

This information is used to serve you more effectively and is only used for SparkPoint programs. All information you provide on this form is kept confidential and will not be shared without prior consent. Please see a staff member for questions.

PERSONAL INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____

Date of Birth: ____/____/____ Gender: Female Male Other: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Work Phone: (____) ____ - _____ Email: _____

Are you a veteran? Yes No Are you an active military personnel? Yes No

Marital Status: Single Living with a partner Married/Domestic partnership

Race/Ethnicity: African American African Middle-Eastern/Arab Caucasian Latino
 Decline to State Native American Asian Native Hawaiian/Pacific Islander
 Multi-racial Other: _____

Would you identify as being of Hispanic, Latino, or Spanish origin? Yes No Decline to State

Primary Language Spoken At Home: _____ Is everyone in your household enrolled in health insurance? Yes No

How did you hear about the SparkPoint Center?

- 2-1-1 Workshop Flyer/brochure Nonprofit agency/staff Local business
 Event Friend/family Walk-in TV/news Social media/Internet

If referred, what is the name of the person, workshop or agency? _____

EDUCATION AND INCOME INFORMATION

What is your highest level of education completed? (Check ONE)

- Eighth grade or less Some high school High school diploma/GED Some college
 Two-year degree Trade/vocational certification Four-year degree Graduate/Professional degree

Are you currently in school or training? Yes No

Are you currently enrolled in public benefits? Yes No

Are you currently employed? Yes No

INTERESTS AND GOALS

Check all that apply

(Speak with a staff member to see which services are available at your center)

- Enrolling in college/school Finding a job/career Getting job training
 Healthcare enrollment Improving credit Learning to budget
 Public benefits Reducing debt Other: _____

For Sparkpoint Staff Only: SP Location _____ Initials _____ Date _____ Orientation Workshop