

Date form was completed \_\_\_\_\_

**Program Profile INITIAL INTAKE Page 1**

Name \_\_\_\_\_  
 (Last) (First) (Middle) (DOB)  
 \_\_\_\_\_  
 (Street Address) (City) (State) (Zip)  
 Social Security number: \_\_\_\_\_  
 Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Employment Information:**

Are you Employed by an Employer?:  Yes  No Full  Part-time  Are you Self-employed?:  Yes  No Full  Part-time   
 Work Phone (\_\_\_\_) \_\_\_\_\_ Applicant annual Income: \$ \_\_\_\_\_  
 Are you currently enrolled in a CAA Career Development, Workforce Development, Apprenticeship Training program, or GCMI Business II Graduate?  
 Yes  No If Yes, What program? \_\_\_\_\_ Proposed date of completion? \_\_\_\_\_  
 Have you completed a CAA Career Development, Workforce Development, Apprenticeship Training program, or GCMI Business II Graduate?  
 Yes  No If Yes, What program? \_\_\_\_\_ Proposed date of completion? \_\_\_\_\_

**Lifestyle Information:**

Marital Status:  Single  Married  Divorced  Female head of household  
 Total Household Size: \_\_\_\_\_ (Identify number per the following categories)  
 Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Males: \_\_\_\_\_ Females: \_\_\_\_\_ Elementary School Age Children: \_\_\_\_\_  
 Annual Total Household Income: \$ \_\_\_\_\_

**Marketing Information:**

How did you hear about the GCM-I-Drive program? Radio \_\_\_\_\_ Television \_\_\_\_\_ Social Media (Which) \_\_\_\_\_  
 Newspaper \_\_\_\_\_ Friend/Relative \_\_\_\_\_ Student Services \_\_\_\_\_ Referred by \_\_\_\_\_  
 Brochure \_\_\_\_\_ GCMI Client \_\_\_\_\_ GCMI \_\_\_\_\_ CAA \_\_\_\_\_ Other \_\_\_\_\_  
 Ethnicity: Hispanic - Yes / No  
 Racial Category: Black/African American \_\_\_\_\_ White \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Asian & White \_\_\_\_\_  
 American Indian/Alaska Native & White \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Black/African American & White \_\_\_\_\_  
 American Indian/Alaska Native & Black/African American \_\_\_\_\_ Other Multi-Racial \_\_\_\_\_

**By Car Request:**

Briefly describe your circumstances for consideration into the GCM-I-Drive IDA Savings Program

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