:*

2. Full Legal Name: _____ Gender: Male Female X (*prefer not to specify*)

A#: _____ I-94 #: _____ Age: _____ DOB (mm/dd/year): ____ / ____ / ____
Relationship: Spouse Unmarried Child/Youth (age 0-24) Other _____

3. Full Legal Name: _____ Gender: Male Female X (*prefer not to specify*)

A#: _____ I-94 #: _____ Age: _____ DOB (mm/dd/year): ____ / ____ / ____
Relationship: Spouse Unmarried Child/Youth (age 0-24) Other _____

4. Full Legal Name: _____ Gender: Male Female X (*prefer not to specify*)

A#: _____ I-94 #: _____ Age: _____ DOB (mm/dd/year): ____ / ____ / ____
Relationship: Unmarried Child/Youth (age 0-24) Other _____

5. Full Legal Name: _____ Gender: Male Female X (*prefer not to specify*)

A#: _____ I-94 #: _____ Age: _____ DOB (mm/dd/year): ____ / ____ / ____
Relationship: Unmarried Child/Youth (age 0-24) Other _____

6. Full Legal Name: _____ Gender: Male Female X (*prefer not to specify*)

A#: _____ I-94 #: _____ Age: _____ DOB (mm/dd/year): ____ / ____ / ____
Relationship: Unmarried Child/Youth (age 0-24) Other _____

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_____ Date of Intake Interview _____ Date of Home Site Visit _____ Date of Enrollment

_____ Date of 1st Class _____ Expected Duration of Services _____ Date of Projected Service End

_____ Signature of Person Completing This Form to Determine eligibility for RC3IG Program services _____ Date of Signature

Notes: _____

