



# LOS ANGELES UNIFIED SCHOOL DISTRICT FACILITIES SERVICES DIVISION

## "We Build" Program Intake Form

### Local Worker Contact Information

**You MUST complete ALL applicable fields. Incomplete referral form may cause a delay in processing.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

High School Diploma  Yes  No

Gender:  Male  Female

Ethnicity:  African American  Asian/Pacific Islander  Hispanic  
 Native American  White  Other

Veteran:  Yes  No

If yes, Branch: \_\_\_\_\_ Year of Discharge \_\_\_\_\_

Ex-Offenders:  Yes  No Misdemeanors:  Yes  No

Please attach a copy of the following documents.

Confirmed CA Driver's License  Confirmed Social Security Card  Recent Utility Bill

I declare that the foregoing is true and correct under penalty of perjury of the laws of the State of California.

Signature \_\_\_\_\_ Date \_\_\_\_\_