

Items in **Red** – Initial Assessment **Blue** – Needs Assessment

Personal Info

Field	Response
First Name	
Last Name	
What name do you go by?	
Street Address 1	
Street Address 2	
City	
State	
ZIP Code	
ZIP Code Plus Four	
Primary Phone	
Primary Phone Type	
Alternate Phone	
Alternate Phone Type	
Email	
Date of Birth	
Gender	Female Male Non-binary Prefer Not to Answer
How would you like staff to address you?	He/His/Him She/Her/Hers They/their/theirs
SSN	
SNAP case # or T # if known	
Individual ID	
Are you the primary caregiver for anyone in your <u>SNAP household</u> ? (include definition of SNAP household)	No – Yes – (exempt from various work requirements- ABAWD) Child/children under 6 Child/children 6-18 Individual with a disability (Differently Enabled) Elderly (65+)
What languages to you speak fluently?	English Spanish Polish Chinese Arabic Other

Additional Language	<p>English Spanish Polish Chinese Arabic Other</p>
Military Status	<p>Active Military Recently Separated Veteran* War or Combat Veteran* Retired Veteran* Disabled Veteran* Dishonorably Discharged None</p>
Race - <i>Select all that apply.</i>	<p>White Black or African American American Indian or Alaskan Native Asian Indian Chinese Philipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Unknown</p>
Ethnicity	<p>Non-Hispanic/Latino Mexican, Mexican American, Chicano/a Puerto Rican Cuban Another Hispanic, Latino or Spanish Origin Unknown</p>
Do you need assistance with applying for any type of Government assistance such as Snap, Medicare, or Childcare, etc.?	<p>If yes, provide link to ABE system to complete their application. Then select from a list: Medicare Part D Medicare Low Income Subsidy (LIS)/Extra Help State Pharmaceutical Assistance Program (SPAP) Patient Assistance Programs Prescription Savings and Discount Cards Medicare Savings Programs State Medicaid Programs Home and Community-Based Services (HCBS) Health Centers for Primary Health Care and Dental Services Program of All-inclusive Care for the Elderly (PACE) Chore Services Supplemental Security Income (SSI) State Supplemental Income Program</p>

	<p>General Assistance Retirement Programs Pension Information and Assistance Services Supplemental Nutrition Assistance Program (SNAP) – If SNAP – Enter T number Home Delivered and Congregate/Group Meals Commodity Supplemental Food Program (CSFP) The Emergency Food Assistance Program (TEFAP) Senior Farmers' Market Nutrition Program HUD and Section 8 Housing Programs Low Income Home Energy Assistance Program (LIHEAP) and Weatherization Reverse Mortgage Counseling Foreclosure Prevention & Assistance Lifeline and Link-Up Programs Safelink Wireless and Assurance Wireless Programs Home Repair and Renovation Programs Homestead Exemptions, Rebates, Credits, and Refunds Property Tax Abatements and Deferrals Home Valuation Freeze Property Tax Relief for Veterans Earned Income Tax Credit (EITC) Tax Credit for the Elderly and Disabled Veteran Pensions Aid and Attendance & Homebound Benefits Disability Compensation Vocational Rehabilitation Services Home Loans and Special Housing Grants Education Programs and the GI Bill Senior Community Service Employment Program (SCSEP) Workforce Innovation Opportunity Act (WIA) Foster Grandparent Senior Companion State Health Insurance Assistance Program (SHIP) Family Caregiver Support and Respite Care Services Long-Term Care Ombudsman Legal Services and Assistance Programs Interpreter Referral Services Pension Help America Free Public Transit and Reduced Fare Programs</p>
<p>How many people are in your SNAP household (include definition for SNAP household)?</p>	
<p>What is the source of your current <u>SNAP household</u> income?</p>	<p>Employment Self-employment SSI SSDI TANF Social Security in-kind help from family/a friend</p>

SNAP household Income and Eligibility screening	
Are you authorized to work in the US?	
Are you registered with Selective Service (required for males 18 - ??)	<p>Only ask if person is a male 18+.</p> <p>Here's the document that explains gender and selective service: https://transequality.org/sites/default/files/docs/resources/Selective_Service_only.pdf</p> <p>Include an option on this question for "Exempt" and link to this document as information for those who are transgender.</p>

Skills and Interests

Field	Response Options/Edit Checks/Comments
What do you see as your work related skills?	<ul style="list-style-type: none"> • technology • mechanical/trades • administrative • care-taking • leadership/management • sales • teaching/training others • art/music • food preparation/service • customer service/retail • cleaning/facility maintenance • financial/math/accounting
What kind of work would you like to do?	<ul style="list-style-type: none"> • -Professional/technical • -Management/Officials/Proprietor • -Craftsmen/Foreman • -Service • -Farm/other labor • -Clerical • -Sales
What makes you a great candidate for this particular work or training?	
Which best describes your situation?	<ul style="list-style-type: none"> • I would need training to get a job in this field. • I have some training and need to update my skills in order to get a job in this field. • I already have training in this field and just need help getting a job. • I already have work experience in this field and just need help getting a job.
In your last job, what did you get compliments on or were you best at?	

