



### SNAP EMPLOYMENT AND TRAINING ASSESSMENT

**Customer Information:**

Participant's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Individual Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile:  Home:   
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Gender: Female  Male  Non-binary  Prefer not to answer   
 How would you like to be addressed: She/Her/Hers  He/His/Him  They/their/theirs   
 Are you the primary caregiver for anyone in your SNAP household (if so who)? \_\_\_\_\_  
 What Languages do you speak fluently? \_\_\_\_\_ Additional Languages: \_\_\_\_\_  
 Military Status: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Do you need assistance with applying for any type of Government assistance such as SNAP, Medicare, Childcare, etc? \_\_\_\_\_  
 How many people are in your SNAP household: \_\_\_\_\_ What is the source of your current SNAP household income: \_\_\_\_\_  
 Are you authorized to work in the US? \_\_\_\_\_

**Potential Barriers:**

Do you have any challenges or other situations that we need to plan around to be successful in the workplace or in training?  
(Education, Physical/ Health, Family, Financial, Legal, Housing, Employment Related, Transportation)

Have you taken an education assessment (TABE, CASAS, ESL, other) in the past 6 months? Yes  No   
 If yes where and may we contact them? \_\_\_\_\_  
 What is your current employment status? \_\_\_\_\_

**Availability**

When are you able to attend trainings? 9am-12pm  9am-3pm  9am-5pm  4pm-9pm  Other: \_\_\_\_\_  
 Once you began your employment search, what shift(s) would you be willing to work?  
 6am-2:30pm  9am-5pm  2:30pm-11pm  10:30pm-7am  Other: \_\_\_\_\_  
 How will you get to training or work site? \_\_\_\_\_  
 How far would you be willing to travel to get to training or work site? \_\_\_\_\_  
 How long of a commute are you willing to travel to get to a training or work site? \_\_\_\_\_

**Skills**

What do you see as your work-related skills?  
 \_\_\_\_\_  
 What kind of work would you like to do?  
 \_\_\_\_\_  
 What makes you a great candidate for this particular work or training?  
 \_\_\_\_\_  
 Which best describes your situation: need training to get a job   
 have some training and need to update my skills in order to get a job  already have training and just need help getting a job   
 already have work experience and just need help getting a job



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### Additional Information

How long of a commute are you willing to travel to get to a training or work site?

In your last job, what did you get compliments on or were you best at?

What would your friends or family say are your best qualities?

What subjects in school did you find the easiest and that you were best at?

	Not Very					Very well					
How comfortable do you feel working on a computer:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How do/did you handle stressful situation in the workplace:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How do you handle getting along with others:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How do you feel about working on a team:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
How important is it to you to find a job as soon as possible:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
Have you had any problems getting along with others when previously employed?						Yes <input type="checkbox"/>					No <input type="checkbox"/>
Have you ever been let go from a job?						Yes <input type="checkbox"/>					No <input type="checkbox"/>

Explain: \_\_\_\_\_

What role do you usually play in a team?

To you, what is the difference between a career and a job?

Is a Career important to you? Yes  No

If you could have any long-term career today, what would it be?

What do you enjoy doing for fun?

Do you have any hobbies?

What are your immediate goals for employment?

How soon can you begin looking for work? \_\_\_\_\_

### Education

Did you graduate High School or have a GED? Yes  No  If no, what was the last grade you completed? \_\_\_\_\_

Have you attended any colleges or Trade Schools? Yes  No

If yes, what colleges/Trade Schools did you attend and did you earn a certificate/degree/license? \_\_\_\_\_

If long-term incarcerations, did you participate in any classes or training while incarcerated? Yes  No  N/A

If yes, what programs and did you earn a certificate/degree/license? \_\_\_\_\_

Have you completed an apprenticeship? Yes  No

If yes, what apprenticeship and did you earn a certificate/degree/license? \_\_\_\_\_

Do you have any other certificates or credentials? Yes  No  If yes, what did you earn: \_\_\_\_\_



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## Employment

If currently employed:

