

**MIDDLE GEORGIA CONSORTIUM, INC.(MGCI)  
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 "X" again.

<b>Customer Information</b>	<b>Note:</b> When this form is completed, you may fax, e-mail or bring in to MGCI, located at 124 Osigian Blvd., Suite A, P.O. Box 8539, Warner Robins, GA 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: If you are age 14 – 24, complete this section. If you are over age 24 skip to the next section.</b>	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	
	Are you a high school graduate that has received their high school diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	High School Drop Out?	
	Program Interest	<input type="checkbox"/> Work Experiences/Internship <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> GED
	Has anyone in your household within the past six months, received Temporary Assistance for Needy Family (TANF), Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been in foster care or aged out of it, or experienced homelessness within the past six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>ADULT SECTION: If You Are Over 18 Years of Age Complete This Section.</b>	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		
	Has anyone in your household within the past six months, received Temporary Assistance for Needy Family (TANF), or Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you been in foster care or aged out of it, or experienced homelessness within the past six 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 State ID number when they contact you:</b>		
	CF Contacting Customer		
	Date Customer Contacted		
	Customer's State ID Number		
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