<p>What would your friends or family say are your best qualities?</p>	
<p>What subjects did you find the easiest in school? What subjects were you the best at?</p>	<ul style="list-style-type: none"> • Math • Reading/English • Social Studies • Gym/Sports • Art/Music • Trade/Shop • Computer Science • Chemistry • Business • Biology • Engineering • History • Chess • Debate
<p>On a scale of 1 - 5 how comfortable do you feel working on a computer?</p>	<p>1 - not comfortable 2 3 4 5 - very comfortable</p>
<p>On a scale of 1 - 5 how, how do/did you handle stressful situations in the workplace?</p>	<p>1 - not well 2 3 4 5 - handle stressful situations very well</p>
<p>Have you had any problems getting along with others when previously employed? Have you ever been let go from a job? Why?</p>	<p>Yes – Provide a text box “Tell me a little more about that situation.”</p> <p>No - On a scale of 1 -5, how do you handle getting along with others</p> <p>1 - not well 2 3 4 5 - work very well with others</p>
<p>How do you feel about working on a team? What role do you usually play in a team?</p>	<p>1 - not comfortable 2 3 4 5 - very comfortable</p> <ul style="list-style-type: none"> • Leader • Organizer • Motivator

	<ul style="list-style-type: none"> • Technical worker • Creativity generator
What skills would you like to get better at?	<ul style="list-style-type: none"> • technology • mechanical/trades • administrative • care-taking • leadership/management • sales • teaching/training others • art/music • food preparation/service • customer service/retail • cleaning/facility maintenance • financial/math/accounting
<p>To you, what is the difference between a career and a job?</p> <p>Is a career important to you?</p> <p>If you could have any long-term career today, what would you choose?</p>	
What do you enjoy doing for fun? Do you have any hobbies?	

Situations to Plan Around

Field	Response Options/Edit Checks/Comments
Do you have any challenges or other situations that we need to plan around to be successful in the workplace or in training?	<p>Education –</p> <ul style="list-style-type: none"> • I am currently in school If yes, then present “I am attending:” <ul style="list-style-type: none"> ○ High School, Junior High, Middle, or elementary school. ○ Attending an alternative high school ○ College ,Technical, or Vocational School • I have trouble with reading or speaking English. • I have a hard time with reading, writing, and/or math. • I dropped out of high school. • I have not attended high school in the last quarter. • I need help to enter or complete an educational program or to secure or hold employment <ul style="list-style-type: none"> ○ Tuition/Books/Supplies ○ Tools ○ Other training materials ○ Education/Credential testing fees ○ Tuition/Lab fees
	<p>Physical/Health</p> <ul style="list-style-type: none"> • I have a disability that makes it hard for me to do certain things. <ul style="list-style-type: none"> ○ Attention Deficit/Hyperactivity Disorder ○ Autism ○ Blindness or Low Vision ○ Brain Injury

	<ul style="list-style-type: none"> ○ Deaf or Hard of Hearing ○ Learning Disability ○ Medical Disability ○ Physical Disability ○ Psychiatric Disability ○ Speech and Language Disability ● I have feelings, fears or worries that interfere with my ability to accept and maintain work. ● I am taking any medication that may have an affect on my ability to work. ● I need help overcoming a substance abuse problem. <ul style="list-style-type: none"> ○ Unable to pass a drug test at this time ○ In the last 12 months, I have lost a job or been refused employment due to drug or alcohol abuse ○ In the last 12 months, I have been arrested for driving while intoxicated or under the influence or a drug ● I need help with medical fees and supplies. ● I do not have health insurance. <ul style="list-style-type: none"> ○ I have applied for health insurance. ● I have health insurance. <ul style="list-style-type: none"> ○ Public Health Insurance (Medicaid, Medicare, AllKids, etc) ○ Private Health Insurance (through an employer or a household member's employer) ○ Private Health Insurance (NOT through a household member's employer)
	<p>Family</p> <ul style="list-style-type: none"> ● I am pregnant. ● I have children and need help getting childcare. <ul style="list-style-type: none"> ○ Cost of childcare ○ Lack of childcare for children with disabilities ● I provide care to someone and need to make sure that person is cared for while I am at work or in training. If yes, do you need help with the following: <ul style="list-style-type: none"> ○ Caring for an elderly relative ○ Caring for a child or relative with a disability ○ Caring for a sibling ● I have been a victim of domestic violence. ● I am concerned about my child's safety from bullying, violence or a similar issue. ● I need help with some family issues that I am dealing with. ● Family doesn't want me to go. ● I have family or friends that can support me emotionally. ● I need someone to talk to in order to help me through hard times.