Employer Name: \_\_\_\_\_

Employer Address: (City, State, Zip) \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_ How many hours per week did you work? \_\_\_\_\_

Does this job meet your needs? Yes  No  Why/Why not? \_\_\_\_\_

Reason for leaving last job? \_\_\_\_\_

Is this your primary employment? Yes  No  Are you self-employed? Yes  No

In your prior jobs:

Which one did you like the most? \_\_\_\_\_

Which one did you like the least? \_\_\_\_\_

Is there any prior jobs you would like to do again (which ones)? \_\_\_\_\_

What work related skills did you learn? \_\_\_\_\_

## Training

What type of training would be best for you? Classroom  Training that you get while on the job

What length of time are you willing or able to be in training? 3 months or less  3-6 mo.  6-12 mo.  Over a year

Are you interested in full or part time training? Part time  Full Time  Both

Which of the following are you most interested in attending? A refresher course  A short certificate program

A program that leads to an associate degree  A program that leads to a bachelor's degree  Learning on the job

A program that helps get a license in a chosen field  A program that moves me from apprentice to journeyman to master

Have you already researched schools and/or programs in your field of interest? Yes  No  If yes, who: \_\_\_\_\_

Do you know who in our area provides training in your field of interest? Yes  No  If yes, who: \_\_\_\_\_

Financially, would you need to work while in training? Yes  No

Have you taken any steps in researching careers or schools? Yes  No

If so, what steps have you taken: \_\_\_\_\_

## Interest

What are your:

Job Interest: \_\_\_\_\_

Achievable Job Goals: \_\_\_\_\_

Immediate Job Goals and wage expectations: \_\_\_\_\_

Long Term Job Goals and wage expectations: \_\_\_\_\_

Target Employment Date: \_\_\_\_\_



### SNAP EMPLOYMENT AND TRAINING ASSESSMENT

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

FCRC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FCRC Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Client Printed Name: (Last) \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female  Male   
(Month) (Day) (Year)

By signing below, you agree that you have read and agree to the following. If you do not understand something or have questions, be sure to ask. I hereby authorize the DEPARTMENT OF HUMAN SERVICES to disclose the following information about me for the purpose of providing me with service coordination.

Information to be disclosed (date, type of services including treatment recommendations, compliance status, schedule of activities, ability to engage in work activities, work schedule, supportive service needs, and justification):

\_\_\_\_\_ Client Initial: \_\_\_\_\_  
(Information to be Disclosed)

The above checked information is to be disclosed to \_\_\_\_\_ only as necessary in order to administer the service coordination or for audit and evaluation purposes.

I hereby authorize (Service Provider Organization Name) \_\_\_\_\_ to disclose the following information about me for the purpose of providing me with service coordination.

Information to be disclosed (date, type of services including treatment recommendations, compliance status, schedule of activities, ability to engage in work activities, work schedule, supportive services, needs, and justification):

\_\_\_\_\_ Client Initial: \_\_\_\_\_  
(Information to be Disclosed)

The above checked information is to be disclosed to the DEPARTMENT OF HUMAN SERVICES, only as necessary in order to administer the service coordination or for audit and evaluation purpose.

I understand that I may revoke this consent at any time in writing, but that revoking it will not cancel what was already done before I revoked it. I understand that I have the right to inspect and copy the information to be disclosed. If not previously revoked, this consent will terminate upon the completion of the service coordination, but in no event shall exceed one year from today. It has been explained to me that if I refuse to consent to this disclosure or if I revoke my consent during the case coordination, I may not receive case coordination services and my public assistance benefits may be affected. I understand that I may, however, receive mental health services and substance abuse treatment services, without agreeing to this consent.

Check here if client refuses to sign the consent.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent, Guardian, or  
Authorized Representative (if appropriate) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO RECEIVING PERSON:** The information released hereunder may not be re-disclosed except as set forth herein or as otherwise allowed by law. If the information pertains to substance abuse services, it has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or persecute any alcohol or drug abuse patient. Violation of the federal rules is a criminal offense.