

# WorkNowNH INTAKE FORM

Date: \_\_\_\_\_

How did you first hear about the **WorkNowNH** Program?

Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last 4 of Social: ■■■■ - ■■■ - □□□□

Are you currently collecting NH Unemployment Benefits?  YES  NO

## Staff Use Only

Eligible for **WorkNowNH**

YES    RID# \_\_\_\_\_     NO

Date of Eligibility \_\_\_\_\_

Assigned ECS/Location \_\_\_\_\_

Please send completed form to [WorkNowNH@nhes.nh.gov](mailto:WorkNowNH@nhes.nh.gov)