

New Hampshire Housing
GOAL Program Assessment

Date of Assessment

Name of FSS Case Manager

Participant's Name

Social Security Number

Street Address/Unit #

Date of Birth

Age

City/State/Zip Code

Home Phone Number

Mailing Address/City/State/Zip Code

Alternate Phone Number

Marital Status: Single Married Divorced
 Widow Lives with other adult

Dependent(s) Status: None Has children
 Cares for adult member

Ethnicity: _____

Religious Affiliation: _____

#	QUESTION TO PARTICIPANT	RESPONSE	COMMENTS
CATEGORY: Basic Needs/ Resources			
	Are you currently working with other community programs or agencies?	Yes No N/A Other	
	Have you worked with other community programs or agencies in the past? Who, when, where, results?	Yes No N/A Other	
	Do you have immediate needs? - Food - Heating/ Utilities - Transportation - Crisis Prevention	Yes No N/A Other	
	Are you or any member of your family receiving? - TANF - Food Stamps - Medicaid - Medicaid w/ a spend down - WIC - Day Care - CAP/Fuel Asst - Unemployment Insurance - Worker's Comp - Social Security - Supplemental Security Income (SSI) - Federal Earned Income Tax Credit	Yes No N/A Other	
	Other needs? - medical/dental - clothing	Yes No N/A Other	

CATEGORY: Career/ Skills Assessment					
Have you had a career assessment done within the last year?	Yes	No	N/A	Other	name of test
If so, when and what agency provided it?	Yes	No	N/A	Other	
Will you be able to secure a copy of your test results for your file?	Yes	No	N/A	Other	
What were the results of your career assessment?	Yes	No	N/A	Other	
Have you ever had career counseling?	Yes	No	N/A	Other	
Are you interested in career counseling?	Yes	No	N/A	Other	
Other notes about career assessment and counseling?					
CATEGORY: Disabled/ Special Needs					
Do you have a disability, health, or special needs condition?	Yes	No	N/A	Other	
Is it possible to get a doctor's certification of your condition?	Yes	No	N/A	Other	
Will you be able to secure an Authorization to Release Information from your doctor (FSS form) and have it returned to my office?	Yes	No	N/A	Other	
What is your doctor's contact information? Name, phone #, address.					
Does your condition interfere with your ability to work? (Do you have a disability that interferes with your ability to work?)	Yes	No	N/A	Other	
Does your condition interfere with your ability to achieve your goals for school?	Yes	No	N/A	Other	
What type of reasonable accommodations do you need?	Yes	No	N/A	Other	
Other Notes on Disability?					
CATEGORY: Education					
Have you been able to secure your high school diploma (H/S or GED)?	Yes	No	N/A	Other	When:
What is the highest grade you completed?	Yes	No	N/A	Other	
If you answered no to the above, would you like to make getting it one of the goals in your training plan?	Yes	No	N/A	Other	
Are you currently enrolled in a GED or High School diploma program?	Yes	No	N/A	Other	
Have you taken an ESL class?	Yes	No	N/A	Other	
Do you feel you need another class?	Yes	No	N/A	Other	

Are you currently enrolled in a Post Secondary education program?	Yes No N/A Other	
Do you need additional Post Secondary education?	Yes No N/A Other	
Do you plan to return to school or individual classes?	Yes No N/A Other	
For what would you like to return?		
Other notes about education?		
CATEGORY: Military		
Have you ever served in the Military?	Yes No N/A Other	
Branch and dates of service?		
Have you ever served on active duty for purposes other than training?	Yes No N/A Other	
Are you a veteran?	Yes No N/A Other	
Discharge? - Honorable - Under Honorable Conditions - Under Other than Honorable	Yes No N/A Other	
Do you have any medical problems from serving in the military?	Yes No N/A Other	
Other notes about military?		
CATEGORY: Employment		
Are you employed?	Full Part Self Not	
In what field?		
If not, for how long and why?		
Are you satisfied with your current job?	Yes No N/A Other	
How long have you been employed there?		
How many jobs have you had in the past two years?		
Are you looking for a different job?	Yes No N/A Other	
What was your favorite job and why?		
What are some skills you've developed from previous (current) employment?		
Do you have certification in a specialized career field, trade, or vocation?	Yes No N/A Other	
Regarding the previous question: what is your certification in; where and when did you complete the training? Does your certification have an expiration date? *Secure documentation for file.	Yes No N/A Other	

Do you feel your work skills are at a promotional level for other employment opportunities?	Yes	No	N/A	Other	
If not, what do you think is needed to get promoted?	Yes	No	N/A	Other	
Do you want or plan to return to school to improve your employment opportunities?	Yes	No	N/A	Other	
Do you need vocational or other job training services?	Yes	No	N/A	Other	
Are you currently receiving assistance with job service or job placement?	Yes	No	N/A	Other	
Do you need assistance with job search or job placement activities?	Yes	No	N/A	Other	
Do you have a current resume?	Yes	No	N/A	Other	
Do you want a resume?	Yes	No	N/A	Other	
Do you think you could benefit from counseling in job retention?	Yes	No	N/A	Other	
Do you have a supervisor who will give you a good recommendation?	Yes	No	N/A	Other	
Do you own or need a computer?	Own	Need	N/A	Other	
Describe your computer skills and programs you are familiar with					
Do you have a career goal?	Yes	No			
If yes expand:					
Other notes about work?					
CATEGORY: Family Household Members					
How many and who are the members in your household?	Yes	No	N/A	Other	
Would any of the members in your household over the age of 18 and on the lease be interested in participating in FSS?	Yes	No	N/A	Other	
Do you currently have reliable child care?	Yes	No	N/A	Other	
Do you have back-up childcare?	Yes	No	N/A	Other	
How many of your children need child care?	Yes	No	N/A	Other	
Does one or more of your children have a disability that interferes with your ability to work?	Yes	No	N/A	Other	
Does one or more of your children have a behavior problem or issue that interferes with your ability to work?	Yes	No	N/A	Other	
Do you need assistance with childcare for your children in the summer?	Yes	No	N/A	Other	
Do you receive child support consistently?	Yes	No	N/A	Other	

