

# WorkNowNH INTAKE FORM

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

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

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

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

\_\_\_\_\_

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

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

Last 4 of Social: ■■■■ - ■■■ - □□□□

Are you currently collecting NH Unemployment Benefits?  YES  NO

<b>Staff Use Only</b>	
Eligible for <b>WorkNowNH</b>	
<input type="checkbox"/> YES	RID# _____ <input type="checkbox"/> NO
Date of Eligibility _____	
Appointment _____	
Assigned ECS/Location _____	

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