

Intake and Integration Assessment

DEMOGRAPHIC DATA

INTAKE DATE: _____ Intake: _____ by phone _____ in office _____

Last Name: _____ First Name: _____ Middle: _____
Male _____ Female _____

Address: _____ Apt #: _____

City/State: _____ Zip Code: _____

Telephone: Home _____ Work: _____ Cell: _____

Email: _____ D.O.B. _____ SEX: Male / Female

Reason for seeking services: _____

Marital Status: Single (never married) _____ Married _____ Divorced _____ Widowed _____

No. & Age of Children: (# _____) ages/ _____

Country of Origin: _____ Status upon entry: _____

Current legal status: _____ Date of Arriva/Admission to the U.S.: _____

Date arrived in Indiana _____

A Number: _____ DL? If so, DL#: _____ Highest Grade: _____

Current Employer: _____ Position/Duties: _____

Monthly Income: _____ Source(s) of income: _____

Health Care Provider: _____ Medicaid: _____ Medicare: _____ Other: _____

Transportation available: _____ Own car _____ Family/friend able to transport: _____

Year/model of vehicle owned: _____ Auto Insurance: _____

Who referred you to

CCI? _____

Best day to contact client: _____ Best time to call: _____

Staff Signature: _____ Date: _____

Client Assigned to: _____

Eligibility for Citizenship

- o Number of years as LPR _____
- o Dates outside of U.S. in past five years _____
- o Literacy Level as determined by ESL assessment test score _____
- o ESL Class Referral? ? Yes _____ NO _____ Reason: _____
- o Citizenship Instruction Course Referral? Yes _____ NO _____ Reason _____

**Integration Assessment and
Plan**

1. How many members of your family live with you? (circle one)
- a. I have no family
 - b. Number living with me _____

Please list them below :

| Name | Age | Male/Female |
|------|-----|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2. How many members of your family you listed above have a driver license _____

EDUCATIONAL ATTAINMENT

3. What was your highest education level upon arriving to Indiana? (check one)
- a. Less than high school diploma
 - b. High school diploma
 - c. Some college
 - d. College degree (check all that apply)
 - i. Associates Degree, Major _____
 - ii. Bachelor's Degree, Major _____
 - iii. Master's Degree, Major _____
 - iv. Doctorate, Major _____

4. During your time in Indiana, have you furthered your education in any way (circle one)
- a. Yes _____ No _____

5. If no, why not? (check one)

- a. Didn't feel it was necessary
- b. Didn't know what degree to pursue
- c. Was not admitted to the school
- d. School did not accept previous education credentials
- e. Too expensive
- f. Other, Please specify _____

6. If you have furthered your education in the U.S., in what way have you furthered your formal education? (check one)
- a. I attended _____(high school, college) but dropped out
 - b. I received a high school diploma or GED
 - c. I have attended College by did not graduate
 - d. I received certification or credential, vocational training (certificate), If so what _____
 - e. I attained my college degree at the following level
 - i. Associates Degree in the following area. Major _____
 - ii. Bachelor's Degree in the following area. Major _____
 - iii. Master's Degree in the following area. Major _____
 - iv. Doctorate in the following area. Major _____
7. If you did further your formal education in the time you resided in U.S., what community resources did you access to do so? _____
8. If you are a graduate, are you working in a graduate role? _____ Yes _____ No
- a. In what position? _____

ENGLISH LANGUAGE PROFICIENCY

9. Upon arriving in Indiana, what was your primary language _____
10. Do you speak any other languages? _____
11. Upon arriving in United States, did you speak English? (check one)
- a. Yes, I could speak fluently and understand English
 - b. I could speak a limited amount of English and mostly understood English
 - c. No, I could not speak or understand English at all
12. If you could not speak and understand English at the time of your in the U.S., have you improved your English-Speaking proficiency since then?
- a. Yes _____ No _____
13. If no, why not? (check one)
- a. Don't feel it is needed
 - b. Don't know how to improve my proficiency
 - c. Other, Please specify _____
14. If yes to what degree have you improved your English since coming to the U.S.? (check one)
- a. I can now speak a limited amount of English (beginner level)
 - b. I can now speak and understand most but no all English (intermediate level)
 - c. I can now speak and understand English proficiently (advanced level)
15. If you have improved your language skills, how did you do this? (check one)
- a. Help from family and/or friends
 - b. Took an English class. When and for how long _____
 - c. Other, please specify _____

ECONOMIC MOBILITY

16. What was your employment in your native country? (check one)

- a. Self-employed
- b. A private firm or business or company? Type of business: _____
- c. Or some other kind of organization? (i.e. nonprofit, government, university, health ministry/hospital): Please specify: _____

17. What is your current employment status? (check one)

- a. Full time Employment
- b. Part time employment
- c. Underemployed/looking for work
- d. Underemployed/not looking for work
- e. Student
- f. Retired
- g. Disabled
- h. Other (please specify) _____

18. Do you feel qualified in your current job? Yes _____ No _____

19. If not, what do you think the reason for this is and which of the following do you think is the main reason for this? (check one)

- a. Lack of English language skills
- b. Non-U.S. qualifications not recognized
- c. Restricted rights to work because of citizenship
- d. Origin, religion or social background
- e. Something else _____
- f. No particular reason

