

# Middle Georgia Consortium, Inc.

## Waiting List/Initial Assessment Form

Press the tab key to move from one field to another or click on the gray boxes to enter your information. To select a check box click on it with your mouse or tab over to it and type an "X". To unselect a box either click on it again with your mouse or type an "X" again.

<b>Customer Information</b>	<b>Note:</b> When this form is completed, you may fax, e-mail, mail or bring in to MGCI, located at 124 Osigian Blvd., Suite A, P.O. Box 8539, Warner Robins, Georgia 31095-8539	
	Date	
	County of Residence	
	Veteran/Eligible Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	First Name, MI and Last Name	
	Mailing Address	
	City, State and Zip Code	
	Resident Address (If different)	
	City, State and Zip Code	
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Telephone Number	
	Cell Phone Number	
	Contact Phone Number	
	E-Mail Address	
	Date of Birth	
Age		
<b>YOUTH SECTION:</b> If you are age 14 - 24, complete this section. If you are over age 24 skip to the next section.	Are You In School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are You Out of School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, School Name	
	Highest Grade Completed	
	High School Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Received Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School Drop Out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Program Interest	<input type="checkbox"/> Work Experience <input type="checkbox"/> Summer School <input type="checkbox"/> Summer Employment <input type="checkbox"/> Other - Please Specify Here:
	Does Your Family Now or Has Your Family Received TANF in the Past Six (6) Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does Your Family Now or Has Your Family Received (SNAP) in the Past Six (6) Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>ADULT SECTION:</b> If You Are Over 18 Years of Age Complete This Section.	Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been laid off from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, name of company you were laid off from	
	Date you were laid off	
	Are you now or have you received TANF in the Past Six (6) Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you now or have you received Food Stamps in the Past Six (6) Months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you a high school graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Name of School	
	If yes, what is your major?	
	If yes, date you started	
	If you are not in school and are interested in attending, what school are you interested in attending?	
	What is your major or program of interest?	
<b>FOR MGCI USE ONLY</b>	<b>Do Not Type In This Section</b>	
	<b>Note: For security reasons, the staff person will enter your Social Security Number when they contact you.</b>	
	CF Contacting Customer	
	Date Customer Contacted	
	Customer's SS# (Last 4).	
How Contacted?	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	

**Instructions for Emailing Completed Form:** In most cases you should be able to hold your "CTRL" button down while clicking on the [contact@mgwib.com](mailto:contact@mgwib.com) link, however, if that doesn't work, click the Office Button in the top left hand corner and click on Send then move over and select Email. Once your Email account opens with the form attached, email to [contact@mgwib.com](mailto:contact@mgwib.com).

**We Are an Equal Opportunity Employer/Program with  
Auxiliary Aids & Services Available upon Request to Individuals with Disabilities**