



ATD Financial Literacy Intake Form



Student Name _____	CGCA <input type="checkbox"/> AV <input type="checkbox"/> ER	Date _____	initials: _____
Student ID _____	DOB _____	Age _____	
Group <input type="checkbox"/> Foster <input type="checkbox"/> KinGAP <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran Dependent <input type="checkbox"/> Other: _____			

CONTACT INFO	
Best Method of Contact	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email
May we contact you	<input type="checkbox"/> Directly <input type="checkbox"/> Text <input type="checkbox"/> Email

FINANCIAL INFO	
Financial Plan/Goal	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is it: _____	
Current Situation	<input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Unsure
What can we do? _____	
Savings account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Budget System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Which options: <input type="checkbox"/> mint <input type="checkbox"/> envelope <input type="checkbox"/> other:	

GOALS	
Career Goal	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
When will this occur _____	
ED Goal	<input type="checkbox"/> AA/AS <input type="checkbox"/> Voc/ Certificate
	<input type="checkbox"/> Transfer <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/PhD
	<input type="checkbox"/> IDK <input type="checkbox"/> none <input type="checkbox"/> Other: _____
Major	_____
Transfer to	<input type="checkbox"/> UC _____ <input type="checkbox"/> CSU _____
	<input type="checkbox"/> Private: _____ <input type="checkbox"/> N/A

ASSESSMENT	
Social Worker	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
ILP	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Homeless	<input type="checkbox"/> Yes (A) <input type="checkbox"/> No (1)
Reliability	<input type="checkbox"/> Very (2) <input type="checkbox"/> Somewhat (1) <input type="checkbox"/> Not (0)
Health Insurance	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Access to Mental/Medical	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No/not sure (0)
Transportation Reliability	<input type="checkbox"/> Very (2) <input type="checkbox"/> Somewhat (1) <input type="checkbox"/> Not (0)
Employed	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Income Reliability	<input type="checkbox"/> Very (2) <input type="checkbox"/> Somewhat (1) <input type="checkbox"/> Not (0)
HS Diploma/ GED	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Ed Plan	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Units	<input type="checkbox"/> 12+ (2) <input type="checkbox"/> 9-11 (1) <input type="checkbox"/> 6 or less (0)
GPA	<input type="checkbox"/> Yes (A) <input type="checkbox"/> No (1) <input type="checkbox"/> Don't know (0)
Receiving Services from LAHC	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (A) <input type="checkbox"/> multiple (2) <input type="checkbox"/> one (1) <input type="checkbox"/> none (0)
EVALUATION SCORE/GROUP	Points: _____ Group <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

REFERRED	1st follow up		2nd follow up	
	Done	Date	Done	Date
Service/app	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
DCFS	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
ILP	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
HACLA	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
CalFresh	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
South Bay Clinic	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
LAHC/ Life Skills	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
MTA Bus Pass	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
YouthSource Center	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Financial Aid	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Harbor OC	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Counselor	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Career Center	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
LRC	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
EOPS	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
SPS	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Other	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

ADDITIONAL NOTES: