|  |  |  |
| --- | --- | --- |
| http://arroyocommercial.com/Property%20Photos/goodwill_logo.jpg | Goodwill Industries of Southeastern Louisiana **LifeLaunch Young Adult Program** 3400 Tulane Ave. Suite 1000 New Orleans, LA 70119 **Telephone (504) 456-2622 \* Fax (504) 456-2698**  **New Case**  **(Recruitment Form)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |
|  | \*First |  | Middle Initial |  | \*Last |

|  |  |
| --- | --- |
| Address 1: |  |

|  |  |
| --- | --- |
| Address 2: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| City: |  | State: |  |  | Zip: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone 1: | ( ) |  |  | - |  |  | Phone 2: | ( ) |  |  | - |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Phone: | ( ) |  |  | - |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Social Security Number: |  | - |  | - |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Date of Birth: |  | / |  | / |  |
|  | Month |  | Day |  | Year |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Gender: |  | Male |  |  | Female |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Ethnicity Hispanic/Latino: |  | Yes |  |  | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Race: (Choose all that apply) |  | American Indian or Alaska Native |  |  | Hawaiian Native or other Pacific Islander |
|  |  |  |  |  |  |
|  |  | Asian |  |  | White |
|  |  |  |  |  |  |
|  |  | Black or African American |  |  | Not Specified |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\***Eligible Veteran Status: |  | Yes, <=180 Days |  |  | No |  | Yes, Other Eligible Person |  | Yes, Eligible Veteran |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***Individual with a disability: |  | Yes |  |  | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***Non-Violent Offender: |  | Yes |  |  | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***Sexual Offender: |  | Yes |  |  | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\***In Work Release Program: |  | Yes |  |  | No |

|  |  |
| --- | --- |
| Alternate Contact Name: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Alternate Contact Phone: | ( ) |  |  | - |  |

Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assigned GWI Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Census Tract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Denotes required fields