20. Thinking about your work how much do you agree or disagree with the following?

The work I do is interesting

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

The work I do is useful

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

My job is secure

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

21. Since arriving in Indiana, have any of the following occurred (please check all that apply)

- a. I have gotten a better job
- b. I have purchased a home
- c. I have started a business
- d. My salary has increased
- e. I retired
- f. Unemployed
- g. Other (Please specify) _____

22. If you have changed jobs during your time in the U.S., how many times have you changed jobs?
(check one)
- a. Just once
 - b. 2-3 times
 - c. More than 3 times
23. If you did change jobs during your time in the U.S., which of the following was the reason for the new job(s) (please check all that apply)
- a. The pay increased
 - b. The benefits were better
 - c. The hours were better
 - d. The new job was not as physically demanding
24. What is your annual household income? _____
25. Since your time in U.S., has your household income increased?
Yes _____ No _____
- a. If yes, by how much?
- i. Less than \$5000 year
 - ii. More that 5000 but less than 10000 per year
 - iii. More than 10,000 per year but less than 20,000 per year
 - iv. More than 20,000 per year
26. Do you earn enough income to pay your bills and then save money? Yes _____ NO _____
27. How often have you moved since coming to the US? _____
28. What describes your housing situation? (Check one)
- a. I own my home
 - b. I rent
 - c. I live with family or friends
 - d. Other- please specify
29. How satisfied are you with this accommodation [where you live]? (Check one)
- a. Very satisfied
 - b. Fairly satisfied
 - c. Neither satisfied nor dissatisfied
 - d. Slightly dissatisfied
 - e. Very dissatisfied
30. How safe do you feel when you are at home on your own? (check one)
- a. Very safe
 - b. Fairly safe
 - c. A bit unsafe
 - d. Very unsafe
 - e. Never at home alone because I feel unsafe
 - f. Never at home alone, other reasons

31. Do you have any loans, car _____, business _____ or home loan _____?
32. How many vehicles do you own?
- a. I do not own a vehicle
 - b. I own 1-2 vehicles
 - c. I own 3 more vehicles

HEALTH

33. Please choose the number which you feel best describes how dissatisfied or satisfied you are with your health? (check one)
- a. Completely dissatisfied
 - b. Mostly dissatisfied
 - c. Somewhat dissatisfied
 - d. Neither satisfied nor dissatisfied
 - e. Somewhat satisfied
 - f. Mostly satisfied
34. In the last 12 months, approximately how many times have you talked to, or visited a Primary Doctor or family doctor about your own health? Please do not include any visits to a hospital.
- a. None
 - b. 1 or 2
 - c. 3 to 6
 - d. More than 6.
35. Do you have a dentist? Yes _____ No _____
- a. When was the last time you visited your dentist? _____
36. Have you been involved with any of the following groups, clubs or organizations in the last 12 months? (check all that apply)
- a. Children's education / schools (e.g. parent-teacher associations, school fairs and fundraising, helping in school)
 - b. Your children's activities outside school (e.g. youth clubs, sports clubs, hobby or cultural groups for children)
 - c. Sport / exercise (e.g. football, swimming, fishing, golf, walking, hiking or other clubs)
 - d. Religion (e.g. attending a place of worship such as church, chapel, mosque, temple, synagogue or attending faith groups such as Saturday / Sunday school)
 - e. Politics (e.g. membership or involvement with political groups, or serving as a local council member)
 - f. Environmental or conservation groups
 - g. Local community or neighborhood groups (e.g. homeowners association)
 - h. Hobbies, recreation / arts / social clubs (e.g. SOCIAL clubs or groups for theatres, museums, amateur dramatics, orchestras)
 - i. Any other activities (specify)
 - j. Not at all
37. Do you or your household have access to the internet? Yes _____ No _____

a. On average how often do you use the internet: (check one)

- i. Every day / almost every day
- ii. 2 or 3 times a week
- iii. Once a week
- iv. 2 or 3 times a month
- v. Once a month
- vi. Once every 2 or 3 mo.

38. Do you have a smart phone or computer? Yes _____ NO _____

39. In your efforts to assimilate into the Indiana community, what have been the greatest challenges you have faced, Please choose up to 3 ranking them on the box to the left from 1 to 2 with 1 being your top challenges and 2 and 3 being as your next important challenge

- i. Learning and/or understanding the language
- ii. Securing employment
- iii. Securing housing
- iv. Accessing services
- v. Assisting my children to be successful in school
- vi. Cultural barriers
- vii. Transportation
- viii. Discrimination
- ix. Other, please specify

40. Have these challenges decreased over time?

Yes _____ No _____

41. Are you able to access all services such as healthcare, food shops or learning facilities when you need to? Yes _____ No _____

42. If no...What stops you from accessing services such as healthcare, shops and learning facilities when you need to?

- a. Too busy / not enough time
- b. Lack of accessible information about Services
- c. Difficulty getting an appointment
- d. Financial reasons
- e. A health condition, illness or impairment, or disability
- f. Public transportation is infrequent or unreliable, or can't access transportation
- g. No public transportation available or Public transportation does not go to where the services are
- h. No access to a car as a driver or passenger
- i. No services in the area
- j. Fear of crowds
- k. Attitudes of other people
- l. Fear of crime
- m. Anxiety / lack of confidence
- n. Other reasons

Finally, what suggestions would you make to help your integration into the community easier?