Do you get your child support through the Support Collection Unit?	Yes	No	N/A	Other	
Other notes about children					

CATEGORY: Financial/ Credit Needs					
Do you have a checking account?	Yes	No	N/A	Other	
Do you have a savings account?	Yes	No	N/A	Other	
What are your spending patterns?					
Do you often run out of money? If yes, what do you do when this happens?	Yes	No	N/A	Other	
Do you buy mostly with cash or credit?	Cash	Credit			
Do you have money to go to school to improve your future employability skills?	Yes	No	N/A	Other	
Describe your credit history.	Good	Bad	N/A	Other	
Have you ever received services from a credit counseling agency?	Yes	No	N/A	Other	
Have you ever attended budget management workshops?	Yes	No	N/A	Other	
Have you ever filed for bankruptcy? When?	Yes	No	N/A	Other	
Would you like to learn to set up a budget?	Yes	No	N/A	Other	
Have you ever requested a credit report?	Yes	No	N/A	Other	
Other notes on financial planning					

Self Sufficiency Index for Financial Independence

What is your family's total annual income? \$ _____ Monthly? \$ _____

How much is earned through employment? Annual gross \$ _____ Monthly net \$ _____

How much of this income is unearned and from what sources? (see below)

Sources	Monthly Amt.	Sources	Monthly Amt.
Unemployment		SSDI (for _____)	
Child Support/Alimony		WIC	
Food Stamps		Work-Study	
TANF		Educational Scholarships	
Social Security (for _____)		Other (_____)	
SSI (for _____)			

Did you receive the Earned Income Tax Credit (EITC)? ___ Yes ___ No

Are you receiving:

Health Ins.? Company _____; ___ family ___ children only ___ participant only

What do you pay for childcare? \$ _____ /week \$ _____ /month

Have you ever applied for child support? ___ Yes ___ No Status: _____

Do you work by a budget? ___ Yes ___ No

Debts that need to be paid			Monthly Budget		
Credit Cards:	Amount	Repayment Plan	Bills	Amount \$	Are you current?
			Rent		
			Electric		
			Gas		
			Water		
Educational Loans:	Amount	Repayment Plan	Phone/Cell		
			Cable		
			Credit Cards		
			Car/Other trans.		
			Food		
Other:	Amount	Repayment Plan	Clothing		
			Childcare		
			Laundry		
Court Judgements			Internet		
Damage Claim			Medications		
			Tobacco/Alcohol		
Security Deposit Loan			Total Bills	\$	
Loan from Family/Friends			Total Net Income	\$	

CATEGORY: Goals/Life Coping Skills/PersonalPersonal				
Is Homeownership one of your goals?	Yes	No	N/A	Other
Do you want counseling in Homeownership?	Yes	No	N/A	Other
Do you have a support structure in place for yourself?	Yes	No	N/A	Other
Are you involved in any outside activities?	Yes	No	N/A	Other
Would you like assistance with the following: (Circle)				
Credit Counseling Time Management Workplace violence Gang Violence	Home Ownership Stress Management Parenting Self-Esteem Development	Budget Counseling Violence Prevention Depression/Anxiety Other:		
Have you ever received or felt like you could have benefited from counseling in the past? Indicate below	Are you receiving or do you feel like you could benefit from counseling now? Indicate below?			
<ul style="list-style-type: none"> - Medical - Health - Depression - Drug - Alcohol - Other: 	<ul style="list-style-type: none"> - Domestic violence - Life threatening disease - Family Problems - Mental Illness - Stress 	<ul style="list-style-type: none"> - Medical - Health - Depression - Drug - Alcohol - Other 	<ul style="list-style-type: none"> - Domestic violence - Life threatening disease - Family Problems - Mental Illness - Stress 	
If you are interested in counseling now, please indicate the counseling you are interested in below?				
<ul style="list-style-type: none"> - Medical - Depression - Alcohol 	<ul style="list-style-type: none"> - Domestic violence - Family Problems - Stress 	<ul style="list-style-type: none"> Health Drug Other: 	<ul style="list-style-type: none"> - Life threatening disease - Mental Illness 	
Are you in an abusive situation of any type (drug, alcohol, physical, emotional, etc.) and want help?	Yes	No	N/A	Other
Do you have any type of criminal history: misdemeanors, felonies, warrants, probation?	Yes	No	N/A	Other
Other notes about counseling?				

FSS Coordinator _____

Date _____

Assessment Summary

Skills/Training History/Outlook:

Type of position wanted, hours, salary, special areas of interest, skills.

What do you want to accomplish over the next five years?

Employment, education, financial.

Skills/Training Assessment:

Feasibility assessment, positive and negative impacts/barriers. Identify applicant's employability (emotional readiness, education, marketability).

Identify short-term barriers, most pressing needs and identify possible obstacles:

(example: unable to maintain employment for long periods of time, giving up or dropping out of school).