	<p>Financial</p> <ul style="list-style-type: none"> • Myself or someone in my immediate family receives SNAP benefits. • Myself or someone in my family receives TANF. • Myself or someone in my family receives SSI. • Myself or someone in my family receives state/local cash welfare • I live in a high poverty area. • I receive a free/reduced price lunch at school. • I am having a difficult time paying my bills. If yes, do you need help with any of the following? <ul style="list-style-type: none"> ○ Utility bills ○ Getting enough food to eat ○ The cost of health services ○ Clothing ○ Personal hygiene supplies or services ○ Cell phone and/or minutes ○ I may meet the low-income guidelines.
	<p>Legal</p> <ul style="list-style-type: none"> • I have criminal charges pending. • I have had instances/legal problems. <ul style="list-style-type: none"> ○ Misdemeanor - If yes, list conviction and year ○ Felony - If yes, list conviction and year ○ I need help with record expungement • I am currently on parole or probation. <ul style="list-style-type: none"> ○ Do you have movement restrictions? What are they?
	<p>Housing</p> <ul style="list-style-type: none"> • I have stable housing and plan on being there for at least 6 months. • My current housing does not provide enough space for me and my household members. • I live in a domestic violence shelter. • I need a permanent place to live. • I am in foster care. • I have aged out of foster care. • I am a runaway. • I need help with rent arrears. • I need help with utility arrears.
	<p>Employment Related</p> <ul style="list-style-type: none"> • I have limited work experience. • I am a veteran or qualified spouse. • I am eligible, receiving or exhausted unemployment benefits <ul style="list-style-type: none"> ○ Unemployed and receiving UI benefits ○ Eligible but not receiving UI benefits ○ Exhausted benefits • I lost my last job because of plant closure or a large company layoff.

	<ul style="list-style-type: none"> • I owned a business but now I am unemployed because of general economic conditions or natural disaster. • I am married to someone who is an active duty service member. <ul style="list-style-type: none"> ○ I am unemployed or under employed. ○ I lost job due to spouses transfer. • I was supported by my spouse who is no longer supporting me. I am unemployed or under employed. • I have been unemployed for 27 weeks. <ul style="list-style-type: none"> ○ I have one month of job search. • Required additional assistance to regain employment. <ul style="list-style-type: none"> ○ Drug Test fee ○ Fingerprinting/Background check fee ○ Permit or other fees ○ Uniform, PPE, or special work clothing ○ None of the above
	<p>Limited Transportation</p> <ul style="list-style-type: none"> • Cost of transportation <ul style="list-style-type: none"> ○ Gas card ○ Transit card ○ Bus ticket ○ Rideshare/car share ○ Taxi ○ Commuter rail • License suspended • May lose license • Need car repairs • Never learned to drive • No car insurance • No transportation • No valid driver’s license <ul style="list-style-type: none"> ○ ID/Driver’s License Testing fee and standard license fee • Occupational license only • Transportation schedule may conflict with training schedule • Vehicle not reliable <ul style="list-style-type: none"> ○ Auto repair ○ Bike repair
<p>When are you able to attend training?</p>	<p>I am not interested in going to training.</p> <p>9am-12pm 9am-3pm 9am-5pm 4pm-9pm</p>
<p>Once you began your employment search, what shift(s) would you be willing to work?</p>	<p>6am-2:30pm 9am-5pm 2:30pm-11pm 10:30pm-7am Other</p>

<p>How will you get to a training or work site?</p>	<p>I own a car. I can get a ride. I take the bus. I can take a train/subway. I have no reliable transportation options. Other: _____</p>
<p>How far would you be willing to travel to get to a training or to a work site?</p>	<ul style="list-style-type: none"> • Less than 5 miles • Between 6 and 15 miles • Between 16 and 25 miles • 26 miles or above
<p>How long of a commute are you willing to travel to get to a training or to a work site?</p>	<ul style="list-style-type: none"> • Less than 10 minutes • Up to 30 minutes • Up to 60 minutes • More than 60 minutes
<p>What are your immediate goals for employment?</p>	<ul style="list-style-type: none"> • Full time employment • Part time employment • I want to go to training and then find a job once I complete my training.(If they don't want to work right now, skip the following questions in this section) • I am not sure that I want to work right now.(If they don't want to work right now, skip the following questions in this section.)
<p>On a scale of 1-10, how important is it to you to find a job as soon as possible?</p>	<p>1 – not important 2 3 4 5- very important</p>
<p>How soon can you begin looking for work?*</p>	<p>Today Next week Two weeks from now A month from now Longer than a month from now Other _____</p>
<p>What steps have you taken already to look for work?*</p>	<p>I have started or completed my resume. I have looked for jobs online. I have applied for positions. Other:</p>

