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Customer Job Readiness Checklist

Name: _____

Date: _____

Social Security Number: _____

1. Have you ever been on TANF before?	YES	NO	
2. Do you own your own home or do you pay rent?	YES	NO	
3. Did you graduate from high school or get your GED?	YES	NO	
4. Do you have any special training or certificates?	YES	NO	
5. Were you in special education classes in school?	YES	NO	
6. Are you employed?	YES	NO	
7. Are you working 25 hours or more per week?	YES	NO	
8. Have you ever been fired?	YES	NO	
9. Have you worked 8 out of the last 12 months?	YES	NO	
10. Are you on leave from a job or starting a job within the next 4 months?	YES	NO	-
11. Do you have reliable transportation?	YES	NO	
12. Have you ever been convicted of a felony?	YES	NO	
13. Do you have a reliable childcare provider for your children?	YES	NO	
14. Do you or anyone in your family have a temporary medical condition (including pregnancy) that would prevent you from working full-time?	YES	NO	

Customer Job Readiness Checklist – Score Card

Name: _____

Date: _____

Social Security Number: _____

Question 1	YES = 0	NO = 3
Question 2	YES = 2	NO = 0
Question 3	YES = 2	NO = 0
Question 4	YES = 2	NO = 0
Question 5	YES = 0	NO = 1
Question 6	YES = 4	NO = 0
Question 7	YES = 3	NO = 0
Question 8	YES = 0	NO = 1
Question 9	YES = 5	NO = 0
Question 10	YES = 3	NO = 0
Question 11	YES = 2	NO = 0
Question 12	YES = 0	NO = 2
Question 13	YES = 2	NO = 0
Question 14	YES = 0	NO = 2

Diversion Score \geq 24