Goodwill Industries of Central Florida, Inc. — Building Lives That Work.

Application Routing/ Data Entry Sheet

Date Received: ____________ **Referred to:** ______________ **Assigned to**: ______________

Client Name: ___________________________ **Client ID/VR ID Number**: _______________

Address: ____

City: ____________________ **State:**______ **Zip Code**______ **Phone Number**____________

Date of Birth ___________ **Disability or Disadvantaging Condition:**_________________ **Gender: M F**

Referred by: ______________________ **Counselor/Case Mgr**:_______________________

Counselor/Case Manager Phone Number: ____

Comments:

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Unable to contact/No contact from client, please send a 10 day letter: _______________

To be completed by Case Manager prior to Admissions Committee Meeting

Admissions Committee Date__________ **Accepted/Declined** **Start Date**: ____________

Race:
- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Two or more races

Education Level: __________ **Income at Entry:** ______________________________

Declined:
- ☐ No Response/Unable to contact
- ☐ Individual declined services
- ☐ No longer at referring facility/program
- ☐ More appropriate for another program
- ☐ No documentation of disability
- ☐ Not age appropriate for chosen program, Behavioral issues not appropriate for program
- ☐ Other ________________________________

Veteran: ☐ Yes ☐ No

Felony: ☐ Yes ☐ No

Disabilty: ___________________

Disadvantaging Condition:
____

Refer to:
- ☐ Voc. Rehabilitation
- ☐ Veterans Administration
- ☐ OCPS/SCPS
- ☐ Center for Drug Free Living
- ☐ Lakeside Behavioral Health
- ☐ Other Goodwill program
- ☐ Physician/PCAN
- ☐ Other: ____

Notes:____

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