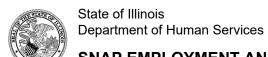
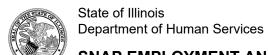


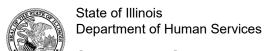
Customer Information:						
Participant's Name:	Case Number:	Individual Number:				
Address:	Phone:	Mobile: Home:				
City, State, Zip:		:				
Date of Birth: SSN:						
	ary Prefer not to answer					
How would you like to be addressed: She/H	ler/Hers He/His/Him	They/their/theirs				
Are you the primary caregiver for anyone in your SNAP household (if so who)?						
What Languages do you speak fluently?	Addit	onal Languages:				
Military Status:	Race:	Ethnicity:				
Do you need assistance with applying for any t	ype of Government assistance such as S	SNAP, Medicare, Childcare, etc?				
How many people are in your SNAP household	: What is the source of your cur	rent SNAP household income:				
Are you authorized to work in the US?						
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						
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						



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:	□1	□2	□3	□4	□5
How do/did you handle stressful situation in the workplace:	□1	□2	□3	□4	□5							
How do you handle getting along with others:	□1	□2	□3	□4	□5							
How do you feel about working on a team:	□1	□2	□3	□4	□5							
How important is it to you to find a job as soon as possible: □1 □2 □3 □4 □5 □6 □7 □8 □9 □10 Have you had any problems getting along with others when previously employed? Yes □ No □												
Have you ever been let go from a job? Yes No												
Explain:												
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 \(\subseteq \) N	lo 🗌 If no	o, what wa	as the las	st grade y	vou 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:												



Employment						
If currently employed:						
Employer Name:						
Employer Address: (City, State, Zip)						
Start Date:						
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						
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						
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:						



Provider's Signature:		Date:
Provider's Printed Name:		
FCRC Signature:		Date:
Case Number:Client Printed Name: (Last)		 M
Date of Birth:	Gender: Female Ma	_
(Month) (Day) (Year)		
	ize the DEPARTMENT OF HUMA	ng. If you do not understand something or have N SERVICES to disclose the following information
Information to be disclosed (date, type of s activities, ability to engage in work activities		mendations, compliance status, schedule of ce needs, and justification):
	Client Initial:	
	(Information to be Disclose	
The above checked information is to be dis	sclosed to	only as necessary in order to administer
the service coordination or for audit and ev		
I hereby authorize (Service Provider Organ to disclose the following information about Information to be disclosed (date, type of sactivities, ability to engage in work activities	me for the purpose of providing me services including treatment recom- s, work schedule, supportive services	mendations, compliance status, schedule of
-	(Information to be Disclose	ed)
The above checked information is to be disadminister the service coordination or for a		HUMAN SERVICES, only as necessary in order to
before I revoked it. I understand that I herevoked, this consent will terminate upon today. It has been explained to me that coordination, I may not receive case coordinate, however, receive mental health services.	have the right to inspect and cop the completion of the service coor if I refuse to consent to this dis lination services and my public ass ces and substance abuse treatmer	t revoking it will not cancel what was already done y the information to be disclosed. If not previously dination, but in no event shall exceed one year from closure or if I revoke my consent during the case sistance benefits may be affected. I understand that I at services, without agreeing to this consent.
Check here if client refuses to sign the	e consent.	
Signature of Client:		Date:
Signature of Parent, Guardian, or Authorized Representative (if appropriate)		Date:
Signature of Witness:		Date:
otherwise allowed by law. If the informati protected by Federal Confidentiality Rules further disclosure is expressly permitted by	nformation released hereunder ma ion pertains to substance abuse s (42 CFR Part 2). The federal rules y the written consent of the person	y not be re-disclosed except as set forth herein or as services, it has been disclosed to you from records prohibit further disclosure of this information unless to whom it pertains or as otherwise permitted by 42 mation 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.