

Customer Name: \_\_\_\_\_ RFA: \_\_\_\_\_

## INITIAL ASSESSMENT

Please complete this assessment in its entirety.

### WHAT DO YOU FEEL ARE YOUR MOST PRESSING NEEDS?

- I have a health issue which needs to be addressed.
- I need help with support services (transportation, clothing, etc.) so I can get a job or go to school
- I am a victim of Domestic Violence
- I may become homeless or I am currently homeless
- I have legal issues that need to be resolved.
- Other: \_\_\_\_\_

### BARRIERS

1. Do you have a medical, mental health or physical issue that may prevent you from obtaining/maintaining employment?  
 Yes  No If yes, please explain: \_\_\_\_\_
2. Have you applied for Supplemental Security Income (SSI) or Supplemental Security Disability Income (SSDI)?  
 Yes  No If yes, what is the status of the application?  Denied  Pending Application  Currently in Appeal
3. Do you have to take care of a disabled family member who lives in your home?  Yes  No
4. Have you been assessed to having a Learning Disability?  Yes  No  
If yes, please explain: \_\_\_\_\_

### HOUSING

Do you have regular adequate housing?  Yes  No

Check all that apply:  Own  Rent  Live with someone  Homeless  Live in shelter  Other

### LEGAL

1. Have you ever been convicted of a crime?  Yes  No If yes, what year? \_\_\_\_\_  Felony or  Misdemeanor  
If yes, please explain: \_\_\_\_\_
2. Are you currently on probation or parole?  Yes  No If yes, Parole end date: \_\_\_\_\_  
Probation/Parole Officer's Name: \_\_\_\_\_
3. Any Legal restrictions?  Yes  No If yes, explain restrictions: \_\_\_\_\_
4. Do you have any pending court dates?  Yes  No If Yes, when? \_\_\_\_\_

### CHILDCARE

1. Do you have any childcare needs that would prohibit your participation in workforce programs?  Yes  No  
If yes, please explain: \_\_\_\_\_
2. Do you have someone to take care of your children if they are sick or out of school?  Yes  No  
If No, what are your backup plans, please explain: \_\_\_\_\_

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**TRANSPORTATION**

1. Do you have reliable transportation?  Yes  No If no, please explain: \_\_\_\_\_
2. Do you have a current valid driver's license?  Yes  No If not, why not? \_\_\_\_\_
3. Do you have a valid State Issued ID?  Yes  No
4. How do you plan to get to and from work on a daily basis? \_\_\_\_\_

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**OTHER**

1. Do you need help completing job applications?  Yes  No
2. Are you pregnant?  Yes  No Due Date: \_\_\_\_\_
3. Do you need help completing/developing your resume?  Yes  No
4. How are your computer skills?  Excellent  Good  Fair  Poor  None
5. If offered employment can you begin working immediately?  Yes  No
6. Are you currently in or have recently aged out of Foster Care?  Yes  No

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What do you want for your family? \_\_\_\_\_

What do you want for yourself? \_\_\_\_\_

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**EDUCATION & TRAINING**

Are you currently in training, high school or obtaining your GED?  Yes  No If "No", highest level Completed \_\_\_\_\_

If 'Yes', name of school: \_\_\_\_\_

Have you completed your  High School Diploma or  GED?  Yes  No If "Yes", what year? \_\_\_\_\_

Have you ever obtained an Occupational Skills License, Certificate, College Degree, etc.  Yes  No

If 'Yes', name of license, certificate, degree: \_\_\_\_\_ Exp. Date \_\_\_\_\_

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**EMPLOYMENT HISTORY:** (Begin with your **last or most recent** employer) I have never been employed

Employer		Phone		Job Title	
Employer Address		City	State	Zip	Responsibilities
Rate of compensation: \$_____per hr. Or Salary per year. \$_____	# of hours worked weekly	Dates of Employment Start Date: _____ Last Day: _____		Reason for leaving:	
Employer		Phone		Job Title	
Employer Address		City	State	Zip	Responsibilities
Rate of compensation: \$_____per hr. Or Salary per year. \$_____	# of hours worked weekly	Dates of Employment Start Date: _____ Last Day: _____		Reason for leaving:	
Employer		Phone		Job Title	
Employer Address		City	State	Zip	Responsibilities
Rate of compensation: \$_____per hr. Or Salary per year. \$_____	# of hours worked weekly	Dates of Employment Start Date: _____ Last Day: _____		Reason for leaving:	
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Employer		Phone		Job Title	
Employer Address		City	State	Zip	Responsibilities
Rate of compensation: \$_____per hr. Or Salary per year. \$_____	# of hours worked weekly	Dates of Employment Start Date: _____ Last Day: _____		Reason for leaving:	

**OUR PROGRAMS ARE DESIGNED TO HELP YOU GAIN SKILLS THAT YOU WILL NEED TO START YOUR EMPLOYMENT OR CAREER. WHAT KIND OF EMPLOYMENT/CAREER ARE YOU INTERESTED IN?**

- Office/Data Entry     Retail/Hospitality     Transportation     Healthcare     Professional  
 Other – please be specific: \_\_\_\_\_  Not Sure
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**IF YOU COULD GO BACK TO SCHOOL TO INCREASE YOUR SKILLS, WHAT TYPE OF EDUCATION OR TRAINING WOULD YOU LIKE TO PURSUE?**

- GED/HS Diploma     College     Occupational License     Certificate  
 Other-please be specific: \_\_\_\_\_  
 Area of Study: \_\_\_\_\_  
 I am not interested in going back to school
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Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff (print) \_\_\_\_\_

Staff Signature:

Date:

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