Assessments

Field	Response Options/Edit Checks/Comments
Do you know if you've taken any of these assessments in the last 6 months?	TABE CASAS ESL Other
Where? May we contact them?	Show text fields for selected assessment options.

Education History

Field	Response Options/Edit Checks/Comments
Did you graduate High School?	Yes/No If not, what was the last grade you completed?
Have you attended any colleges?	Yes/No If so, what college(s) and did you earn a credential (certificate/degree/license)?
Have you attended any Trade schools?	Yes/No If so, what Trade school(s) and did you earn a credential (certificate/degree/license)?
If long-term incarceration, did you participate in any classes or training while incarcerated?	Yes/No If so, what program(s) and did you earn a credential (certificate/degree/license)?
Have you completed an apprenticeship?	Yes/No If so, what apprenticeship (s) and did you earn a credential (certificate/degree/license)?
Do you have any other certificates or credentials?	Yes/No If so, what credential (certificate/degree/license) did you earn?

Work Experience

Field	Response Options/Edit Checks/Comments
What is your current employment status?	<ul style="list-style-type: none"> • I have not worked before. This will be my first job. (note – skip work remaining work experience questions) • I am employed. <ul style="list-style-type: none"> ○ Part Time ○ Full Time • I am employed but I have received a notice of termination/layoff. • I am unemployed and I have been actively looking for work. • I am unemployed but I have not been actively looking for work.
Are you currently employed by this employer?	Required if answered yes to ever having a job.
Employer Name	Required if answered yes to ever having a job.
Start Date	Required if answered yes to ever having a job.
End date	Only required if they are not currently employed with this employer
Job Title	Required if answered yes to ever having a job.
Employer City	Required if answered yes to ever having a job.
Employer State	Required if answered yes to ever having a job.
Employer ZIP Code	Required if answered yes to ever having a job.
Job Duties	
Hours worked/week	number required
Does this job meet your needs	Display if current employer
Why or why not?	Display if current employer
Reason for leaving	Display if not the current employer
Was this your primary employment?	Display if not the current employer
Were you self employed?	Display if not the current employer
Thinking of your prior jobs, which one did you like the most?	
Thinking of your prior jobs, which one did you like the least?	

Thinking of your prior jobs, what work related skills did you learn? (For example: operate machinery, use a computer, customer service, drive a forklift)	
Are there any of the jobs that you worked before that you would like to do again?	Yes (If yes, which ones? _____) No

Training Interests (Optional if interested in training)

Field	Response Options/Edit Checks/Comments
What type of training would be best for you? Select all that apply.	Classroom instruction Training that I get while on the job (like OJT, apprenticeship, work experience)
What length of time are you willing or able to be in training?	3 months or less 3 to 6 months 6 months to a year Over a year
Are you interested in full or part time training? Select all that apply.	Full time training Part time training
Which of the following are you most interested in attending? Select all that apply.	A refresher course A short certificate program A program that leads to an associate degree A program that leads to a bachelor's degree A program that helps me to get a license in my field A program that moves me from apprentice to journeyman to master Learning on the job
Have you already researched schools and/or programs in your field of interest?*	Yes No
Do you know who in our area provides training in this field?*	Yes No
Financially, would you need to work while in training?*	Yes No
What steps have you already taken?*	<ul style="list-style-type: none"> • Researched career, wages and trends • Researched schools and in the area • Applied to a school. (name of school: _____) • Start training already • Have researched or applied for financial aid or a scholarship • Other _____

Employment Goals/Interests - Added 4/12/2021

Field	Response Options/Edit Checks/Comments
Job Interest	use the career pathway select dropdown
Achievable Job Goals	text field
Immediate Job Goals	Use SOC Code search that is used in worksite placement
Wage Expectation per hour (provide a link to look up LMI)	format to show \$__./hour
Target Employment Date	date field
Long Term Job Goals	Use SOC Code search that is used in worksite placement
Wage Expectation per hour (provide a link to look up LMI)	format to show \$__./hour
Target Employment Date	date field