

SELF-ASSESSMENT FORM

PERSONAL DATA

Name: _____ Age: _____

Address: _____

Home Phone: _____ Message Phone: _____ Email Address: _____

How many people live in your household? _____ How many children? _____

Are you responsible for caring for a disabled person daily? Yes No

Which of the following best describes your household?

Two Parent

Single Parent

16-19 Year Old Parent Without a GED or HS Diploma

What help do you think you could get from family and friends if you take classes, look for work or get a job?

Do you work with other organizations such as HUD, Head Start, CASA, Department of Corrections, etc.? Yes No

➤ If yes, which organizations?

WORK HISTORY

How many jobs have you had in the last 18 months? _____

Tell us about your last job, why you left, and what would have helped you keep the job.

Have you done volunteer work or community services? Yes No

Tell us about your volunteer work or community service.

What kind of job would you like to have and why?

You may need to relocate or commute to become employed. Tell us how you feel about that.

Have you served in the military? Yes No

Are you eligible for military benefits? Yes No If yes, have you applied? Yes No

YOUR EDUCATION

What was the highest grade you completed in school? _____ Year? _____ Did you have an IEP? Yes No

List any special classes you were in:

Tell us about any degrees or certifications you have:

Is this form easy for you to read? Yes No If not, tell us why.

YOUR HEALTH

Do you have medical/mental health problems that could affect your working? Yes No

➤ If yes, are you under a doctor’s care? Yes No

Do you or anyone in your home consume alcoholic beverages or non-prescribed drugs? Yes No

Has a doctor ever told you to cut down or quit the use of alcohol or drugs? Yes No

Could you pass an employer’s drug screening today? Yes No

Are you or your children currently being threatened, hurt, or harmed in any way by someone in your life? Yes No
(Harm can include stalking or threatening to hurt you, your children, your pets, or other family or friends, pushing, grabbing, shoving, slapping, hitting, choking, or holding you down, constantly putting you down or telling you that you are worthless, any kind of unwanted sexual contact.)

Could working, looking for work, or going to school put you or your children in danger of physical, emotional, or sexual abuse? Yes No

YOUR FINANCES

What other income do you have that could help you? _____

Are you in danger of eviction? Yes No Are you in danger of utility shut off? Yes No

What bills or debt do you owe? _____

Other _____

YOUR STRENGTHS

What are your strengths and special talents?

What help do you need to get started towards the goal of supporting yourself and your family?

- | | | |
|--------------------------|----------------------------|--|
| Child Care | Transportation Assistance | Obtaining Child Support <input type="checkbox"/> |
| Education or Training | Drug or Alcohol Counseling | Help with Domestic Violence |
| Work Experience | Work Clothing or Tools | Need Recertification |
| Need a Phone or Internet | Need a Driver’s License | Other |

Upon approval of TANF, you will be required to complete an interview with a Career Navigator. Please check the box below for how you would like to complete this interview.

In person at your local DCF office.

Microsoft TEAMS – Please provide a valid email address for the invitation: _____

Telephone – Please provide a valid phone number: _____

The above information is correct to the best of my knowledge. Failure to complete this form could result in your application for TANF cash benefits being denied.

SIGNATURE: _____ **DATE:** _____

Social Security Number: XXX-XX-