

# SELF-ASSESSMENT FORM

## PERSONAL DATA:

Name: \_\_\_\_\_  
Last First Middle Age

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

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

How many people are living in household: \_\_\_\_\_ How many children: \_\_\_\_\_

Check which of the following describes your household:

Two Parent \_\_\_ Single Parent \_\_\_\_\_ 16-19 yr. old parent without a GED or High School Diploma \_\_\_\_\_

Are you responsible for caring for a disabled person on a daily basis? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you work with other community organizations such as HUD, Head Start, CASA, Department of Corrections etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES please tell list the organization:

## YOUR WORK HISTORY:

How many jobs have you had in the past 18 months? \_\_\_\_\_

Have you done volunteer work or community services? \_\_\_ Yes \_\_\_ No

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

Tell us about your volunteer work or community service. \_\_\_\_\_

Tell us what kind of job you would 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? \_\_\_ Are you eligible for Military benefits? \_\_\_ if yes, have you applied? \_\_\_\_\_

## YOUR EDUCATION:

What was the highest grade you completed in school? \_\_\_\_\_ Year? \_\_\_\_\_ Did you have an IEP? \_\_\_\_\_

Tell us about any special classes you were in. \_\_\_\_\_

Tell us about your degrees or certifications. \_\_\_\_\_

Is this form easy for you to read? \_\_\_\_\_ If No, tell us why. \_\_\_\_\_

# SELF-ASSESSMENT FORM

## ***YOUR HEALTH:***

Do you have medical problems that could affect your working? \_\_\_\_\_ If Yes, are you under a Doctor's care? \_\_\_\_\_

Do you or anyone in your home consume alcoholic beverages or non-prescribed Drugs? \_\_\_\_\_

Has a doctor ever told you to cut down or quit the use of alcohol or drugs? \_\_\_\_\_

Could you pass an employer's drug screen today? \_\_\_\_\_

Are you or your children currently being threatened, hurt or harmed in any way by someone in your life (harm can include things like 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)? \_\_\_\_\_ Yes \_\_\_\_\_ No

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? \_\_\_\_\_ Utility shut off? \_\_\_\_\_

What bills or debt do you owe? \_\_\_\_\_

Other \_\_\_\_\_

## ***YOUR STRENGTHS:***

Tell us about 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                      \_\_\_\_\_ Education/training

\_\_\_\_\_ Obtaining Child Support                      \_\_\_\_\_ Drug /Alcohol counseling                      \_\_\_\_\_ Work Experience

\_\_\_\_\_ Help with Domestic Abuse                      \_\_\_\_\_ Need a telephone                      \_\_\_\_\_ Need recertification

\_\_\_\_\_ Work clothing/tools                      \_\_\_\_\_ Need a driver's license                      \_\_\_\_\_ Other

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Client's signature

**Social Security #:** \_\_\_\_\_