



OCALS LEARNING SERVICES
134 S. Main Street, Albion, NY 14411
(585) 590-1292
ocals2006@gmail.com

Client Information

Name: _____ Date: _____

Address: _____

Phone: _____ Cell _____

Email: _____ Emergency Phone _____

DOB: _____ Age: _____ Birth Location: _____

Ethnicity/Race: Alaskan _____ Hawaiian _____ Other: _____
Asian _____ Hispanic/Latino/Latina _____
African American _____ Native American _____
Caucasian/White _____ Other Pacific Islander _____

Do you have a library card: Yes _____ No _____ Number of years in US: _____

How Did You Learn About OCALS? (Friend, Family, Newspaper, Employer, School,
Library, Business, Library, Other) _____

Personal Information

Married: Yes ___ No ___ Children/Ages: _____

Medical Problems: _____

Have you ever been convicted of a misdemeanor or felony? Yes ___ No ___

If yes, please explain: _____

Level of Education

Less than 12 _____ GED _____ College Degree _____
High School Diploma _____ Some College _____ Highest Degree _____
Last Year in High School _____ Last Year in College _____
IEP/Year _____ GED/Year _____

Employment Status

Employed: Yes _____ No _____ Employer _____
Unemployed: Yes _____ No _____ Retired: Yes _____ No _____
Not in Work Force: Yes _____ No _____ Not Available for Work: Yes _____ No _____

Goals

LITERACY / ACADEMICS

Literacy	ESOL	Computers
Vocational	Tutoring	Math

Other areas I would like to learn about or have interests in: _____

I understand that the above information is for use by OCALS to provide the services that I am requesting. I understand that this information is confidential and OCALS will not share it outside the organization without my written permission.

Signed _____ Date _____

Please Return To:

Barb Dunham
3506 Knowlesville Road
Medina, New York 14103