



Transitions To Work Application

First: _____ Last: _____ Today's Date: _____

Street Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) ____ - ____; Secondary Phone Number (____) ____ - ____

Email: _____

Date of Birth: (MM/DD/YYYY) _____

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Do not wish to Disclose

Preferred pronouns: ____/____/____

Number of Adults in Family: _____ **Number of Children (17 or under):** _____

Includes Self + Spouse + Dependent Adults (e.g. if single. Enter 1. If married enter 2)

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Do not wish to Disclose

Race:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other
☐ Two or More Races ☐ Unknown/Do not wish to disclose

Primary Language: _____ **Country of Origin:** _____

Education:

☐ Less than High School Diploma ☐ High School Diploma ☐ GED/HISET
☐ Special Needs Diploma ☐ Vocational Certified ☐ Some College
☐ Associate Degree ☐ Bachelor Degree ☐ Masters Degree
☐ Doctorate Degree ☐ Other Advanced Degree

Highest Level of Education is from: ☐ U.S. ☐ Foreign Country



How did you hear of JVS?

- | | |
|--|--|
| <input type="checkbox"/> Organization/Agency | <input type="checkbox"/> Jewish Community Agency/Synagogue |
| <input type="checkbox"/> Career Center | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Friend/Family Member |
| <input type="checkbox"/> From a former client | <input type="checkbox"/> School |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> UI (Unemployment Insurance) | <input type="checkbox"/> Was a former client |
| <input type="checkbox"/> MassHire Downtown / JVS Website | <input type="checkbox"/> Other: _____ |

If Flyer, agency, or school, where did you see: _____

SSN: _____

Emergency Contact information:

First: _____ Last: _____ Relationship: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Phone Number: (_____) _____ - _____ Email address: _____

Secondary Emergency Contact information:

First: _____ Last: _____ Relationship: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Phone Number: (_____) _____ - _____ Email address: _____

Are you interested in getting more information about our financial Coaching Services?

- ☐ Yes ☐ No

Do you currently have a paid job?

- ☐ Yes ☐ No

Number of Hours Per Week?

Job Start Date?



Do you, your spouse, or your guardian receive SNAP Benefits?

☐ Yes ☐ No ☐ Not Disclosed

Do you or your spouse receive TANF Benefits?

☐ Yes ☐ No ☐ Not Disclosed

What is your primary disability? _____

What is your secondary disability (if applicable)? _____

Is a special accommodation(s) requested? ☐ Yes ☐ No

If yes, what kind of accommodation(s)? _____

Religious Affiliation:

☐ Jewish ☐ Not Jewish ☐ Not Disclosed

Are you receiving SSI?

☐ Yes ☐ No

Are you receiving SSDI?

☐ Yes ☐ No

Do you have MassHealth?

☐ Yes ☐ No

Does Client Have a Driver's license?

☐ Yes ☐ No

Access to Car (own, borrow, share rides)

☐ Yes ☐ No

Is there need for additional resources (professional clothing, transportation)?

☐ Yes ☐ No **If yes, please describe:** _____

References: Provide 3 references (not relatives) who we may contact

Name	Relation	Phone	E-mail
1.			
2.			
3.			



Currently receiving services from:

- | | |
|---|--|
| <input type="checkbox"/> DDS (Dept. of Dev. Services) | <input type="checkbox"/> MRC (Mass Rehab. Commission) |
| <input type="checkbox"/> DMH (Dept. of Mental Health) | <input type="checkbox"/> Mass Commission for the Blind |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Threshold Program | <input type="checkbox"/> Boston Public Schools (BPS) |
| <input type="checkbox"/> Other Agencies _____ | |

Assigned counselor and office/location if a client of MRC or DDS:

Do you live in subsidized housing? ☐ Yes ☐ No ☐ Not sure

If yes, please check one the following:

- ☐ LIHTC ☐ MVRP ☐ Public Housing ☐ Section 8 ☐ Other state subsidized housing

Are you your own guardian?

☐ Yes ☐ No **If no, who is your guardian?** _____

Do you have a valid picture I.D.? ☐ Yes ☐ No

If yes, do you have: ☐ Massachusetts ID ☐ Driver's license ☐ Passport ☐ Other _____

What is the expiration date of your ID? _____

History of Seizures:

☐ Yes ☐ No **If yes, what type of seizure disorder?** _____

How often do seizures occur? _____

Are the seizures controlled by medication?

☐ Completely controlled ☐ Partially controlled ☐ Uncontrolled

Please list all allergies:

Please list all medications:



Behavior/Social History

Please indicate if you have a history of the following:

☐ Anxiety ☐ Self-Injurious Behavior ☐ Verbal Aggression ☐ Physical Aggressions

In what situations do these behaviors occur?

Is a behavior plan in place?

☐ Yes ☐ No

If yes, please provide a brief explanation of the behavior plan:

Education/Trainings

Are you currently a student? ☐ Yes ☐ No

Current school or most recent school: _____

Previous Work Experiences (List most recent first)

Employer _____ Paid ____ Volunteer/Internship ____
Job title _____ Dates employed _____ to _____
Job Coach Support? Yes__ No__ If yes, describe the level of support _____
Reason for leaving _____
Description of tasks _____

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